**Ahlia University, HR, Active Employees: Benefits**

**Medical Insurance**

**Table of Benefits**

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|  | ***Elective treatment*** :Bahrain, GCC, Middle East, Indian Sub- Continent, Pakistan, Philippines.  |
| **Elective Treatment outside Geographical limit**  | Not Covered  |
| **Emergency Treatment outside Geographical limit**  | Covered based on reasonable and customary charges applicable in Bahrain or whichever is lower according to TOB terms and conditions.  |
| **Annual Maximum Limit Per Member**  | 10,000  |
| **Hospital Accommodation**  | **Within Network**-Standard Private room **Outside network**-Up to 100 per day  |
| **In Patient & Out Patient**  | Covered in full  |
| **Max. Consultation Fees at non- network providers**  | 30 Per visit  |
| **Parents Accommodation for accompanying an insured child under 16 years of age for 14 days**  | 30 per day  |
| **Hospital cash benefit if Inpatient Treatment received free of charge in a governmental hospital**  | 15 per day up to maximum of 10 days  |
| **Excess within the Network**  |
| **Out-Patient**  | 7.5 Per Visit  |
| **In-Patient**  | Nil  |
| **Excess within the Non-Network**  |
| **Out-Patient** **In-Patient**  | 10% with a minimum of 10 Per visit and subject to reasonable and customary charges.  |
| **Claim reimbursement from TIC network providers**  | 20% Co-insurance per visit  |
| **International Hospital of Bahrain**  | Excluded on both Direct Billing & Reimbursement  |
| **Ibn Al Nafees Hospital**  | 10% Co-insurance per visit  |
| **Bahrain Specialist Hospital**  | Covered only on reimbursement basis subjective to 10% flat Excess with a minimum of 10 Per visit and subject to reasonable and customary charges  |
| **Al Hilal Hospital; Shifa Al Jazeera & KIMS Hospital**  | Covered on direct billing subject to O/P Excess of BD 3 / Visit.  |
| **Pre-Existing & Chronic for In & Outpatient treatment**  | Cover subject to sub-limit of 2000  |
| **Physiotherapy**  | Cover up to max. 12 sessions per policy year.  |
| **Acupuncture therapy**  | Cover up to max. 4 sessions per policy year (Due to Accident only)  |
| **Deviated nasal septum Surgery in conjunction with ENT indicated surgery**  | Subject to maximum limit of 400 Prior TIC approval is required Please refer to Exclusion list  |
| **Accidental Damage to Natural Teeth**  | Covered in full  |
| **Psychiatric Treatment**  | Covered in full (Due to accident only)  |
| **Nursing at Home**  | Covered up to a maximum of 14 days per illness  |
| **Emergency local road ambulance**  | 200 per trip  |
| **Repatriation of Mortal Remains**  | Covered under Assist America Services (Please refer Assist America section - Pt. 8)  |
| **Global Emergency Services (Assist America)**  |  Global emergency services are offered through Assist America.  Please refer Assist America section for all covered services.  |
| **Network for Direct billing facility**  | Health 360 GN Excluding German Orthopedic Hospital, BSH and International Hospital Of Bahrain  |
| Optional & Additional Benefits All additional Benefits subject to Pre- approval and Policy Excess  |
| **Maternity**  | Cover subject to sub-limit (O/P Only)  |
| **Maternity Waiting period**  | N/A  |
| **Dental**  | Cover subject to sub-limit  |
| **Co-Insurance**  | 20% per visit  |
| **Optical**  | Not Covered  |