**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 |