

MEDICAL PRODUCTS

INDIVIDUAL SCHEMES 2004

AL AHLIA INSURANCE COMPANY

Bahrain

(Currency in Bahraini Dinars)

Benefit Description	HIMAYA	RIAYA	ELITE	ELITE GOLD
Territorial Limit	Bahrain	Bahrain	World Wide, excl. Europe, USA & Canada	World Wide, excl. USA & Canada
Annual Maximum Limit per person	10,000	10,000	35,000	50,000
Inpatient & Daycare	Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)
Hospital Accommodation & Services:				
- maximum daily benefit at Designated Providers	Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)
- maximum daily benefit at non-Designated Providers	30	50	70	100
ICU	Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)
Consultant's, Physician's, Surgeon's & Anesthetist's Fees	Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)
Physiotherapy Charges	Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)
Nursing at Home, for recovery and in lieu of a hospital stay up to a maximum of 14 days per admission or procedure: - maximum benefit per person per year	1,000	1,000	1,000	1,500
Ambulance: - maximum per trip	50	50	50	100
Parent Accommodation for accompanying an Insured Child under 14 years of age - maximum per day	Not Covered	10	10	20
Hospital Cash Benefit if Inpatient Treatment is received free of charge in a Government Hospital: - maximum per day	Not Covered	10	15	20
Accommodation Type	Shared Room	Private Room	Private Room	Suite Room
Coinsurance for inpatient treatments	0%	0%	0%	0%
Outpatient - maximum limit per person per year		Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)
Consultations:				
- maximum per visit benefit at Designated Providers	Not Covered	Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)
- maximum per visit benefit at non-Designated Providers		15	15 in Bahrain & 25 abroad	Full Refund ^(see note 1)
Diagnostics (x-ray, MRI, CT scan, ultra sound, etc.)		Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)
Laboratory		Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)
Prescriptions		Full Refund ^(see note 1)	Full Refund ^(see note 1)	Full Refund ^(see note 1)
Physiotherapy: - maximum sessions per person per year: - maximum fee per session at Designated Providers	Not Covered	12 Full Refund ^(see note 1)	12 Full Refund ^(see note 1)	12 Full Refund ^(see note 1)
- maximum fee per session at non-Designated Providers		10	12	12 in Bahrain & 20 abroad
Coinsurance for outpatient treatments (after the other applicable deductible)	Not Applicable	0%	0%	0%
Emergency Treatment Abroad During Business Trips and Holidays: ^(see note 3) - maximum period of 45 days duration for any single journey		World Wide cover, subject to the actual cost or reasonable & customary charges of the country of residence, whichever is less	World Wide cover, subject to the actual cost or reasonable & customary charges of the country of residence, whichever is less	World Wide cover, subject to Full Refund of the incurred cost within the territorial limit and reasonable & customary charges of the country of residence for emergency treatments in USA & Canada ^(see note 2)
Members are entitled to use SOS International Medical Assistance Services				
Treatment Outside Country of Residence other than Emergency ^(see note 3) - cover available within the territorial limit only		Not Covered	Not Covered	Full Refund ^(see note 1)
Members are entitled to use SOS International Medical Assistance Services			Subject to the actual cost or reasonable & customary charges of the country of residence, whichever is less	
Repatriation of Mortal Remains to the Country of Domicile: - maximum limit per person	Not Covered	1,000	1,000	1,000
Maternity - maximum limit per person per year (limited to 1 delivery/abortion per person per year):				
- Cesarean	Not Covered	Not Covered	1,000	1,250
- Normal Delivery			750	1,000
- Miscarriage/Legal Abortion			400	500
Moratorium Period ^(see note 4)			280 days	280 days
Coinsurance for maternity treatments (after the other applicable deductible)	Not Applicable	Not Applicable	20%	20%

Dental - Consultations, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer, Root Canal Treatment & Gum Treatment - maximum limit per person per year:	Not Covered	Not Covered	Not Covered	200
Coinsurance for Dental Treatments (after the other applicable deductible)	Not Applicable	Not Applicable	Not Applicable	20%

Optical - Vision Tests for Errors of Refraction & one Prescribed Lense/s per person per year ^(see note 5) - maximum limit per person per year):	Not Covered	Not Covered	Not Covered	100
Coinsurance for Optical Treatments (after the other applicable deductible)	Not Applicable	Not Applicable	Not Applicable	20%

Pre-existing Conditions for Inpatient & Outpatient	Not Covered	Not Covered	Not Covered	Not Covered
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Deductible (per outpatient, maternity, dental & optical consultation)	Not Applicable	5	5	5
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Coinsurance for Treatment at Non-designated Providers, excluding Government Hospitals & Health Centers (after the other applicable deductible and coinsurance) ^(see note 3)	20%	20%	20%	20%
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- Notes:
1. Full Refund is subject to annual maximum limit and sub-limits per person
 2. Under Elite Gold, reasonable and customary charge in the country of residence should be equivalent to 150% of the rates charged by American Mission Hospital or BDF Hospital
 3. 20% coinsurance for treatment abroad at non-designated providers (emergency or other than emergency) if applicable, is waived if treatment is received through the assistance services of SOS International
 4. New adult female joiners will be subject to 280 days moratorium period from their join dates
 5. Compressed lenses are limited to maximum refractive index of 1.6
 6. Emergency & Non-emergency treatments at International Hospital of Bahrain (for all the 4 plans) & Bahrain Specialist Hospital (for Himaya & Riaya plans only) are excluded
 7. Treatment for emergency conditions shall not require pre-authorization, but such cases are to be notified to the company within 48 hours of the emergency treatment
 8. Terms and conditions are as per policy wording