

# Medical Plans for Individuals & Families

## Preventive Care

### Why Preventive Care?

According to the World Health Organization (WHO), 75% of deaths worldwide are caused by lifestyle-related diseases, a reality that is even more significant in Lebanon. Also, up to 80% of the largest health risks can be prevented. Preventive Care was designed to change the way we think about health insurance: from simply treating illness to actively preventing it, through screenings and lifestyle support. Preventive Care combines enhanced health benefits, higher coverage limits, and a unique Preventive Healthcare plan that puts personalized care at the heart of your health journey. Through lifestyle coaching, structured health screenings and tailored guidance from a General Practitioner (GP), every member receives the support they need to better understand and manage their health, with a dedicated Health Champion accompanying them every step of the way. Because the best care is not only about treating what happens, it is about helping prevent it in the first place.

### The Client Journey

From the moment you enroll in Preventive Care, you are guided through a personalized health journey by your dedicated Health Champion who will contact you to introduce the program and arrange your appointment with our partner laboratory. During your visit, a GP will review your medical and family history, lifestyle, and overall health to create a personalized screening plan tailored to your needs. Once your screenings are completed, the GP will walk you through the results and provide tailored recommendations and practical guidance to help you make informed choices for a healthier lifestyle. Your journey does not stop there: our medical committee reviews your file quarterly and follows up whenever needed.

When joining the program and at each renewal, our medical committee assesses your health and lifestyle to determine your Wellness Score. This may qualify you for a premium discount, because taking care of your health should be rewarding.

## Table of Benefits

|                                                                    | Preventive Care                                                                                                             |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                                                                    | Class A                                                                                                                     |
| Area of cover                                                      | Lebanon                                                                                                                     |
| Networks available                                                 | Full Network on direct billing                                                                                              |
| <b>Inpatient benefits</b>                                          |                                                                                                                             |
| Waiting period                                                     | 180 days on pre-existing conditions                                                                                         |
| Limit per year                                                     | 720 days lifetime with no financial limitation for all classes                                                              |
| Emergency room                                                     | Full Cover. Exclusions covered up to \$100 per lifetime                                                                     |
| Maternity                                                          |                                                                                                                             |
| For couples                                                        | Full cover after 230 days of enrolment, subject to continuity granted.<br>Otherwise, Full cover after 270 days of enrolment |
| For single mother                                                  | Full cover after 270 days of enrolment                                                                                      |
| Maternity complications and Legal Abortion                         | Covered if delivery date occurs after the maternity waiting period                                                          |
| Free of charge newborn baby (Securite Baby)                        | Covered from day one                                                                                                        |
| Epidural                                                           | Covered                                                                                                                     |
| Incubator & nursery                                                | Unlimited days, up to \$50,000 per delivery                                                                                 |
| Screening test for baby                                            | Up to \$200 per delivery                                                                                                    |
| Congenital/hereditary cases                                        | Securite Baby: Covered with no financial limit<br>Non-Securite Baby: Covered up to \$30,000 per year                        |
| Parent accommodation at hospital for children below 18 years       | Covered                                                                                                                     |
| Home Care                                                          | In-hospital treatments administered at home are covered                                                                     |
| Prosthesis due to accident                                         | Unlimited, as per TPA's tariff                                                                                              |
| Prosthesis due to sickness                                         | Up to \$30,000 per year, as per TPA's tariff                                                                                |
| Coronary stent / Valves                                            | Covered up to sickness prosthesis limit                                                                                     |
| Orthesis due to accident or sickness                               | Up to \$500 per year                                                                                                        |
| Dialysis for acute renal failure, excluding "arteriovenostomy"     | Covered for all needed sessions during the initial admission                                                                |
| Sleep disorder disease                                             | Covered                                                                                                                     |
| Parkinson                                                          | Only treatment is covered                                                                                                   |
| Epilepsy                                                           | Covered                                                                                                                     |
| New treatments, experimental, unusual and robotic procedures, etc. | Up to \$10,000 per year (Combined In & Out limit)                                                                           |
| Rehabilitation for a covered case                                  | Up to \$2,000 per year                                                                                                      |

|                                                                                                        | Preventive Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                        | Class A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Breast reconstruction                                                                                  | Covered if due to a covered partial or complete breast excision due to breast cancer (within 6 months of sickness)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Preventive surgery for breast cancer                                                                   | Covered up to \$3,000 including cost of prosthesis & subject to SMO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Infertility                                                                                            | Covered after 12 months of enrolment and up to \$7,500 per year, as per TPA's tariff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Cardiovascular diseases                                                                                | Unlimited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Work-related accident                                                                                  | Covered for Administrative work only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Bone marrow aspiration & organ transplant surgery including cornea transplant                          | Up to \$60,000 per lifetime, as per TPA's tariff.<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Cancer Diseases                                                                                        | Unlimited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Tropical Disease (specific diseases as per general conditions)                                         | Covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Sexually transmitted diseases                                                                          | Up to \$15,000 per year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Psychiatric disorder                                                                                   | In-hospital treatment covered up to \$15,000 per year after 12 months of enrolment with a maximum of 30 days of hospitalization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Nose Related Surgeries excluding cosmetic surgeries                                                    | Covered after 2 years of enrolment. In case of continuity, waiting period is waived.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Unknown pre-existing conditions                                                                        | Covered after 6 months unless exclusions/limitations are applied during observation period                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Hospital daily income                                                                                  | For entrepreneurs <60 years: \$50/day starting the 2 <sup>nd</sup> day & up to 7 days per year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Morgue/Burial expenses following a covered hospitalization                                             | Up to \$3,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 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 Ministers' mobilization decision issued on 15/03/2020, up to \$30,000 per year (under In-patient only)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Hazardous sports                                                                                       | Covered for Amateurs only, up to \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Additional Benefits</b>                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Second Medical Opinion (locally & internationally)                                                     | Granted for complex, acute or critical illness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Telemedicine                                                                                           | Unlimited Telemedicine Access: Direct phone consultations with healthcare professionals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Rental of medical supplies                                                                             | Up to 1 month rental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Guaranteed renewability                                                                                | Granted from day 1 subject to an observation period of 180 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Extension of coverage at the expiry date and while in hospital                                         | Up to 30 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Claims outside of Lebanese territories or outside of network                                           | Claim processed on reimbursement basis and as per NEXTCARE's Lebanese network rates and subject to 30% excess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Natural Death Abroad & Medical Expenses Abroad (Europe & MENA countries only) – from 15 up to 50 years | Natural Death Abroad for the amount of \$5,000, along with Medical Expenses & Assistance Benefits, covering insured persons aged 15 to 50 years, for a period of up to 365 days (multiple trips) within Europe & MENA countries.<br>The Medical Expenses & Assistance Benefits are provided in line with Schengen Embassy requirements, including Medical Expenses coverage up to \$30,000 for accidents and acute illnesses not related to any Pre-Existing Condition, as well as a 24/7 Help Desk. This coverage may be issued only once per Insured.<br><i>To activate this coverage, the Insured must inform the Company at least 48 hours prior to the departure date. Coverage is subject to the terms, conditions, limits and exclusions of the Policy.</i> |
| Private transportation service / private ambulance                                                     | Covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Natural Death                                                                                          | Head of Family / Policyholder up to age 50: Covered for \$10,000<br>Spouse up to age 50: Covered for \$5,000<br>Children from 15 to 25: Covered for \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Accidental Death (if the Head of Family / Policyholder is aged between 51 & 65)                        | Covered for \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

*\*All the above limits and coverage are subject to underwriting.*

**N.B.:** Claims arising from the use of a motorcycle as a means of transportation are not covered, unless declared and accepted, subject to an additional premium.

| Out of hospital benefits (Ambulatory 100%)                       | Preventive Care                                                                                                                                |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Direct billing                                                   | As per NEXTCARE preferred network                                                                                                              |
| Waiting period                                                   | 90 days                                                                                                                                        |
| Limit per year                                                   | No financial limitation                                                                                                                        |
| Diagnostic tests (X-Rays, MRI, Scans, Ultrasounds and Lab Tests) | Covered, subject to a prior approval                                                                                                           |
| Thallium myocardial Scintigraphy                                 | Covered, subject to a prior approval                                                                                                           |
| Pet scan                                                         | Covered, subject to a prior approval                                                                                                           |
| VCT 64                                                           | Covered, subject to a prior approval                                                                                                           |
| Genetic test                                                     | Up to \$1,000 per year                                                                                                                         |
| OCT                                                              | Covered, subject to a prior approval                                                                                                           |
| Osteodensitometry (for insured aged 50 years & above)            | Covered, subject to a prior approval                                                                                                           |
| Physiotherapy & Kinesitherapy                                    | Covered as per medical necessity                                                                                                               |
| Amniocentesis                                                    | Covered once per pregnancy if delivery date occurs after the maternity waiting period                                                          |
| Morphological Echography                                         | Covered once per pregnancy if delivery date occurs after the maternity waiting period                                                          |
| Triple test                                                      | Covered once per pregnancy if delivery date occurs after the maternity waiting period                                                          |
| Maternity lab tests                                              | Covered if delivery date occurs after the maternity waiting period                                                                             |
| NIPT                                                             | Covered once per pregnancy, subject to medical necessity up to \$500 per pregnancy, if delivery date occurs after the maternity waiting period |
| Pre-Marital test                                                 | Covered                                                                                                                                        |
| Tests related to pre-existing cases for new insured              | Covered up to \$100, once per year from day 1                                                                                                  |
| Dental panoramic                                                 | Covered if due to a covered accident and up to 9 months after the accident occurred                                                            |

*\*All the above limits and coverage are subject to underwriting.*

**N.B.:** Claims arising from the use of a motorcycle as a means of transportation are not covered, unless declared and accepted, subject to an additional premium.

## Ultimate Care and Advanced Care

Ultimate Care and Advanced Care are designed to deliver an outstanding healthcare experience, combining robust coverage, competitive rates, and exceptional service at every step. Ultimate Care gives you access to the full hospital network, with generous limits and benefits for total peace of mind. Advanced Care provides strong protection at a more accessible price, through a large hospital network that excludes only a few hospitals.

### Table of Benefits

| Benefit                                                                       | Ultimate Care                                                                                                                  | Advanced Care                                                                        |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Area of cover                                                                 | Lebanon                                                                                                                        |                                                                                      |
| Networks available                                                            | Full Network on direct billing                                                                                                 | Full Network on direct billing excluding: CMC, AUBMC, Bellevue and LAUMC Rizk        |
| Classes                                                                       | First (A) – Second (B) – Semi Private (K)                                                                                      |                                                                                      |
| <b>Inpatient benefits</b>                                                     |                                                                                                                                |                                                                                      |
| Waiting period                                                                | 180 days on pre-existing conditions                                                                                            |                                                                                      |
| Limit per year                                                                | 720 days lifetime with no financial limitation for all classes                                                                 | 720 days lifetime up to: Class A \$500,000; Class B \$300,000; Class K \$200,000     |
| Emergency room                                                                | Full Cover. Exclusions covered up to \$100 per lifetime                                                                        | Full Cover                                                                           |
| Maternity (not applicable for Junior single)                                  |                                                                                                                                |                                                                                      |
| For couples and single mothers                                                | Full cover after 270 days of enrolment                                                                                         | Full cover after 365 days of enrolment                                               |
| Maternity complications and legal abortion                                    | Covered if delivery date occurs after the maternity waiting period                                                             |                                                                                      |
| Free of charge newborn baby (Securite Baby)                                   | Covered from day one                                                                                                           | Covered after 14 days, if eligible                                                   |
| Epidural                                                                      | Covered                                                                                                                        |                                                                                      |
| Incubator & nursery                                                           | Unlimited days, up to \$30,000 per delivery                                                                                    | Unlimited days, up to \$15,000 per delivery                                          |
| Screening test for baby                                                       | Up to \$200 per delivery                                                                                                       | Up to \$100 per delivery                                                             |
| Congenital / hereditary cases                                                 | All cases covered up to the age of 12; Classes A & B with no financial limit, Class K up to \$20,000 per year                  | All cases covered up to the age of 12 and up to \$15,000 per year                    |
| Parent accommodation at hospital for children below 16 years                  | Covered                                                                                                                        |                                                                                      |
| Home Care                                                                     | In-hospital treatments administered at home are covered                                                                        |                                                                                      |
| Prosthesis due to accident                                                    | Unlimited, as per TPA's tariff                                                                                                 | Up to \$30,000 per year, as per TPA's tariff                                         |
| Prosthesis due to sickness                                                    | Classes A & B up to \$30,000 per year; Class K up to \$20,000 per year, as per TPA's tariff                                    | Up to \$10,000 per year, as per TPA's tariff                                         |
| Coronary stent / Valves                                                       | Covered up to sickness prosthesis limit                                                                                        |                                                                                      |
| Orthesis due to accident or sickness                                          | Up to \$500 per year                                                                                                           | Not covered                                                                          |
| Dialysis for acute renal failure, excluding "arteriovenostomy"                | Covered for all needed sessions during the initial admission                                                                   | Up to 3 sessions during the initial admission                                        |
| Sleep disorder disease                                                        | Up to \$5,000 per year                                                                                                         | Only polysomnography is covered                                                      |
| Parkinson                                                                     | Treatment only, up to \$5,000 per year (Combined In & Out limit)                                                               | Treatment only, up to \$2,000 per year (Combined In & Out limit)                     |
| Epilepsy                                                                      | Up to \$5,000 per year (Combined In & Out limit)                                                                               | Up to \$2,000 per year (Combined In & Out limit)                                     |
| New treatments, experimental, unusual and robotic procedures, etc.            | Up to \$5,000 per year (Combined In & Out limit)                                                                               | Not covered                                                                          |
| Rehabilitation for a covered case                                             | Up to \$2,000 per year                                                                                                         | Not covered                                                                          |
| Breast reconstruction                                                         | Covered if due to a covered partial or complete breast excision due to breast cancer (within 6 months of sickness)             |                                                                                      |
| Preventive surgery for breast cancer                                          | Covered up to \$3,000 including cost of prosthesis & subject to SMO                                                            | Not covered                                                                          |
| Infertility                                                                   | 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 |
| Cardiovascular diseases                                                       | Classes A & B unlimited; Class K up to \$120,000 per year                                                                      | 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 | Classes A & B up to \$30,000 per lifetime; Class K up to \$20,000 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          |

| Benefit                                                                                                | Ultimate Care                                                                                                                                                                                                                                                                                                                                                         | Advanced Care                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bariatric surgery related to morbid obesity (e.g. Sleeve and bypass)                                   | Classes A & B up to \$7,500 per lifetime; Class K up to \$2,500 per lifetime, as per TPA's tariff                                                                                                                                                                                                                                                                     | Not covered                                                                                                                                                                                                                                                                                                                                                           |
| Cancer Diseases                                                                                        | Classes A & B unlimited; Class K up to \$120,000 per year                                                                                                                                                                                                                                                                                                             | Up to \$100,000 per year                                                                                                                                                                                                                                                                                                                                              |
| Tropical Disease (specific diseases as per general conditions)                                         | Covered                                                                                                                                                                                                                                                                                                                                                               | Not covered                                                                                                                                                                                                                                                                                                                                                           |
| Sexually transmitted diseases                                                                          | Classes A & B up to \$15,000 per year; Class K up to \$5,000 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 of enrolment                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                       |
| Unknown pre-existing conditions                                                                        | Covered after 6 months unless exclusions/limitations are applied during observation 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 ICC decision number 80/LMD issued on 15/04/2020 and within the scope of the Council of Ministers' mobilization decision issued on 15/03/2020, up to \$30,000 per year (under In-patient only)                                                                                                                                              | Covered in compliance with ICC decision number 80/LMD issued on 15/04/2020 and within the scope of the Council of Ministers' mobilization decision issued on 15/03/2020, up to \$10,000 per year (under In-patient only)                                                                                                                                              |
| <b>Additional Benefits</b>                                                                             |                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                       |
| Second Medical Opinion (locally and internationally)                                                   | For Class A only: granted for complex, acute or critical illness                                                                                                                                                                                                                                                                                                      | Not covered                                                                                                                                                                                                                                                                                                                                                           |
| Telemedicine                                                                                           | Unlimited Telemedicine Access: Direct phone consultations with healthcare professionals                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                       |
| 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                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                       |
| Upgrades on renewal (e.g. class and product)                                                           | Subject to underwriting after submitting a new medical application; if the upgrade is granted, a waiting period of 270 days for maternity and pre-existing conditions is applied                                                                                                                                                                                      | Subject to underwriting after submitting a new medical application; if the upgrade is granted, a waiting period of 365 days for maternity and pre-existing conditions is applied                                                                                                                                                                                      |
| 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 NEXTCARE's Lebanese network rates and subject to 30% excess                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                       |
| Natural Death Abroad & Medical Expenses Abroad (Europe & MENA countries only) – from 15 up to 50 years | Natural Death Abroad of \$5,000, with Medical Expenses & Assistance Benefits for up to 365 days (multiple trips) within Europe & MENA; medical expenses up to \$30,000 for accidents and acute illnesses not related to any pre-existing condition, plus a 24/7 help desk. Issued once per Insured; the Company must be informed at least 48 hours prior to departure | Natural Death Abroad of \$5,000, with Medical Expenses & Assistance Benefits for up to 270 days (multiple trips) within Europe & MENA; medical expenses up to \$30,000 for accidents and acute illnesses not related to any pre-existing condition, plus a 24/7 help desk. Issued once per Insured; the Company must be informed at least 48 hours prior to departure |
| Private transportation service / private ambulance                                                     | Covered                                                                                                                                                                                                                                                                                                                                                               | Not covered                                                                                                                                                                                                                                                                                                                                                           |
| Natural Death                                                                                          | Head of Family / Policyholder up to age 50: \$10,000; Spouse up to age 50: \$5,000; Children from 15 to 25: \$5,000                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                       |
| Accidental Death (Head of Family / Policyholder aged between 51 & 65)                                  | Covered for \$10,000                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                       |

*\*All the above limits and coverage are subject to underwriting.*

**N.B.:** Claims arising from the use of a motorcycle as a means of transportation are not covered, unless declared and accepted, subject to an additional premium.

| Out of hospital benefits (Ambulatory)                            | Ultimate Care                                                                         | Advanced Care          |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------|
| Direct billing                                                   | As per NEXTCARE preferred network                                                     |                        |
| Waiting period                                                   | 180 days                                                                              |                        |
| Option 1: 100% coverage                                          | Classes A & B unlimited; Class K up to \$3,500 per year                               | N/A                    |
| Option 2: 85% coverage                                           | Classes A & B unlimited; Class K up to \$3,500 per year                               | Up to \$2,500 per year |
| Diagnostic tests (X-Rays, MRI, Scans, Ultrasounds and Lab Tests) | Covered, subject to a prior approval                                                  |                        |
| Thallium myocardial Scintigraphy                                 | Covered, subject to a prior approval                                                  | Not covered            |
| Pet scan                                                         | Covered, subject to a prior approval                                                  |                        |
| VCT 64                                                           | Covered, subject to a prior approval                                                  |                        |
| Genetic test                                                     | Up to \$1,000 per year                                                                | Not covered            |
| OCT                                                              | Covered, subject to a prior approval                                                  |                        |
| Osteodensitometry (for insured aged 50 years & above)            | Covered, subject to a prior approval                                                  |                        |
| Physiotherapy & Kinesitherapy                                    | 25 sessions per year                                                                  | 15 sessions per year   |
| Amniocentesis                                                    | Covered once per pregnancy if delivery date occurs after the maternity waiting period |                        |
| Morphological Echography                                         | Covered once per pregnancy if delivery date occurs after the maternity waiting period |                        |
| Triple test                                                      | Covered once per pregnancy if delivery date occurs after the maternity waiting period |                        |
| Maternity lab tests                                              | Covered if delivery date occurs after the maternity waiting period                    |                        |
| Pre-Marital test                                                 | Covered                                                                               | Not covered            |
| Tests related to pre-existing cases for new insured              | Covered up to \$100, once per year from day 1                                         | Not covered            |
| Dental panoramic                                                 | Covered if due to a covered accident and up to 9 months after the accident occurred   |                        |

*\*All the above limits and coverage are subject to underwriting.*

**N.B.:** Claims arising from the use of a motorcycle as a means of transportation are not covered, unless declared and accepted, subject to an additional premium.

## 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

|                                                                               | Essential Care                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                               | Class K                                                                                                                                                                                                                      |
| Area of cover                                                                 | Lebanon                                                                                                                                                                                                                      |
| Networks available                                                            | Limited Network* on direct billing                                                                                                                                                                                           |
| <b>Inpatient benefits</b>                                                     |                                                                                                                                                                                                                              |
| Waiting period                                                                | 365 days on pre-existing conditions                                                                                                                                                                                          |
| Limit per year                                                                | 720 days lifetime up to \$150,000                                                                                                                                                                                            |
| Emergency room                                                                | Full Cover                                                                                                                                                                                                                   |
| Maternity                                                                     |                                                                                                                                                                                                                              |
| For couples & single mothers                                                  | Full cover after 365 days of enrolment                                                                                                                                                                                       |
| Maternity complications and legal abortion                                    | Covered after 365 days of enrolment                                                                                                                                                                                          |
| Free of charge newborn baby (Securite Baby)                                   | Covered after 14 days, if eligible                                                                                                                                                                                           |
| Epidural                                                                      | Covered                                                                                                                                                                                                                      |
| Incubator & nursery                                                           | Unlimited days up to \$10,000 per delivery                                                                                                                                                                                   |
| Screening test for baby                                                       | Up to \$100 per delivery                                                                                                                                                                                                     |
| Congenital / hereditary 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                                                                                                                                                                                 |
| Prosthesis due to sickness                                                    | Up to \$7,000 per year, as per TPA's tariff                                                                                                                                                                                  |
| Coronary stent / Valves                                                       | Covered up to sickness prosthesis limit                                                                                                                                                                                      |
| Dialysis for acute renal failure, excluding "arteriovenostomy"                | Up to 3 sessions during the initial admission                                                                                                                                                                                |
| Sleep disorder disease                                                        | Only polysomnography is covered                                                                                                                                                                                              |
| Epilepsy                                                                      | Up to \$2,000 per year (Combined In & Out limit)                                                                                                                                                                             |
| Breast reconstruction                                                         | Covered if due to a covered partial or complete breast excision due to breast cancer (within 6 months of sickness)                                                                                                           |
| Infertility                                                                   | Covered after 12 months of enrolment and up to \$1,000 per year, as per TPA's tariff                                                                                                                                         |
| Cardiovascular diseases                                                       | Up to \$100,000 per year                                                                                                                                                                                                     |
| Bone marrow aspiration & organ transplant surgery including cornea transplant | Up to \$10,000 per lifetime, as per TPA's tariff.<br>Cost of organ is excluded                                                                                                                                               |
| Cancer Diseases                                                               | Up to \$100,000 per year                                                                                                                                                                                                     |
| Nose Related Surgeries excluding cosmetic surgeries                           | Covered after 2 years of enrolment                                                                                                                                                                                           |
| Unknown pre-existing conditions                                               | Covered after 1 year unless exclusions/limitations are applied during observation period                                                                                                                                     |
| Morgue / Burial expenses following a covered hospitalization                  | Up to \$ 1,000 for adherents 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 \$10,000 per year (under In-patient only) |
| Guaranteed renewability                                                       | Granted from day 1 subject to an observation period of 180 days                                                                                                                                                              |

\*All the above limits and coverage are subject to underwriting.

**N.B.:** Claims arising from the use of a motorcycle as a means of transportation are not covered, unless declared and accepted, subject to an additional premium.

| Out of hospital benefits (Ambulatory 85%)                        | Essential Care                                                                      |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Direct billing                                                   | As per limited network*                                                             |
| Waiting period                                                   | 365 days                                                                            |
| Limit per year                                                   | Up to \$2,000 per year                                                              |
| Diagnostic tests (X-Rays, MRI, Scans, Ultrasounds and Lab Tests) | Covered, subject to a prior approval                                                |
| Pet scan                                                         | Covered, subject to a prior approval                                                |
| OCT                                                              | Covered, subject to a prior approval                                                |
| Osteodensitometry (for insured aged 50y & above)                 | Covered, subject to a prior approval                                                |
| Physiotherapy & Kinesitherapy                                    | 15 sessions per year                                                                |
| Morphological Echography                                         | Covered once per pregnancy after 365 days of enrolment                              |
| Triple test                                                      | Covered once per pregnancy after 365 days of enrolment                              |
| Dental panoramic                                                 | Covered if due to a covered accident and up to 9 months after the accident occurred |

*\*All the above limits and coverage are subject to underwriting.*

**N.B.:** Claims arising from the use of a motorcycle as a means of transportation are not covered, unless declared and accepted, subject to an additional premium.

## Essential Care Network

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

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

- 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

|                                                                    | Ultimate Care                                                                                                                                                |                         |                         | Advanced Care                                                                                                                                                |                         |                         |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|
|                                                                    | Class A                                                                                                                                                      | Class B                 | Class K                 | Class A                                                                                                                                                      | Class B                 | Class K                 |
| Area of cover                                                      | Lebanon                                                                                                                                                      |                         |                         |                                                                                                                                                              |                         |                         |
| 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                                                                                                                                            |                         |                         |                                                                                                                                                              |                         |                         |
|                                                                    | No financial limitation for all classes                                                                                                                      |                         |                         | \$500,000                                                                                                                                                    | \$300,000               | \$200,000               |
| Emergency room                                                     | Full cover.<br>Exclusions covered up to \$100                                                                                                                | Full cover              |                         | Full cover                                                                                                                                                   |                         |                         |
| Maternity                                                          | - Covered from day 1 for members with continuity and insured at first inception<br>- Covered after 280 days for new adherents and members without continuity |                         |                         | - Covered from day 1 for members with continuity and insured at first inception<br>- Covered after 365 days for new adherents and members without continuity |                         |                         |
| 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 newborn baby (Securite Baby)                        | Covered from day one                                                                                                                                         |                         |                         | Covered after 14 days, if eligible                                                                                                                           |                         |                         |
| Epidural                                                           | Covered                                                                                                                                                      |                         |                         |                                                                                                                                                              |                         |                         |
| Incubator & nursery                                                | Covered                                                                                                                                                      |                         |                         |                                                                                                                                                              |                         |                         |
| Screening test for baby                                            | Up to \$200 per delivery                                                                                                                                     |                         |                         | Up to \$100 per delivery                                                                                                                                     |                         |                         |
| Congenital/hereditary cases                                        | \$5,000 per person till the age of 12                                                                                                                        |                         |                         | \$3,000 per person till the age of 12                                                                                                                        |                         |                         |
| Parent accommodation at hospital for children below 12 years       | Covered                                                                                                                                                      |                         |                         |                                                                                                                                                              |                         |                         |
| Home Care                                                          | In-hospital treatments administered at home are covered                                                                                                      |                         |                         |                                                                                                                                                              |                         |                         |
| 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 |
|                                                                    | As per TPA's tariff                                                                                                                                          |                         |                         |                                                                                                                                                              |                         |                         |
| Prosthesis 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  |
|                                                                    | As per TPA's tariff                                                                                                                                          |                         |                         |                                                                                                                                                              |                         |                         |
| Coronary stent / Valves                                            | Covered up to sickness prosthesis limit                                                                                                                      |                         |                         |                                                                                                                                                              |                         |                         |
| Dialysis for acute renal failure, excluding "arteriovenostomy"     | Covered for all needed sessions during the initial admission                                                                                                 |                         |                         | Up to 3 sessions during the initial admission                                                                                                                |                         |                         |
| Sleep disorder disease                                             | Up to \$5,000 per year                                                                                                                                       |                         |                         | Only polysomnography is covered                                                                                                                              |                         |                         |
| Parkinson                                                          | Treatment only, up to \$5,000 per year (Combined In & Out limit)                                                                                             |                         |                         | Not covered                                                                                                                                                  |                         |                         |
| Epilepsy                                                           | Up to \$5,000 per year (Combined In & Out limit)                                                                                                             |                         |                         | Up to \$2,000 per year (Combined In & Out limit)                                                                                                             |                         |                         |
| New treatments, experimental, unusual and robotic procedures, etc. | Up to \$5,000 (In & Out)                                                                                                                                     |                         |                         | Not covered                                                                                                                                                  |                         |                         |
| Rehabilitation for a covered case                                  | Up to \$2,000 per year                                                                                                                                       |                         |                         | Not covered                                                                                                                                                  |                         |                         |

|                                                                               | Ultimate Care                                                                                                                                                                                                                 |             |                            | Advanced Care                                                                                                                                                                                                                 |         |         |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
|                                                                               | Class A                                                                                                                                                                                                                       | Class B     | Class K                    | Class A                                                                                                                                                                                                                       | Class B | Class K |
| Breast reconstruction                                                         | Covered due to a covered partial or complete breast excision due to breast cancer (within 6 months of sickness) up to:                                                                                                        |             |                            |                                                                                                                                                                                                                               |         |         |
|                                                                               | \$8,000                                                                                                                                                                                                                       | \$6,000     | \$5,000                    | \$6,000                                                                                                                                                                                                                       | \$5,000 | \$4,000 |
| Infertility                                                                   | Covered from day 1 for existing employees and after 12 months for new employees up to:                                                                                                                                        |             |                            |                                                                                                                                                                                                                               |         |         |
|                                                                               | \$2,000 per year and \$4,000 lifetime                                                                                                                                                                                         |             |                            | \$1,500 per year and \$3,000 lifetime                                                                                                                                                                                         |         |         |
| Cardiovascular diseases                                                       | Covered                                                                                                                                                                                                                       |             |                            |                                                                                                                                                                                                                               |         |         |
| Work-related accident                                                         | Covered for Administrative work only                                                                                                                                                                                          |             |                            | Not covered                                                                                                                                                                                                                   |         |         |
| Bone marrow aspiration & organ transplant surgery including cornea transplant | Up to \$15,000 per lifetime, as per TPA's tariff. Cost of organ is excluded                                                                                                                                                   |             |                            | Not covered                                                                                                                                                                                                                   |         |         |
| Bariatric surgery related to morbid obesity (e.g. Sleeve and bypass)          | up to \$7,500 per lifetime                                                                                                                                                                                                    |             | up to \$2,500 per lifetime | Not covered                                                                                                                                                                                                                   |         |         |
| Cancer Diseases                                                               | Covered                                                                                                                                                                                                                       |             |                            |                                                                                                                                                                                                                               |         |         |
| Tropical Disease (specific diseases as per General Conditions)                | Covered                                                                                                                                                                                                                       |             |                            |                                                                                                                                                                                                                               |         |         |
| Sexually transmitted diseases                                                 | Up to \$5,000 lifetime                                                                                                                                                                                                        |             |                            | Not covered                                                                                                                                                                                                                   |         |         |
| Psychiatric disorder<br>In-hospital treatment                                 | Up to \$1,000/year after 12 months of enrolment                                                                                                                                                                               | Not covered |                            | Not covered                                                                                                                                                                                                                   |         |         |
| Nose Related Surgeries excluding cosmetic surgeries                           | Covered after 2 years of enrolment                                                                                                                                                                                            |             |                            |                                                                                                                                                                                                                               |         |         |
| Unknown Pre-Existing conditions                                               | During the first 6 months, covered up to:                                                                                                                                                                                     |             |                            |                                                                                                                                                                                                                               |         |         |
|                                                                               | \$4,000                                                                                                                                                                                                                       | \$2,500     | \$1,500                    | \$2,000                                                                                                                                                                                                                       | \$1,500 | \$1,000 |
|                                                                               | After the first 6 months, covered up to policy ceiling unless exclusions/limitations are applied during observation period                                                                                                    |             |                            |                                                                                                                                                                                                                               |         |         |
| 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 Ministers' mobilization decision issued on 15/03/2020, up to \$30,000 per year (under In-hospital only) |             |                            | Covered in compliance with the ICC decision number 80/LMD issued on 15/04/2020 and within the scope of the Council of Ministers' mobilization decision issued on 15/03/2020, up to \$10,000 per year (under In-hospital only) |         |         |
| Additional Benefits                                                           |                                                                                                                                                                                                                               |             |                            |                                                                                                                                                                                                                               |         |         |
| 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 for new members                                                                                                                                               |             |                            |                                                                                                                                                                                                                               |         |         |
| Upgrades on renewal (e.g. class and product upgrade)                          | Subject to underwriting after submitting a new medical application; and if upgrade is granted a waiting period of 270 days for maternity and preexisting conditions is applied                                                |             |                            | Subject to underwriting after submitting a new medical application; and if upgrade is granted a waiting period of 365 days for maternity and preexisting conditions is applied                                                |         |         |
| Extension of coverage at the expiry date and while in hospital                | Up to 30 days                                                                                                                                                                                                                 |             |                            | Up to 15 days                                                                                                                                                                                                                 |         |         |
| Claims outside of network                                                     | Claim processed on reimbursement basis and as per NEXTCARE's Lebanese network rates and subject to 30% excess                                                                                                                 |             |                            |                                                                                                                                                                                                                               |         |         |

|                                                                                                        | Ultimate Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |         | Advanced Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |         |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------|
|                                                                                                        | Class A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Class B | Class K | Class A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Class B | Class K |
| Natural Death Abroad & Medical Expenses Abroad (Europe & MENA countries only) – from 15 up to 50 years | Natural Death Abroad for the amount of \$5,000, along with Medical Expenses & Assistance Benefits, covering insured persons aged 15 to 50 years, for a period of up to 365 days (multiple trips) within Europe & MENA countries. The Medical Expenses & Assistance Benefits are provided in line with Schengen Embassy requirements, including Medical Expenses coverage up to \$30,000 for accidents and acute illnesses not related to any Pre-Existing Condition, as well as a 24/7 Help Desk. This coverage may be issued only once per Insured.<br><br><i>To activate this coverage, the Insured must inform the Company at least 48 hours prior to the departure date.</i><br><br><i>Coverage is subject to the terms, conditions, limits and exclusions of the Policy.</i> |         |         | Natural Death Abroad for the amount of \$5,000, along with Medical Expenses & Assistance Benefits, covering insured persons aged 15 to 50 years, for a period of up to 270 days (multiple trips) within Europe & MENA countries. The Medical Expenses & Assistance Benefits are provided in line with Schengen Embassy requirements, including Medical Expenses coverage up to \$30,000 for accidents and acute illnesses not related to any Pre-Existing Condition, as well as a 24/7 Help Desk. This coverage may be issued only once per Insured.<br><br><i>To activate this coverage, the Insured must inform the Company at least 48 hours prior to the departure date.</i><br><br><i>Coverage is subject to the terms, conditions, limits and exclusions of the Policy.</i> |         |         |
| Private transportation service / private ambulance                                                     | Covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |         | Not covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |         |
| Natural Death                                                                                          | Head of Family / Policyholder up to age 50: Covered for \$10,000<br>Spouse up to age 50: Covered for \$5,000<br>Children from 15 to 25: Covered for \$5,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |         |
| Accidental Death (if the Head of Family / Policyholder is aged between 51 & 65)                        | Covered, for \$10,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |         |

*\*All the above limits and coverage are subject to underwriting.*

**N.B.:** Claims arising from the use of a motorcycle as a means of transportation are not covered, unless declared and accepted, subject to an additional premium.

| Out of hospital benefits (Ambulatory)                            | Ultimate Care                                                                         |                        | Advanced Care          |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------|------------------------|
| Direct billing                                                   | As per NEXTCARE preferred network                                                     |                        |                        |
| Waiting period                                                   | 180 days                                                                              |                        |                        |
| Out 85% or 100%                                                  | Unlimited                                                                             | Up to \$3,000 per year | Up to \$2,500 per year |
| Diagnostic tests (X-Rays, MRI, Scans, Ultrasounds and Lab Tests) | Covered, subject to a prior approval                                                  |                        |                        |
| Thallium myocardial Scintigraphy                                 | Covered, subject to a prior approval                                                  |                        | Not covered            |
| Pet scan                                                         | Covered, subject to a prior approval                                                  |                        |                        |
| VCT 64                                                           | Covered, subject to a prior approval                                                  |                        |                        |
| OCT                                                              | Covered, subject to a prior approval                                                  |                        |                        |
| Osteodensitometry (for insured aged 50 years & above)            | Covered, subject to a prior approval                                                  |                        |                        |
| Physiotherapy & Kinesitherapy                                    | 15 sessions per year                                                                  |                        | 10 sessions per year   |
| Amniocentesis                                                    | Covered once per pregnancy if delivery date occurs after the maternity waiting period |                        |                        |
| Morphological Echography                                         | Covered once per pregnancy if delivery date occurs after the maternity waiting period |                        |                        |
| Triple test                                                      | Covered once per pregnancy if delivery date occurs after the maternity waiting period |                        |                        |
| Maternity lab tests                                              | Covered once per pregnancy if delivery date occurs after the maternity waiting period |                        |                        |
| Pre-Marital test                                                 | Covered                                                                               |                        | Not covered            |
| Dental panoramic                                                 | Covered if due to a covered accident and up to 9 months after the accident occurred   |                        |                        |

*\*All the above limits and coverage are subject to underwriting.*

**N.B.:** Claims arising from the use of a motorcycle as a means of transportation are not covered, unless declared and accepted, subject to an additional premium.