

Ideal Health Insurance for SMEs (Small & Medium Enterprises)

offers with well defined coverage for groups ranging from 1 to 100 members especially in support of SME (Small and Medium Enterprises/Companies) employees in the Sultanate of Oman.

Who can buy this insurance policy?

Age at Entry: 14 days to 65 Years (members above age 65 shall be subject to medical underwriting)
Citizens/Residents of Oman who possesses a Valid Visa for stay in Oman.

Advantages of National Life & General Insurance

Market leaders in Health Insurance coupled with excellent track record in claims servicing, the insured members are sure to benefit from our rich experience.

Complete peace of mind with Unique & wide range of Health Insurance coverage .

No Pre Insurance Medical Test Required for getting enrolled under this Policy subject to policy. conditions.

Both Inpatient and Outpatient cover.

Wide Network of Hospital/Clinics/Pharmacies/Diagnostic service providers.

Fast and simple claims settlement with direct In House Claims settlement (No Third Party Administrator Involved).

Simple procedures, Easy documentation & Great affordability.

Experienced and qualified professionals to handle underwriting, claims & actuarial services.
Direct Billing Facility (Cashless)

Professional Managed 24/7 Call Centre for Claim Instant Approval

First: Total Upper Limit Coverage

Sr. No	Details	Coverage
1.	The Annual Upper Limit for Healthcare Services	RO 3,000

Second: Geographic Coverage

Sr. No	Details	Coverage
1.	Elective treatment	Sultanate of Oman
1a.	Health Insurance Services Offered inside Oman	<ul style="list-style-type: none"> • 100% inside network • 70% of claim outside network • 100% in govt. Hospitals
2.	Health Insurance Services Offered outside Oman	Not covered

Third: Inpatient Healthcare Services at Authorized Hospitals

Sr. No	Details	Coverage
1.	In-patient Healthcare Services, subject to prior approval (Hospitalization for maximum of 30 days per admission)	Shared room
	Daily room and board (Shared room)	<ul style="list-style-type: none"> • 100% inside network • 100% of Reasonable and customary charges of applicable network for treatment taken outside the network
2.	Intensive care unit	<ul style="list-style-type: none"> • 100% inside network • 100% of Reasonable and customary charges of applicable network for treatment taken outside the network
3.	Tests, diagnosis, treatments and surgeries in hospitals for non-urgent medical cases, subject to prior approval	<ul style="list-style-type: none"> • 100% inside network • 100% of Reasonable and customary charges of applicable network for treatment taken outside the network
4.	Healthcare services for emergency cases	<ul style="list-style-type: none"> • 100% inside network • 100% of Reasonable and customary charges of applicable network for treatment taken outside the network
5.	Ambulance expenses	Cost of transportation for injured person to hospital subject to Max RO 100
6.	Accommodation of an accompanying person in the same room in cases of critical conditions and as per recommendation of attending physician, subject to prior approval	<ul style="list-style-type: none"> • 100% inside network • 100% of Reasonable and customary charges of applicable network for treatment taken outside the network
7.	Pre-Existing and chronic conditions	• 100% refund

Outpatient Healthcare Services (option 1)

Maximum limit of outpatient is RO. 500 for the policy period.

Sr. No	Details	Coverage
1.	Examination, diagnostic and treatment services of clinics and health centres by general practitioners, and specialists provided that the Insured person is referred to a specialist and/or consultant by a general practitioner. Follow ups are exempted from fees if made within a week from the date of first examination.	<ul style="list-style-type: none"> • Maximum limit of outpatient is RO 500 for the policy period • 85 % inside network with Deductible excess of a Maximum Excess of RO 20 per claim • 70% outside network
	Maximum outpatient doctors visit fee	<ul style="list-style-type: none"> • 85 % inside network with Deductible excess of a Maximum Excess of RO 20 per claim • 70% outside network
2.	Cost of medicine	90% inside network with maximum excess of RO 5
3.	Pre-Existing and Chronic cover (optional)	• In case you opt for Pre-Existing and Chronic cover the limit will be RO. 250 for OP

TABLE OF BENEFITS

Outpatient Healthcare Services (option 2)

Sr. No	Details	Coverage
1.	Examination, diagnostic and treatment services of clinics and health centres by general practitioners, and specialists provided that the Insured person is referred to a specialist and/or consultant by a general practitioner. Follow ups are exempted from fees if made within a week from the date of first examination.	<ul style="list-style-type: none"> • Maximum limit of outpatient is RO. 500 for the policy period • 100% of Reasonable and customary charges of applicable network for treatment taken
	Maximum outpatient doctors visit fee	
2.	Cost of medicine	
3.	Pre-Existing and Chronic cover (optional)	In case you opt for Pre-Existing and Chronic cover the limit will be RO. 250 for OP

Other benefits

Repatriation expenses on death	Maximum limit for remains transportation RO 1000
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Treatment Preauthorization

- Medical Service provider shall request approval for treatment of the insured in the following cases:
 - Treatment at outpatient clinic if costs of consultation or laboratory or diagnosis or radiology or medication or treatment procedures exceed RO 100.
 - Hospitalization and surgeries for non-emergency cases.
- 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.
- Health care providers must write all medical information clearly on the approval form as well as date and time of the request.
- 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.
- 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.
- Medical service provider shall respond to the inquiries or comments of the insurer (if any) within 30 minutes from the time of receipt.
- After the insurer receives the request for approval sent by the medical service provider, the insurer shall respond immediately by Confirming receipt.

The following cases shall be excluded from the policy

1. Intentional self-inflicted injury.
2. Experimental treatment.
3. Pre-existing diseases and chronic conditions for outpatient 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 are any personal activities 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 a 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 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
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 cost 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 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 pump, massage machines, exercise machines, thermometer, blood pressure / sugar monitors and glucose strips.
35. Orthotic, mouth guards, bandages, crepe bandages, support stocking 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 and orthopedic shoes.
37. Disease or injuries resulting from the following events:
 - a. Military operation whatever their type.
 - b. Natural calamities
 - c. Criminal acts or the insured resisting the authorities.
 - d. Ionizing radiations, pollution from radioactivity of any nuclear fuel or waste.
 - e. Radioactive, toxic or explosive substances.
 - f. Riots, strike and terrorism.
 - g. Chemical, biological or bacteriological incidents or reactions.

Premium Table

Option 1-With Excess		
Option 1	Premium in RO	
Age	Without PEC	With PEC
0-50 years	54	83
51-60 years	76	127
61-65 years	88	148

Option 2-Without Excess		
Option 2	Premium in RO	
Age	Without PEC	With PEC
0-50 years	60	92
51-60 years	81	136
61-65 years	94	157

Additional - 1.6% Insurance Fees + 5% VAT