



Medical Plan for Individuals & Families: Ultimate and Advanced Care

Ultimate and Advanced Care grant the golden experience will full coverage and no additional fees along the way. These plans are in Fresh USD.

Table of Benefits

Lebanon Full Network on direct billing	Full Network on direct billing excluding: CMC,	
Full Network on direct billing	Full Network on direct billing excluding: CMC,	
	Full Network on direct billing excluding: CMC, AUBMC, Bellevue and LAUMC Rizk	
180 days on pre-existing		
classes	720 days lifetime up to A: \$500,000 B: \$300,000 SK: \$200,000	
Full Cover Exclusions covered up to \$100 per lifetime	Full Cover	
Full cover after 270 days of enrolment	Full cover after 365 days of enrolment	
Covered if delivery date occurs after t	he maternity waiting period	
Covered from day one	Covered after 14 days, if eligible	
Covered		
Unlimited days, up to \$30,000 per delivery	Unlimited days, up to \$15,000 per delivery	
Up to \$200 per delivery	Up to \$100 per delivery	
All cases covered up till the age of 12 and with no financial limit	All cases covered up till the age of 12 and up to \$15,000 per year	
Covered		
In-hospital treatments administer	ed at home are covered	
Unlimited, as per TPA's tariff	Up to \$30,000 per year, as per TPA's tariff	
Up to \$30,000 per year, as per TPA's tariff	Up to \$10,000 per year, as per TPA's tariff	
Covered up to sickness p	·	
Up to \$500 per year	Not covered	
Covered for all needed sessions during 1st initial admission	Up to 3 sessions during 1st initial admission	
Up to \$5,000 per year	Only polysomnography is covered	
Treatment only, up to \$5,000 per year (Combined In &	Treatment only, up to \$2,000 per year (Combined In & Out limit)	
Up to \$5,000 per year (Combined In & Out limit)	Up to \$2,000 per year (Combined In & Out limit)	
Up to \$5,000 per year (Combined In & Out limit)	Not covered	
Up to \$2,000 per year	Not covered	
Covered if due to a covered partial or complete breast ex sickness)	cision due to breast cancer (within 6 months of	
Covered after 12 months of enrolment and up to \$3,000 per year, for all classes. As per TPA's tariff	Covered after 12 months of enrolment and up to \$1,000 per year. As per TPA's tariff	
	Full Cover Exclusions covered up to \$100 per lifetime Full cover after 270 days of enrolment Covered if delivery date occurs after t Covered from day one Covered Unlimited days, up to \$30,000 per delivery Up to \$200 per delivery All cases covered up till the age of 12 and with no financial limit Covered In-hospital treatments administer Unlimited, as per TPA's tariff Up to \$30,000 per year, as per TPA's tariff Covered up to sickness p Up to \$500 per year Covered for all needed sessions during 1st initial admission Up to \$5,000 per year Treatment only, up to \$5,000 per year (Combined In & Out limit) Up to \$5,000 per year (Combined In & Out limit) Up to \$5,000 per year (Combined In & Out limit) Up to \$5,000 per year Covered if due to a covered partial or complete breast ex sickness) Covered after 12 months of enrolment and up to \$3,000	

^{*}All the above limits and coverage are subject to underwriting





	Ultimate Care	Advanced Care				
Cardio vascular diseases	Unlimited	Up to \$100,000 per year				
Work related accident	Covered for Administrative work only	Not Covered				
Bone marrow aspiration &	Unita \$20,000 per lifetime. As per TDA's tariff. Cost of	Un to \$15,000 per lifetime. As per TDA's tariff				
organ transplant surgery	Up to \$30,000 per lifetime. As per TPA's tariff. Cost of organ is excluded	Up to \$15,000 per lifetime. As per TPA's tariff. Cost of organ is excluded				
including cornea transplant	organ is excluded	cost of organ is excluded				
Bariatric surgery related to	Up to \$7,500 per lifetime.					
morbid obesity (e.g. Sleeve and	As per TPA's tariff	Not covered				
bypass) Cancer Diseases	Unlimited	Un to \$ 100,000 per year				
Tropical Disease (specific	Offillifited	Up to \$ 100,000 per year				
diseases as per general	Covered	Not covered				
conditions)	Covered	Not covered				
Sexually transmitted diseases	Up to \$15,000 per year	Not covered				
,	In-hospital treatment covered up to \$10,000 per year					
Psychiatric disorder	after 12 months of enrolment with a maximum of 30 days	Not covered				
	of hospitalization					
Nose Related Surgeries	Covered after 2 years v	vaiting period				
excluding cosmetic surgeries	·	rateing period				
Hospital daily income	For entrepreneurs <60 years; \$50/day starting the 2 nd day & up to 7 days per year	Not covered				
Morgue/Burial expenses						
following a covered	Up to \$3,000	Up to \$ 1,000 for members aged 64 and below				
hospitalization		6 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1: 1:				
	Covered in compliance with the ICC decision number 80/LMD issued on 15/04/2020 and within the scope of	Covered in compliance with the ICC decision number 80/LMD issued on 15/04/2020 and				
Epidemic / Pandemic Diseases	the council of minister's mobilization decision issued on	within the scope of the council of minister's				
Epiderine / Fanderine Diseases	15/03/2020: Up to \$30,000 per year (under In-patient	mobilization decision issued on 15/03/2020:				
	only)	Up to \$10,000 per year (under In-patient only)				
Additional Benefits	- 11	- p				
Second Medical Opinion (locally	For Class A only: granted for complex, acute or critical	Not Covered				
and internationally)	illness	Not Covered				
Rental of medical supplies	Up to 1 month rental	Not covered				
Guaranteed renewability	Granted from day 1 subject to an obs	ervation period of 180 days				
Unknown pre-existing conditions	Covered after 6 months unless exclusions/limitation	ns are applied during observation period				
Tests related to preexisting cases for new insured	Covered up to \$100, once per year from day 1	Not covered				
Upgrades on renewal	Observation period 270 days for maternity and	Observation period 365 days for maternity and				
(e.g. class and product)	preexisting conditions	preexisting conditions				
Extension of coverage at the	Up to 30 days	N/A				
expiry date and while in hospital	· ·					
Claims outside of Lebanese territories or outside of network	Claim processed on reimbursement basis and as per NEXTC excess	ARE's Lebanese network rates and subject to 30%				
Travel insurance (Europe &	Medical & Travel benefits covering the insured aged up to 6	5 years for a period up to 184 days (multiple trips)				
MENA countries only) – up to 65	as per Schengen embassies requirements up to \$30,000 per					
years	Covers accidental and acute sickness not due to any Pre-Exi	sting condition. For single use only.				
,	Policy to be requested at least 48 hours prior travel date.					
T 1: (5 0	Medical & Travel benefits covering the insured aged 66 years					
Travel insurance (Europe &	Schengen embassies requirements up to \$10,000 per trip					
MENA countries only) – 66 years and above	claim. Covers 24/7 help desk. Covers accidental and acute s single use only.	sickness not due to any Pre-Existing condition. For				
and above	Policy to be requested at least 48 hours prior travel date.					
Private transportation service/						
private ambulance	Covered	Not covered				
Natural Death (if the Head of						
Family/Policy Holder is aged	Covered for \$1	0,000				
between 18 & 45)						
Accidental Death (if the Head of						
Family/Policy Holder is aged	Covered for \$1	Covered for \$10,000				
between 46 & 65)						

 $\underline{\textbf{N.B:}}$ Claims arising from the use of motorcycle as mean of transportation are not covered.

^{*}All the above limits and coverage are subject to underwriting





	Ultimate Care	Advanced Care		
Out of hospital benefits	Direct billing as per NE	XT CARE preferred network		
Waiting period	18	30 days		
Ambulatory				
Option 1: 100% coverage	Unlimited	N/A		
Option 2: 85% coverage	Unlimited	Up to \$2,500 per year		
Amniocentesis	Covered if delivery date occurs	after the maternity waiting period		
Morphological Echography	Covered if delivery date occurs	after the maternity waiting period		
Triple test	Covered if delivery date occurs	after the maternity waiting period		
Maternity lab tests	Covered if delivery date occurs	after the maternity waiting period		
Dental panoramic	Covered if due to a covered accident and up to 9 months after the accident			
Dental pariorallic	occurred			
MRI	Covered, subjec	t to a prior approval		
Thallium myocardial Scintigraphy	Covered, subject to a prior approval	Not covered		
Pet scan	Covered, subjec	t to a prior approval		
VCT 64	Covered, subjec	t to a prior approval		
Genetic test	Up to \$1,000 per year	Not covered		
ОСТ	Covered, subjec	t to a prior approval		
Osteodensitometry	Covered for a sp	ecific medical reason		
(for insured aged 50y & above)	Covered for a sp	ecilic illedical reason		
Physiotherapy & Kinesitherapy	25 sessions per year	15 sessions per year		
Pre-Marital test	Covered	Not covered		

 $\underline{\textbf{N.B:}} \ \text{Claims arising from the use of motorcycle as mean of transportation are not covered.}$

^{*}All the above limits and coverage are subject to underwriting





Medical Plan for Individuals & Families: Essential Care

Essential Care provides basic medical coverage for individuals and families. It is designed to be affordable, while covering most needed medical benefits within a specific network.

Table of Benefits

able of beliefits	Essential Care				
Area of cover	Lebanon				
Networks available	Limited Network* on direct billing				
Inpatient benefits	Limited Network on direct bining				
Waiting period	365 days on pre-existing conditions				
Classes	Semi Private (SK)				
Limit per year	720 days lifetime up to \$150,000				
Emergency room	Full Cover				
Maternity	Tull cover				
For couples & single mothers	Full cover after 365 days of enrolment				
For complications and Legal Abortion	Covered after 365 days of enrolment				
Free of charge new born baby (Bébé Securite)	Covered after 14 days, if eligible				
Epidural	Covered Covered				
Incubator & nursery	Unlimited days up to \$10,000 per delivery				
Screening test for baby					
Screening test for baby	Up to \$100 per delivery All cases covered up till the age of 12 and up to \$10,000 per				
Congenital cases	year				
Home Care	In-hospital treatments administered at home are covered				
Prosthesis					
Due to accident	Up to \$10,000 per year, as per TPA's tariff				
Due to sickness	Up to \$7,000 per year, as per TPA's tariff				
Coronary stent/ Valves	Covered up to sickness prosthesis limit				
Additional Inpatient benefits					
Dialysis for acute renal failure, excluding	Harta 2 access of the 4d total advisor.				
"arteriovenostomy"	Up to 3 sessions during 1st initial admission				
Sleep disorder disease	Polysomnography is covered				
Epilepsy	Up to \$2,000 per year (Combined In & Out limit)				
Book of the state	Covered if due to a covered partial or complete breast				
Breast reconstruction	excision due to breast cancer (within 6 months of sickness)				
1	Covered after 12 months of enrolment and up to \$1,000 per				
Infertility	year. As per TPA's tariff				
Cardio vascular diseases	Up to \$100,000 per year				
Dana marketian Caran transplant correspond	Up to \$10,000 per lifetime. As per TPA's tariff. Cost of organ				
Bone marrow aspiration & organ transplant surgery	is excluded				
Cancer Diseases	Up to \$100,000 per year				
Nose Related Surgeries excluding cosmetic surgeries	Covered after 2 years waiting period				
Morgue/Burial expenses following a covered hospitalization	Up to \$ 1,000 for adherents aged 64 and below				
	Covered in compliance with the ICC decision number 80/LMD				
Enidomic / Pandomic Dispasos	issued on 15/04/2020 and within the scope of the council of				
Epidemic / Pandemic Diseases	minister's mobilization decision issued on 15/03/2020: Up to				
	\$10,000 per year (under In-hospital only)				
Guaranteed renewability	Granted from day 1 subject to an observation period of 180 days				
Pre-Existing conditions	Covered after 1 year unless exclusions/limitations are applied				
TIE-LAISTING CONTUITIONS	during observation period				

N.B: Claims arising from the use of motorcycle as mean of transportation are not covered.

^{*}All the above limits and coverage are subject to underwriting





	Essential Care
Out of hospital benefits	Direct billing as per limited network*
Waiting period	365 days
Ambulatory	Up to \$2,000 per year, 85% coverage
Morphological Echography	Covered once per pregnancy after 365 days of
ivioi priologicai Ecriography	enrolment
Triple test	Covered once per pregnancy after 365 days of
Triple test	enrolment
Dental panoramic	Covered if due to a covered accident and up to 9 months
Dental parioratriic	after the accident occurred
MRI	Covered, subject to a prior approval
Pet scan	Covered, subject to a prior approval
OCT	Covered, subject to a prior approval
Osteodensitometry	Covered for a specific medical reason
(for insured aged 50y & above)	Covered for a specific medical reason
Physiotherapy & Kinesitherapy	15 sessions per year

 $\underline{\textbf{N.B:}} \ \text{Claims arising from the use of motorcycle as mean of transportation are not covered.}$

^{*}All the above limits and coverage are subject to underwriting





Essential Care Network

Hospitals Aley Al Iman Hospital Baabda Hopital Ste. Therese Baabda Al-Hayat Hospital Baabda Al Jabal Hospital – Kornayel Beirut Rosary Sisters Hospital	
Baabda Hopital Ste. Therese Baabda Al-Hayat Hospital Baabda Al Jabal Hospital – Kornayel Beirut Rosary Sisters Hospital	
Baabda Al-Hayat Hospital Baabda Al Jabal Hospital – Kornayel Beirut Rosary Sisters Hospital	
Baabda Al Jabal Hospital – Kornayel Beirut Rosary Sisters Hospital	
Beirut Rosary Sisters Hospital	
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Beirut Hopital Libanais Geitaoui – Centre Hospitalier Universit	aire
Beirut Sahel General Hospital	
Hotel Dieu de France – University Medical Center**	
Beirut Eye & ENT Specialist Hospital	
Beirut Najjar Hospital- General Hospital Institute	
Bekaa Rayak Hospital	
Bekaa Al Tatari Hospital – Baalbeck	
Bekaa Bekaa Hospital	
Bekaa Khoury General Hospital	
Bekaa Al Assy Hospital	
Bekaa Al Rayan Hospital	
Bekaa Chtoura Hospital	
Bekaa Al Mayyas Hospital	
Bekaa Dr. H. Farhat Hospital	
Bekaa Hopital Universitaire Dar Al Amal	
Chouf Ain Wazein	
Jbeil Hopital Notre Dame Maritime	
Keserwan Mgr Cortbawi Institute and Rehabilitation Hospital – Ad	ma
Keserwan Lebanese Healthcare Management (L.H.M) SAL	
Metn St George Hadath Hospital	
Metn Middle East Institute of Health – Bsalim	
Metn Clinique Du Levant	
Metn Hopital Hayek	
Metn Hopital St. Joseph	
Metn Hopital Dr. S. Serhal	
North Family Medical Center – FMC	
North Fairniy Medical Center – Fivic	
North Batroun Hospital	
North Batroun Hospital	
North Batroun Hospital North New Mazloum Hospital	
North Batroun Hospital North New Mazloum Hospital North Sheikh Khalaf Hamad Al Habtoor – Medical Line	
North Batroun Hospital North New Mazloum Hospital North Sheikh Khalaf Hamad Al Habtoor – Medical Line North Hopital Islamique de Bienfaisance Tripoli	
North Batroun Hospital North New Mazloum Hospital North Sheikh Khalaf Hamad Al Habtoor – Medical Line North Hopital Islamique de Bienfaisance Tripoli North Hopital Al Koura	
North Batroun Hospital North New Mazloum Hospital North Sheikh Khalaf Hamad Al Habtoor – Medical Line North Hopital Islamique de Bienfaisance Tripoli North Hopital Al Koura North Hospital Albert Haykal	
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North Batroun Hospital North New Mazloum Hospital North Sheikh Khalaf Hamad Al Habtoor – Medical Line North Hopital Islamique de Bienfaisance Tripoli North Hopital Al Koura North Hospital Albert Haykal South Lebanese Italian Hospital South Raee Hospital – Saida South Alaaedine Hospital Sarafand	
North Batroun Hospital North New Mazloum Hospital North Sheikh Khalaf Hamad Al Habtoor – Medical Line North Hopital Islamique de Bienfaisance Tripoli North Hopital Al Koura North Hospital Albert Haykal South Lebanese Italian Hospital South Raee Hospital – Saida South Alaaedine Hospital Sarafand South Kassab Hospital – El Hlaliye Saida	
North Batroun Hospital North New Mazloum Hospital North Sheikh Khalaf Hamad Al Habtoor – Medical Line North Hopital Islamique de Bienfaisance Tripoli North Hopital Al Koura North Hospital Albert Haykal South Lebanese Italian Hospital South Raee Hospital – Saida South Alaaedine Hospital Sarafand South Kassab Hospital – El Hlaliye Saida South Jezzine Governmental Hospital	
North Batroun Hospital North New Mazloum Hospital North Sheikh Khalaf Hamad Al Habtoor – Medical Line North Hopital Islamique de Bienfaisance Tripoli North Hopital Al Koura North Hospital Albert Haykal South Lebanese Italian Hospital South Raee Hospital – Saida South Alaaedine Hospital Sarafand South Kassab Hospital – El Hlaliye Saida South Jezzine Governmental Hospital South Nakib Hospital	
North New Mazloum Hospital North Sheikh Khalaf Hamad Al Habtoor – Medical Line North Hopital Islamique de Bienfaisance Tripoli North Hopital Al Koura North Hospital Albert Haykal South Lebanese Italian Hospital South Raee Hospital – Saida South Alaaedine Hospital Sarafand South Kassab Hospital – El Hlaliye Saida South Jezzine Governmental Hospital South Nakib Hospital South Secours Populaire Libanais	

	Laboratories & Diagnostic Centres					
Aley	Aley medical Laboratories					
Baabda	Al Saha Medical Lab & Poly Clinic					
Baabda	Laboratoires Rahhal d'Analyses Medicales					
Baabda	Aya Lab Diagnostic sarl					
Baabda	Hara Medical Center					
Beirut	B Positive Medical Services SAL					
Beirut	Centre medical Mar Elias SARL					
Beirut	St. Marc Medical & Diagnostic Center					
Beirut	MEDEX Medical Center					
Beirut	Laboratoires Du Musee					
Beirut	American Diagnostic Center S.A.R.L.					
Bekaa	Health Diagnostic Center					
Bekaa	Analysis and Diagnostic Center					
Bekaa	Laboratoire Saint Georges – Zahle					
Bekaa	Medical Care Laboratories – MCL					
Chouf	Iklim Diagnostic Medical Center – IDMC					
Keserwan	Centre de Biologie Moleculaire Polyvalente (BMP)					
Keserwan	Elite Medical Center					
Keserwan	Elite Diagnostic Center					
Keserwan	Dr. Chelala Laboratories					
Keserwan	USEM – Unite Specialisee d'Exploration Medicale					
Metn	Trust Medical Center S.A.R.L.					
Metn	St. Marc Medical & Diagnostic Center					
Metn	Centre Medical Dora (C.M.D.) SARL					
Metn	MEDZONE SARL					
Metn	Laboratoire d'Analyses medicales – Dr. Elie Hraoui					
Metn	Laboratoires Dr. Joseph Mrad d'analyses medicales SARL					
North	Al Koura Laboratories for Medical Analysis					
North	Trad Radiology Center					
North	Dagher Medical Laboratories S.A.R.L.					
South	Al Mashrek Medical Diagnostic Center – Sour					
South	Family Clinic S.A.R.L.					
South	Family Medical Laboratories					

^{**}Only for major cases that cannot be conducted in other hospitals and subject to Company's preapproval. The list of providers could be amended without prior notice.





Medical Plans for SMEs in Fresh USD

- Minimum 10 employees and up to 50 employees
- Tailor made products are available for SMEs as well as companies above 50 employees. Please refer to the Company
- Fresh Payment guarantees no extra charges upon hospital admission

Table of Benefits

able of Benefits	Ultimate Care Advanced Care						
	Class A	Class B	Class SK	Class A	Class SK		
Area of cover			Leb	anon	•	•	
Networks available	Full Network on direct billing			Full Network on direct billing excluding CMC, AUBMC, Bellevue, St. Georges Orthodox and LAUMC Rizk			
Inpatient benefits							
Waiting period		180 days on pre-existing conditions					
Limit per year	720 days lifetime					ı	
	No financial limi	tation for all o	classes	\$500,000	\$300,000	\$200,000	
Emergency room	Full cover. Exclusions covered up to \$100	Full co	over	Full cover			
Maternity	- Covered from da continuity and insur - Covered after 280 and members witho	ed at first inco days for new	continuity and insured at first incept continuity and insured at first incept covered after 365 days for new ad			t inception new adherents	
Normal Delivery	\$5,000	\$4,000	\$3,000	\$4,000	\$3,000	\$2,000	
Cesarean Delivery	\$7,500	\$6,000	\$5,000	\$6,000	\$4,500	\$3,500	
Legal abortion	\$2,500	\$2,000	\$1,750	\$2,000	\$1,500	\$1,250	
Maternity complications	\$6,000	\$5,000	\$4,000	\$5,000	\$4,000	\$3,000	
Free of charge new born baby (Bébé Securite)	Covered from day one Covered after 14 days, if eligible						
Epidural	Covered						
Incubator & nursery			Cov	ered			
Screening test for baby	Up to \$20	0 per delivery	,	Up	to \$100 per deli	ivery	
Congenital cases	\$5,000 per pers				er person till the		
Parent accommodation at hospital					•		
for children below 12 years			Cov	ered			
Prosthesis							
Due to accident	Unlimited	Up to \$20,000 per year	Up to \$15,000 per year	Up to \$20,000 per year	Up to \$15,000 per year	Up to \$10,000 per year	
Due to sickness	Up to \$20,000 per year	Up to \$15,000 per year	Up to \$10,000 per year	Up to \$15,000 per year	Up to \$10,000 per year	Up to \$7,500 per year	
Coronary stent		Covered	d up to sicki	ness prosthesis	limit		
Valves		Covered	d up to sicki	ness prosthesis	limit		
Additional Inpatient benefits		3070700		. 230 p. 330110313			
Dialysis for acute renal failure	Covered for all nee	ded sessions (during 1 st	Up to 3 sessi	ons during 1 st in	itial admission	
Sleep disorders disease	Up to \$5,000 per ye	ear (Combined imit)		ŕ	nography is onl	<u> </u>	
Breast reconstruction	Covered due to a co			e breast excisionsickness) up to \$6,000	\$5,000	cancer (within \$4,000	
Infertility	Covered from da Up to \$2,000 per ye	y 1 for existin	g employee	es and after 12		employees	
Epilepsy	Up to \$5,000 per ye				per year and \$ per year (Comb limit)		





	Ultimate Care		Advanced Care			
	Class A	Class B	Class SK	Class A	Class B	Class SK
Parkinson	Treatment only, ι (Combined	up to \$5,000 po In & Out limit			Not covered	
New treatments, medical techniques, surgeries & tests	Up to \$5,0	000 (In & Out)			Not covered	
Work related accident	Covered for Adm	inistrative wo	rk only		Not covered	
Bone marrow aspiration & organ transplant surgery	Up to \$15,000 per tariff. Cost of	lifetime. As po organ is exclud			Not covered	
Cornea transplant		Surgery is co	overed. Cos	st of cornea is ex	cluded	
Bariatric surgery related to morbid obesity (e.g. Sleeve and bypass)	up to \$7,500 per t	lifetime. As pe tariff	r TPA's	Not covered		
Cancer including chemotherapy & radiotherapy			Cov	ered		
Tropical Disease (specific diseases as per General Conditions)			Cov	ered		
Sexual transmitted diseases	Up to \$5	,000 lifetime			Not covered	
Rehabilitation for a covered case	Up to \$2,	,000 per year			Not covered	
Psychiatric disorder In-hospital treatment	Up to \$1,000/year after 12 months Not covered of enrolment		Not covered			
Nose Related Surgeries excluding cosmetic surgeries	Covered after 2 ye			ears waiting peri	od	
Morgue/Burial expenses following a covered hospitalization	Up to \$2,000			Up to \$1,000		
Epidemic / Pandemic Diseases	Covered in compliance with the ICC decision number 80/LMD issued on 15/04/2020 and within the scope of the council of minister's mobilization decision issued on 15/03/2020: Up to \$30,000 per year (under In-hospital		decision number 80/LMD issued on 15/04/2020 and within the scope of the council of minister's mobilization decision issued on 15/03/2020: Up to \$10,000 per year (under In-hospital			
Additional benefits	(only)			only)	
Guaranteed renewability	Granted from da	y 1 subject to	an observa	ition period of 1	80 days for new	members
·				onths, covered u	•	
Unknown Pre-Existing conditions	\$4,000	\$2,500	\$1,500	\$2,000	\$1,500	\$1,000
-	After the first 6 m	applie	d during ol	oservation perio	d	
Upgrades on renewal (e.g. class and product upgrade)	Observation period and preexis	270 days for r sting condition	•	· ·	period 365 days f reexisting condi	•
Extension of coverage at the expiry date and while in hospital	Up to	o 30 days			Up to 15 days	
Claims outside of network	Claim processed on			d as per NEXTCA o 30% excess	ARE's Lebanese n	etwork rates
Home Care	In-h	nospital treatm	nents admir	nistered at home	e are covered	
Rental of medical supplies	Up to 1 r	month rental			Not covered	
Private transportation service/private ambulance	Co	overed			Not covered	
Natural Death (if the Head of Family/Policy Holder is aged between 18 & 45)	Covered, for \$10,000					
Accidental Death (if the Head of Family/Policy Holder is aged between 46 & 65)	Covered, for \$10,000					





	Ultimate Care			Advanced Care	•	
	Class A	Class B	Class SK	Class A	Class B	Class SK
Travel insurance (Europe & MENA countries only) – up to 65 years	Medical & Travel benefits covering each member aged up to 65 years for a period up to 184 days (multiple trips) as per Schengen embassies requirements up to \$30,000 per trip for medical expenses. Covers 24/7 help desk. Covers accidental and acute sickness not due to any Pre-Existing condition. For single use only. Policy to be requested at least 48 hours prior travel date.					
Travel insurance (Europe & MENA countries only) – 66 years and above	Medical & Travel be to 30 days as per S expenses with a \$30 acute sickness not d Policy to be request	chengen emb 00 deductible lue to any Pre	passies requi per claim. C Existing cor	rements up to Covers 24/7 hel ndition. For sing	\$10,000 per to p desk. Covers	rip for medical

<u>N.B:</u> Claims arising from the use of motorcycle as mean of transportation are not covered.

^{*}All the above limits and coverage are subject to underwriting

	Ultim	ate Care			Advanced Care	9
	Class A	Class B	Class SK	Class A	Class B	Class SK
Out of hospital benefits						
Waiting period			180 (days		
Ambulatory						
Out 85% or 100%	Unlimited		3,000 per ear	Up to \$2,500 per year		
Amniocentesis	Covered if delivery date occurs after the maternity waiting period					
Morphological Echography	Covered if delivery date occurs after the maternity waiting period					
Triple test	Covered if delivery date occurs after the maternity waiting period					
Dental panoramic	Covered if due to a covered accident and up to 9 months after the accident occurred.					
MRI			Cove	red		
Thallium myocardial Scintigraphy	Covered				Not covered	
Pet scan			Cove	red		
VCT 64			Cove	red		
ОСТ			Cove	red		
Osteodensitometry (for insured aged 50y & above)	Covered					
Physiotherapy & Kinesitherapy	15 sessio	ons per year		10) sessions per y	ear
Pre-Marital test	Со	vered			Not covered	

N.B: Claims arising from the use of motorcycle as mean of transportation are not covered.

^{*}All the above limits and coverage are subject to underwriting