



# **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**

Ultimate Care Advanced Care					
Full Network on direct billing	Full Network on direct billing excluding: CMC, AUBMC, Bellevue and LAUMC Rizk				
	AUBIVIC, Bellevue and LAUIVIC RIZK				
180 davs on pre-e.	xisting conditions				
, ,	<u>-</u>				
720 days lifetime with no financial limitation for all	720 days lifetime up to A: \$500,000 B: \$300,000 SK: \$200,000				
Full Cover	Full Cover				
2.00.00.00 000 000 00 pc. metime					
Full cover after 270 days of enrolment	Full cover after 365 days of enrolment				
Covered if delivery date occurs af	ter the maternity waiting period				
Covered from day one	Covered after 14 days, if eligible				
Cove	ered				
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				
Cove	ered				
In-hospital treatments administered 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,	Up to \$10,000 per year,				
as per TPA's tariff	as per TPA's tariff				
Covered up to sickn	ess prosthesis limit				
Up to \$500 per year	Not covered				
op to toob pa. Yeu.	1,000 000 000				
Covered for all needed sessions during 1st initial admission	Up to 3 sessions during 1 <sup>st</sup> initial admission				
Up to \$5,000 per year	Only polysomnography is covered				
Treatment only, up to \$5,000 per year (Combined	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 brea					
Covered up to \$3,000 including cost of prosthesis & subject to SMO	Not covered				
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				
	180 days on pre-e First (A) - Second (B) 720 days lifetime with no financial limitation for all classes Full Cover Exclusions covered up to \$100 per lifetime  Full cover after 270 days of enrolment Covered if delivery date occurs aft Covered from day one  Covered from day one  Covered 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  Cove In-hospital treatments admin Unlimited, as per TPA's tariff Up to \$30,000 per year, as per TPA's tariff  Covered up to sickn  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) Covered if due to a covered partial or complete brea sickn Covered up to \$3,000 including cost of prosthesis & subject to SMO Covered after 12 months of enrolment and up to				

<sup>\*</sup>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 & organ transplant surgery including cornea transplant	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			
Bariatric surgery related to morbid obesity (e.g. Sleeve and bypass)	Up to \$7,500 per lifetime. As per TPA's tariff	Not covered			
Cancer Diseases	Unlimited	Up to \$ 100,000 per year			
Tropical Disease (specific diseases as per general conditions)	Covered	Not covered			
Sexually transmitted diseases	Up to \$15,000 per year	Not covered			
Psychiatric disorder	In-hospital treatment covered up to \$10,000 per year after 12 months of enrolment with a maximum of 30 days of hospitalization	Not covered			
Nose Related Surgeries excluding cosmetic surgeries	Covered after 2 years v	vaiting period			
Hospital daily income	For entrepreneurs <60 years; \$50/day starting the 2 <sup>nd</sup> day & up to 7 days per year	Not covered			
Morgue/Burial expenses following a covered hospitalization	Up to \$3,000	Up to \$ 1,000 for members aged 64 and below			
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-patient only)	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 \$10,000 per year (under In-patient only)			
Additional Benefits	- 11				
Second Medical Opinion (locally and internationally)	For Class A only: granted for complex, acute or critical illness	Not Covered			
Rental of medical supplies	Up to 1 month rental	Not covered			
Guaranteed renewability	Granted from day 1 subject to an observation period of 180 days				
Unknown pre-existing conditions	Covered after 6 months unless exclusions/limitatio	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 (e.g. class and product)	Observation period 270 days for maternity and preexisting conditions	Observation period 365 days for maternity and preexisting conditions			
Extension of coverage at the expiry date and while in hospital	Up to 30 days	N/A			
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 & MENA countries only) – up to 65 years	Medical & Travel benefits covering the insured aged up to 6 as per Schengen embassies requirements up to \$30,000 per Covers accidental and acute sickness not due to any Pre-Exi Policy to be requested at least 48 hours prior travel date.	trip for medical expenses. Covers 24/7 help desk.			
Travel insurance (Europe & MENA countries only) – 66 years and above	Medical & Travel benefits covering the insured aged 66 ye Schengen embassies requirements up to \$10,000 per trip claim. Covers 24/7 help desk. Covers accidental and acute single use only.  Policy to be requested at least 48 hours prior travel date.	for medical expenses with a \$300 deductible per			
Private transportation service/ private ambulance	Covered	Not covered			
Natural Death (if the Head of Family/Policy Holder is aged between 18 & 45)	Covered for \$1	0,000			
Accidental Death (if the Head of Family/Policy Holder is aged between 46 & 65)	Covered for \$1	Covered for \$10,000			

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

<sup>\*</sup>All the above limits and coverage are subject to underwriting





	Ultimate Care Advanced Care					
Out of hospital benefits	Direct billing as per NEXT 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	s after the maternity waiting period				
Morphological Echography	Covered if delivery date occurs	s after the maternity waiting period				
Triple test	Covered if delivery date occurs	s after the maternity waiting period				
Maternity lab tests	Covered if delivery date occurs	s after the maternity waiting period				
Dental panoramic	Covered if due to a covered accident and up to 9 months after the accident					
Derital parioratriic	O	ccurred				
MRI	Covered, subject	ct to a prior approval				
Thallium myocardial Scintigraphy	Covered, subject to a prior approval	Not covered				
Pet scan	Covered, subject	ct to a prior approval				
VCT 64	Covered, subject	ct to a prior approval				
Genetic test	Up to \$1,000 per year	Not covered				
ОСТ	Covered, subject	ct to a prior approval				
Osteodensitometry	Covered for a se	acific modical reason				
(for insured aged 50y & above)	Covered for a sp	ecific medical reason				
Physiotherapy & Kinesitherapy	25 sessions per year	15 sessions per year				
Pre-Marital test	Covered	Not covered				

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

<sup>\*</sup>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	Elittled Network of direct billing					
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	Tuli Covei					
For couples & single mothers	Full cover after 365 days of enrolment					
For complications and Legal Abortion	Covered after 365 days of enrolment					
· · · · · · · · · · · · · · · · · · ·	Covered after 363 days of enrollment  Covered after 14 days, if eligible					
Free of charge new born baby (Bébé Securite)						
Epidural	Covered					
Incubator & nursery	Unlimited days up to \$10,000 per delivery					
Screening test for baby	Up to \$100 per delivery					
Congenital cases	All cases covered up till the age of 12 and up to \$10,000 per 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	Links 2 seeds and devices 4st initial admission					
"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)					
	Covered if due to a covered partial or complete breast					
Breast reconstruction	excision due to breast cancer (within 6 months of sickness)					
Laft arth	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					
D	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						
	Covered in compliance with the ICC decision number 80/LMD					
5 11 1 12 1 1 2	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					
	Covered after 1 year unless exclusions/limitations are applied					
Pre-Existing conditions	during observation period					

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

<sup>\*</sup>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			
Worphological Echography	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 pariorallic	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			

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

<sup>\*</sup>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	
, ,	
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	
<b>Keserwan</b> 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	
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	
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	
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

<sup>\*\*</sup>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**

	Ultim	nate Care			Advanced Care	•	
	Class A	Class B	Class SK	Class A	Class B	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						
				s lifetime			
Limit per year	No financial limi	No financial limitation for all classes \$500,000 \$300,000 \$2					
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 inc days for new	eption	<ul> <li>Covered from day 1 for members continuity and insured at first inceptior</li> <li>Covered after 365 days for new adher and members without continuity</li> </ul>			
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)		from day one			d after 14 days,		
Epidural			Cov	ered			
Incubator & nursery			Cov	ered			
Screening test for baby	Up to \$20	0 per delivery	,	Up	to \$100 per del	ivery	
Congenital cases	\$5,000 per pers	on till the age	of 12	\$3,000 p	er person till the	e age of 12	
Parent accommodation at hospital			6				
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	up to sicki	ness prosthesis	IIIIII		
Additional Inpatient benefits				I			
Dialysis for acute renal failure		admission		Up to 3 sessi	ons during 1 <sup>st</sup> in	itial admissior	
Sleep disorders disease		imit)			nnography is onl		
Breast reconstruction	Covered due to a co			e breast excision sickness) up to	on due to breast	cancer (within	
2. 2321 (2001)51 401(01)	\$8,000	\$6,000	\$5,000	\$6,000	\$5,000	\$4,000	
	Covered from da						
Infertility	Up to \$2,000 per ye				0 per year and \$		
	Up to \$5,000 per ye				D per year (Comb		
Epilepsy		imit)	a iii a Out	οριο 92,000	limit)	onica in a out	





	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 pe In & Out limit)	r year		Not covered	
New treatments, medical techniques, surgeries & tests	Up to \$5,0	000 (In & Out)			Not covered	
Work related accident	Covered for Adm	inistrative work	k only		Not covered	
Bone marrow aspiration & organ transplant surgery	Up to \$15,000 per tariff. Cost of	lifetime. As pe organ is exclud			Not covered	
Cornea transplant		Surgery is co	vered. Cos	st of cornea is ex	kcluded	
Bariatric surgery related to morbid obesity (e.g. Sleeve and bypass)	up to \$7,500 per t	lifetime. As per tariff	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		Not covered			
Nose Related Surgeries excluding cosmetic surgeries		Covered	l 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		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 \$10,000 per year (under In-hospital only)			
Additional benefits		only)			Offigy	
Guaranteed renewability	Granted from da	ay 1 subject to a	an observa	ition period of 1	80 days for new	members
				onths, covered u		
Unknown Pre-Existing conditions	\$4,000 After the first 6 m			\$2,000 icy ceiling unles oservation perio		\$1,000 tations are
Upgrades on renewal (e.g. class and	Observation period				period 365 days f	or maternity
product upgrade)	and preexis	sting conditions			reexisting condit	-
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 treatme	ents admir	nistered at home	e are covered	
Rental of medical supplies	Up to 1 r	month rental			Not covered	
Private transportation service/private ambulance	Covered				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)	n Covered, for \$10,000					





	Ultimate Care			<b>Advanced Care</b>	•	
	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 requeste	chengen emb 00 deductible ue to any Pre	passies requi per claim. C E-Existing cor	rements up to overs 24/7 hel odition. For sing	\$10,000 per t p desk. Covers	rip for medical

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

<sup>\*</sup>All the above limits and coverage are subject to underwriting

	Ultimate Care Advanced Care			e			
	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	d if delivery d	ate occurs af	ter the matern	ity waiting peri	od	
Morphological Echography	Covered	d if delivery d	ate occurs af	ter the matern	ity waiting peri	od	
Triple test	Covered	d if delivery d	ate occurs af	ter the matern	ity waiting peri	od	
Dental panoramic	Covered if due to	a covered ac	cident and u	p to 9 months a	after the accide	nt occurred.	
MRI			Cove	ered			
Thallium myocardial Scintigraphy	Co	vered			Not covered		
Pet scan			Cove	ered			
VCT 64			Cove	ered			
ОСТ			Cove	ered			
Osteodensitometry (for insured aged 50y & above)	Covered						
Physiotherapy & Kinesitherapy	15 sessions per year 10 sessions per year				ear		
Pre-Marital test	Co	vered			Not covered		

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

<sup>\*</sup>All the above limits and coverage are subject to underwriting