OMN-1023-1

Individual Medical **Expense Insurance**

Policy Booklet

POLICY FORM CONTENT

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Chapter 1

DEFINITIONS

1. **Policy**

   Individual Medical Expenses Policy and its Annexures

2. **Insurance Application**

   Application by the policyholder in accordance with the details specified in Annexure No. (2) attached with this policy

3. **Insured**

   The worker or dependent to whom the insurer renders its obligations under the provisions of the policy

4. **Policyholder**

   Natural or juristic person who pays the insurance premium and in whose name the policy is issued in favour of the insured

5. **Insurer**

   Insurance company licensed to carry out health insurance business in Oman

6. **Policy Period**

   The period stated in the policy and agreed between the insured and the policyholder specified in the Annexure No. (1) attached with this policy. The Insurance coverage is granted during this period

7. **Premium**

   Amount of money the policyholder undertakes to pay in consideration of the insurer bearing costs of health care for the insured under the policy.

8. **Insurance Coverage**

   Basic Health benefits and optional benefits available and agreed in details between insurer and the policyholder in favour of the insured under this policy.

9. **Basic Health Benefits**

   Health services available to the insured under health services in accordance with Annexure No.(4) attached in this policy

10. **Licensed Doctor**

    A Clinician licensed by the Ministry of Health to Practice the Medical Profession.

11. **Consultant**

    A Clinician licensed by the Ministry of Health to practice Medicine in the capacity of a Consultant Doctor.

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12. Coverage commencement date

The date stated in Policy Schedule (in Annexure No. (1)) attached with this policy. This is the date (time, day, month and Year) during the Policy Period when the Insurance Coverage becomes active.

13. Maximum limit of insurance coverage

The Maximum amount of Money the insured may be compensated for covered services as a result of receiving appropriate treatment during the policy period.

14. Worker

Every natural person who is actually employed by the policyholder and registered as such in the employer's registers.

15. Dependent

a. Every person who is spouse of the worker and actually and legally residing in Oman and registered as such in the registers of the policyholder.

b. Children of the worker or the spouse of the worker whose ages are not more than 21 years and registered as such with the policyholder.

c. Any person who doesn't belong to (a) and (b) and actually and legally residing in Oman and is dependent of the worker and registered as such in the registers of the policyholder.

16. Coinsurance/Contribution

Percentage borne by the insured toward the cost of medical expenses in accordance with Annexure No. 4 attached with this policy

17. Health services provider

Approved health facility duly licensed by the Ministry of Health to provide health services in Oman in accordance with the applicable laws and regulations.

18. Health Services Providers Network

A group of healthcare service providers designated accredited by the insurer to provide healthcare to the insured

19. Illness

Health condition suffered by the insured, which necessitates health care during the period of the policy.

20. Allergy

Sensitive to certain types of food, weather or pollen or any allergens of plants, insects, animals, minerals, chemicals or other elements or material

21. Chronic diseases

Disease or injury that has one or more of the following characteristics:

a. It needs ongoing or long-term monitoring through consultation, examination, checkups and tests.

b. It needs ongoing or long-term control or relief of symptoms.
c. It needs rehabilitation or the patient to be trained to cope with it.
d. It continues indefinitely.
e. It comes back or likely to come back

22.Pre-existing conditions

Any injury or disease or condition for which signs or symptom(s) been shown at some point before enrolment in a new medical insurance plan where a prudent person would have to sought treatment and/ or any conditions for which the patient has already received medical advice or treatment prior to their enrolment in a new medical insurance plan.

23.Reimbursement

Reasonable and customary medical costs paid by the Insurer Insurance Company when the insured has incurred a cost for receiving the required medically necessary treatment not excluded under chapter IV of the policy at a Health Service provider other than the designated providers in the following cases:

a. Emergency
b. Upon agreement between the insurer and the insured

24.Claim supporting documents

Documents proving the identity of the insured, medical reports, invoices and police report if any

25.Hospitalization

Registering an insured with the health service provider as inpatient including hospitalization in day care, accidents and emergency departments based on consultation by a licensed or Consultant doctor

26.Inpatient

Registering an insured with the health service provider as inpatient overnight to receive treatment.

27. Outpatient

Visits by the insured to the health service provider for consultation, diagnosis and/or treatment in an Outpatient setting.

28.Emergency Condition

Is a case, which calls for immediate medical intervention by the Health Services Provider for the rescuing of a person's life or elimination of the hazard threatening such person

29.Medically Necessary Treatment

Medical or health service or treatment, which is appropriate and consistent with the diagnosis in accordance with the health standards, rendered by a licensed or consultant doctor

30.Covered Medical Expenses

An Amount of money paid by the Insurer to the health service provider for rendering the medically necessary treatment to the Insured as per this policy terms and conditions

31. Pregnancy and birth complications

Complications arising during pregnancy or during birth

32.Alternative Medicine

Complementary and Alternative Medicine (CAM) or “ complementary health approaches” are a group of diverse medical and health care practices and products that are not presently considered to be part of conventional medicine and/or do not fall within the approved main health care system by Ministry of Health

Chapter 2

GENERAL TERMS AND CONDITIONS

PREAMBLE

The policy and Proposal form shall be deemed one contract. Words and expressionswith special meaning in any part of the policy or insurance application/Proposal form shall have the same meaning unless the context otherwise requires, the material information or statements and the acceptable practices in health insurance contracts provided by the policyholder or their representative related to insurance coverage shall be the basis of this contract. The insurer shall grant the policyholder access to the policy and ensure obtaining the required insurance coverage.

1. **Insurance application statements**
   The information provided by the policyholder shall be correct.
2. **Policy scope and validity**
   The policy represents the maximum limit of benefits provided to the insured. The policy or any amendment thereto shall not be valid unless confirmed by an endorsement signed by the parties.
3. **Policy period**
   Unless otherwise agreed by the parties the period of the policy is one year
4. **Records and Reports**
   The policyholder shall maintain a record of all its employees covered under the policy comprising the following:
   a. Name, gender, age, nationality, marital status, ID number.
   b. Any basic information the insurer requires to be listed in the policyholder's records.

   The policyholder shall be obligated to provide the insurer any information on the Insured and grant access to the records to verify their accuracy.
5. **Eligibility**
   The worker shall be deemed eligible for insurance by the policyholder. The dependent, who is not a worker, shall be deemed eligible as per the employment terms of the worker.
6. **Basic health benefits**
   The policyholder shall have the right to select at minimum, the basic health benefits schedules (a) or (b) in Annexure No. (4) attached with this policy and may increase the limits of basic health coverage of Annexure No. (4) attached with this policy and accordingly the insurance premium shall be specified by the insurer. Policyholder may add any of the optional benefits, to the basic health coverage, in accordance with Annexure No. (3) attached with this form.

7. Payment of Premium

The policyholder shall pay the premium during the agreed time with the insurer.

8. Addition and Deletion of Insured Persons

1) The policyholder shall inform the insurer in writing for adding or deleting of the insured persons, provided evidence of joining or leaving employment. The policy holder shall, in case of deletion of insured person, return the membership card and any information required by the insurer prior to deletion date. In the event of not returning the card, the policyholder shall make good of the loss/ liability incurred by the insurer in respect of any claim occurring after the deletion date. Deletion shall be effective from the date of the approval of the insurer of the request.
2) In the case of expatriate workers as insured, the policyholder shall provide evidence of the insured's departure from Oman if the request is to delete a worker from the policy.
3) Additional premium will be calculated in accordance with the agreement between the insurer and policyholder.
4) The premium refund relating to an insured who did not use the insurance coverage shall be as per the following equation:

$$\text{Premium refund} = \frac{\text{Premium X Remaining period}}{\text{Policy period}}$$

Insurer shall refund the premium during within a period not exceeding thirty (30) days from the date of approval of the deletion.

9. Effective date of coverage

a. For workers:

Coverage shall become effective from the inception date shown in the policy annexure (1) attached with this policy or from the endorsement date of addition for the worker who joins work after policy's inception date

b. For dependents:

For eligible and enrolled dependents, Insurance coverage shall become effective for dependents from the date the worker supporting them becomes insured or from the date they become dependents.

10. Cancellation of the Policy

The policyholder may cancel the policy at any time under written notice to the insurer at least thirty (30) working days prior to the date of intended termination provided evidence is established of concluding another insurance coverage commencing on the day following the cancellation of

the previous policy.

In such event the insurer shall be obliged, during not more than thirty (30) working days from the date of termination to refund to the policyholder the remaining portion of the insurance period for every insured who didn't benefit from the coverage. The remaining portion of the premium shall be calculated as per the equation provided for in Clause (8c) above.

11. Confidentiality of claim supporting documents

The policyholder and insured shall agree to give the insurer or their representative access to claim supporting documents provided the insurer or their representative maintain the confidentiality of such information.

12. Complaints

The policyholder and the insured shall have the right to file complaints in accordance with the procedures specified by CMA.

The policy holder or insured member may also raise a complaint or grievance with the insurer via designated channels are described below;

Mailing address:
National Life & General Insurance Company SAOG
Post Box No 798, Postal code 117
Wadi Kabir, Sultanate of Oman.
Telephone : +968 24730651
During business hours - Sunday to Thursday - 8 am to 5 pm
Fax No. : +968 24727453
Email : complaints.oman@nlicgulf.com
Webpage : //www.nlicgulf.com/complaints.html

13. Medical Expenses

The insurer shall be obliged to pay the medical expenses to the health service provider incurred within the policy period in accordance with its provisions. The insurer shall ensure whether such medical expenses were incurred during the policy period based on the following rules:

Health service	Basis for incurring medical expenses
Consultation fees of the licensed doctor or Consultant	Actual date of visit by the insured
Laboratory and diagnostic imaging	Date of rendering the service
Pharmacy/medications	Date of dispensing the medicines according to prescribed dose by the licensed doctor or consultant to be used within the policy period
Cost of room rent	Actual date of hospitalization and Discharge
Surgeon's fees / anesthetic technicians fees	Surgery date
Other medical services for inpatient	Actual date of rendering the service

14. Limits of insurance coverage

Insurer's liability is limited to the amounts specified for the insurance coverage in annexure No. (4) and endorsements attached with this policy.

15. Geographical Scope of Policy validity

This policy shall apply to eligible medical expenses incurred in the territorial borders of the Sultanate of Oman unless otherwise agreed by the parties.

16. Jurisdiction

The courts of the Sultanate of Oman shall have jurisdiction to settle the disputes arising out of the application of the provisions of the policy.

Chapter 3

CLAIM ADMINISTRATION

1. Health Insurance Claim Administration Terms and Conditions

a) Health service provider shall submit claim notice in the form prepared by the insurer together with the following documents:

1. Complete medical and diagnostic reports on the disease description and treatment.
2. Preauthorization form
3. Any other medical information that may be deemed necessary

b) All claim notifications should be complaint with electronic claim systems implemented in Sultanate.

2. Basis of bearing consultants

No costs shall be incurred for advice, consultation or treatment provided by consultant without the insured first being referred by a licensed doctor

3. Pre-authorization

The health service provider shall be obligated to obtain pre-authorization before rendering any treatment in accordance with annexure (5) attached with this policy

4. Reimbursement

Insurer will reimburse the insured the cost of eligible expenses within fifteen (15) working days, provided completed claim form along with any other documents to support the claim, as specified in the notice of claim mentioned above are submitted to the insurer within a period of one hundred and twenty (120) working days from incurring such expenses. The expenses include:

1. Outpatient treatment expenses.
2. Inpatient treatment expenses including surgeries.
3. Costs of repatriation of the corpse to the home country specified in the employment contract except the death resulting from injuries specified in Clause 37 of Chapter IV

5. Claim Denials

Insurer have the right to decline or return submitted claims, as the case may be, under the following condition:

1. Submitting incomplete claim form.
2. Treating doctor or consultant’s signature and seal is not on the claim form.

3. Tests, drugs and treatment not prescribed by a licensed doctor or consultant.
4. Diagnosis and treatment are not medically relevant
5. Claims are submitted after one hundred and twenty (120) days from the date of treatment.
6. Expenses in excess of the maximum limit of insurance coverage.
7. Treatment was before the insured member's addition to the policy or after policy expiry

In the event of claim denial the insurer shall give the insured written statement of the causes of denial within ten (10) working days maximum from the date of submitting the claim. The insured shall have the right to recourse to the competent authorities to decide in the claim.

Chapter 4

GENERAL EXCLUSIONS

The Insurer shall not be liable under this Policy for any claim in connection with or in respect of:

1. Intentional Self-inflicted injury
2. Experimental treatment
3. Pre-Existing Diseases and chronic conditions for Outpatients Benefits
4. General examinations, checkups and /or services not justified for treatment of a medical condition covered under the policy
5. Any investigation or health service conducted for non-medical purpose such as investigation related to employment, travel, licensing or insurance.
6. Hazardous or Personal risks which personal activities are resulting in high risks to the insured or causing disease, accident, or leading to worsening his previous condition or injury.
7. Diseases identified by World Health Organization as epidemic
8. Complementary and Alternative medicine procedures and medications.
9. Conditions or Illness resulting from abuse of some medicines, stimulants or tranquilizers, or from abuse of alcohol, drugs and psychotropic substance.
10. Cosmetic treatment or surgery unless necessitated by accidental bodily injury not excluded.
11. Recreational therapy and general physical health programs.
12. Treatment of venereal or sexually transmitted diseases.
13. Costs of treatment following diagnosis of HIV or any disease related to HIV, including AIDS and its derivatives, alternatives or other forms.
14. Costs related to tooth implant, dentures (fixed or removable), bridges and/ or orthodontic treatment, unless resulting from an accident.
15. Vision or hearing correction tests and visual or hearing aids, unless resulting from an accident.
16. Corrective treatment for nasal septum deviation and nasal concha resection, coblation method plasty unless for treatment of illness such as nasal occlusion and difficulty in breathing or resulting from an accident.
17. Treatment of Hair loss, baldness or artificial hair.
18. Treatment of Psychological or mental disorders except emergencies.
19. Allergy tests and desensitization of any nature, unless relating to allergy toward specific medication and/ or supplies used in treatment of a medical condition.

20. Any expenses related to immunomodulatory and immunotherapy.
21. Sexual transformation treatment and services, sterilization, infertility and impotence.
22. Any expenses related to the treatment of sleep related disorders.
23. Treatment resulting from participation in hazardous sports/activities including but not limited to scuba diving, parachuting, rock mountain climbing, dune bashing/biking.
24. Treatment of congenital deformity including functional, chemical or metabolic defect usually existing before birth, whether hereditary or due to environmental factors.
25. Skin disorders such as acne and keloid etc..
26. Treatment of obesity or overweight.
27. Organ or bone marrow transplant, or implant of artificial organs to wholly or partially replace any organ of the body.
28. Investigation in to, or treatment of Natural changes related to menopause, including menstrual disorders.
29. Claims related to genetic disorders, cold storage, transplant of live cells or live tissues (including but not limited to stem cell treatment) whether self-originated or donated.
30. Treatment of neurological loss of appetite, polyphagia, loss of appetite and other eating disorders or any sort of treatment by psychiatrist.
31. Any costs or additional expenses incurred by the insured's companion during hospitalization, except for hospital room and board charges for one companion, such as a mother accompanying a child up to the age of sixteen (16) or if medically necessary as assessed by the attending doctor or consultant.
32. Expenses incurred due to complications directly resulting from illness or injury or treatment excluded from coverage.
33. All supplies which are not considered as medicines such as but not limited to mouthwash, tooth paste, soap, moisturizing lotions, creams lozenges, antiseptics, milk formulas, food supplements, children food, baby supplies, skin care products, shampoos and multi vitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions), and all equipment not primarily intended to improve a medical condition or injury, including but not limited to air conditioners, air purifying systems, arch supports, exercise equipment and sanitary supplies.
34. Any external medical appliances, devices and equipment including but not limited to breast pumps, massage machines, exercise machines, thermometer, blood pressure/sugar monitors and glucose strips.
35. Orthotic, mouth guards, bandages, crepe bandages, support stockings and pantyhose.
36. Supports of any type including but not limited to crutches, braces, slings,

lumbar supports, corsets, cervical collars, other joint supports, belts, wheel chairs, heel pads, arch support, orthopedic shoes.

37. Disease or Injuries resulting from the following events:
    1) Military operation whatever their type.
    2) Natural calamities.
    3) Criminal acts or the insured resisting the authorities.
    4) Ionizing radiations, pollution from radioactivity of any nuclear fuel or waste.
    5) Radioactive, toxic or explosive substances.
    6) Riots, strike and terrorism.
    7) Chemical, biological or bacteriological incidents or reactions

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Chapter 5

ANNEXURES

Annexure No. (1)

Policy Schedule

<table>
<tr><td colspan="2">1. Policy No.</td></tr>
<tr><td colspan="2">2. Policyholder</td></tr>
<tr><td colspan="2">3. Type of insurance</td></tr>
<tr><td colspan="2">4. Name of insured</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td rowspan="2">5. Address

8. Insurance policy period
from / / / to / /</td><td>6. P.O. Box</td></tr>
<tr><td>7. Postal Code</td></tr>
<tr><td>a. Insurance premium
b. Basic insurance premium
c. Optional benefits premium
d. Supervision and Regulation fees
(6/1000 of net premium)
e. Emergency fund fees
(1% of net premium)</td><td>RO
RO
RO
RO

RO</td></tr>
<tr><td>Total paid premium</td><td>RO</td></tr>
</table>

Signature of policy hoder | Signature of insurer | Commencement date

Annexure No. (2)

Insurance Proposed

<table>
<tr><td colspan="5">Applicant's Particulars</td></tr>
<tr><td>1. Name as per ID</td><td>First</td><td>Second</td><td>Third</td><td>Family name</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="5">2. Trade Name of the company</td></tr>
<tr><td colspan="2">3. Commercial Registration No.</td><td colspan="3">4. Head office</td></tr>
</table>

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5. Permanent Address 8. City	6. Governorate 9. Village	7. Wilayat:

10. Office Telephone	11. Email
12. P.O. Box	13. Postal Code

14. Number of Insured Persons

Name	Age	Gender	Profession	ID Number/ Residence card	Place of Work

15. Do you have a previous health insurance?
( )Yes ( ) No

16. Previous insurers

Signature of Policyholder : Signature of Insurer: Date:

Annexure No. (3)

Optional Benefits Schedule

Additional Insurance Coverage	Yes	Premium	Signature
1. Maternity benefit			
2. Dental benefit			
3. Vision benefit			
4. Child health services as per MOH standards			
5. Work injuries treatment			
6. Other optional benefits			
Additional Premium payable on additional benefits			RO

Signature of Policyholder : Signature of Insurer: Date:

Annexure No. (4)

Table of Basic Health Benefits (C)

Basic cover	Description	Limit
Inpatient treatment	1. Admission or treatment (day care) for diagnosis or treatment or surgery procedure. 2. Hospital Accommodation/Room Rent charges 3. Intensive Care Unit charges/ fees 4. Consultants/ Physicians/ medics and paramedics 5. Diagnostics/Radiology/imaging charges (X-Ray, MRI, CT scan, Ultra Sound etc.) 6. Medications and solutions 7. Pre-existing and chronic conditions 8. Work injuries treatment 9. Emergency treatment and admission 10. Ambulance expenses	• Maximum limit of in-patient RO 4,000 for domestic workers during policy period • Admission for maximum of 30 days per time • Public room accommodation except for cases requiring isolation • Injury transportation to hospital for maximum RO 100 per time.
Outpatient treatment	1. Consultations fees 2. Diagnostics/Radiology/Imaging charges (X-Ray, MRI, CT scan, Ultra Sound etc.) 3. Medications Charges (Generic drugs to be prescribed whenever available.) 4. Laboratory fees	• Maximum limit of out-patient is RO 500 for the policy period.
Remains transportation to home country	Expenses of remains transportation to home country.	• Maximum limit of out-patient is RO 1000 for the policy period.

Annexure No. (5)

Treatment Preauthorization

1. Medical Service provider shall request approval for treatment of the insured in the following cases:
   a. Treatment at outpatient clinic if costs of consultation or laboratory or diagnosis or radiology or medication or treatment procedures exceed RO 100.
   b. Hospitalization and surgeries for non-emergency cases.

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2. Emergency cases, patient's treatment shall commence immediately without delay and then approval request procedures will commence, however, the request must be submitted within 48 hours from admission.
3. Health care providers must write all medical information clearly on the approval form as well as date and time of the request.
4. Insurer shall respond to the request of approval by the service provider within a max of 30 minutes from the time of receipt. In the event of denial, the causes shall be stated as no response during the specified time shall be deemed as an implied approval.
5. If medical service provider does not receive any response to the request for approval during the specified time the same shall be treated as implied approval after ensuring that insurer received the request for approval during the specified time.
6. Medical service providers shall respond to the inquiries or comments of the insurer (if any) within 30 minutes from the time of receipt.
7. After the insurer receives the request for approval sent by the medical service provider, the insurer shall respond immediately by confirming receipt.

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Branches	
Al Amerat	24874249
Barka	26884803
Al Khoudh	24542325
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Ibri	25688266
Nizwa	25411160
Buraimi	25661010
Bahla	24124843
Qurum	24665114
Salalah	23290665
Ibra	25572779
Al Khuwair	24482974
HO Counter	24730999
Khasab	26730958
Sur	25546270
Saham	26857670
Airport	24521161
Samail	25356066
Mabelah	24455608
Mullahdh	26815362
YANQUL	25685413
Seeb Souq	22009639
Suwaiq	24124843
Jalan Bani Bu Ali	25555855
Falaj Al Qabail	26701459

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