

Bayoni Commercial Est.

Quotation No.: 14666925

Issue Date: 15-11-2020



Medical Insurance Quotation

One of SME 360° products
The integrated insurance program

The right health insurance for your business needs.

Tawuniya Insurance, Saudi insurance leader with over 30 years of experience, will serve you with health insurance teams that offer products designed for SMEs to ensure the health of the team and successful .. Our SME health insurance complies with the requirements stipulated by the Saudi Council of Cooperative Health Insurance (CCHI), which ensures the perfect health care for your employees and their families.

Benefits of SMEs health insurance:

▶ **Closest to you**

Our providers are available close to you wherever the need arises by our extensive network of providers all over the kingdom.

▶ **Instant Approvals**

Issuing medical approvals by electronic system within 5 minutes.

▶ **24/7 hours service**

Our service is available seven days a week and around the clock via our Call Center, e-Services and the smart phones application.

▶ **Suitable options to enjoy peace of mind**

A variety of flexible plans that cover all your needs.

▶ **Insurance cover while abroad**

Emergency medical assistance around the world provided through our strategic partners outside KSA.

Exclusive Services

▶ **Dawae:**

Dawae service gives you the opportunity to refill your medication for chronic diseases through the Tawuniya website and receive it from any of approved pharmacy's branches without visiting the physician.

▶ **Tabibi:**

Tabibi is a general phone medical consultation service provided by Tawuniya to all of its medically insured clients.

▶ **Health and wellness:**

Monthly help tips, mainly focusing on topics of interest to the family and individual. These tips are transmitted via SMS or e-mail messages.

▶ **E-Services:**

Many simple services such as submitting and tracking claims, adding\deleting beneficiaries looking up provider lists and more. By e-mail messages or Tawuniya smart phones application.

▶ **International Network Services:**

More than 4,000 providers globally through «UnitedHealthcare Global» which provides many services such as medical evacuation and medical advises, by 24 hours phone services.

▶ **Self-services:**

A Self- service to follow up with approvals and claims via customer service call center **920019990**.

For any further information please do not hesitate to contact us on **920007699** or visit our website www.tawuniya.com.sa

1- Table of (Medical benefits and exception):

Cover	Premier A \ B	Platinum A \ B	Gold A \ B \ C	Silver A \ B	Bronze A \ B	Basic A \ B
Network	Golden \ 1+	Golden \ 1+	Golden \ 1+\ 1	1 \ 2+	2 \ 3	4 \ 6
Annual maximum limit per person	1,000,000 SR	800,000 SR	700,000 SR	600,000 SR	500,000 SR	
Outpatient deductible for each patient visit subject to upper limit	None	10%	20%			
Upper limit for Out-Patient Deductible/ Co-insurance per visit	None	<ul style="list-style-type: none"> • UMPN providers maximum limit "Hospital&Polyclinic" (75 SR) • Out UMPN providers maximum limit "Hospitals" (100 SR) • In/Out of UMPN providers maximum limit "Other provider " (100 SR) <p>* UMPN: Unified Minimum Provider Network.</p>				
Doctor consultancy fees	Covered					
Outpatient Pre-authorization	1,000 SR				500 SR	
Inpatient deductible	None					
Room	Normal Suite up to 1,500 SR		Private Room		Shared room	
Dental benefit	5,000 SR	4,000 SR	3,000 SR	2,000 SR		
Spectacles benefit	2,000 SR	1,500 SR	1,000 SR	800 SR	400 SR	
Hearing aid benefit	6,000 SR					
Maternity benefit	30,000 SR	25,000 SR	20,000 SR	15,000 SR		
Newborn coverage	Covered on: The mother's policy up to a maximum of 30 days from the date of birth until they are added in the policy on retroactive basis from the date of birth.					
Premature born babies	Covered					
Complications of delivery / pregnancy	Covered					
Emergency cases in KSA	Covered					
Elective (non-emergency) treatment out of network in or out of KSA	Covered subject to reasonable and customary charges					Not covered
Emergency evacuation through UnitedHealthcare Global	Covered					Not covered
Emergency treatment out of KSA	100,000 SR	75,000 SR	50,000 SR			Not covered
Repatriation of mortal remains to home country	15,000 SR	10,000 SR				

Benefits (All Packages)	Coverage Ceiling	Benefits (All Packages)	Coverage Ceiling
Dialysis	100,000 SR	Respiratory Syncytial Virus (RSV) Immunization program for children according to the Ministry of Health approved immunodeficiency virus vaccines schedule.	Covered
Cost of Acute and non-acute Psychological Disorders: Including SR 5,000 for non-acute psychological disorders for (4) sessions with medicine during the term of the policy	15,000 SR	Infant vaccines according to the schedule of the Ministry of Health.	Covered
Acquired Damage in Heart Valves	150,000 SR	Costs of Psoriasis treatment	Covered
Operation on an Organ Donor (for the donor)	50,000 SR	Intensive Care Unit	Covered
Alzheimer Patients	15,000 SR	Pre-existing and chronic diseases prior to the insurance policy.	Covered
Autism Cases	50,000 SR	Physiotherapy	Covered
National Program for Early Diagnosis in Newborns	100,000 SR	Companion expenses	Covered
Disability	100,000 SR	Ambulance service on local roads	Covered
Newborn Circumcision (Males)	500 SR	Life-threatening congenital diseases	Covered
Ears piercing (Females)	300 SR	Treatment of allergy-triggered illnesses	Covered
Costs of obesity/ overweight surgeries by means of laparoscopic sleeve gastrectomy if body mass exceeds (BMI) 45.	within a maximum limit of 20,000 SR	Costs of infant formula (baby milk powder) in need of medical care up to the age of 24 months to become free of charge.	Covered
		Coverage of early hearing screening program and critical congenital heart disease program for all newborns.	Covered

Limitations and exclusions

a. The policy shall not cover claims arising from:

1. Intentional self-inflicted injury.
2. Illness resulting from abuse of some medicines, stimulants or tranquilizers, or from substance abuse.
3. Cosmetic treatment or surgery unless necessitated by a bodily injury not excluded in this section.
4. General examinations, inoculations, drugs or preventive measures not required for medical treatment provided for in the policy (excluding preventive measures determined by the Ministry of Health, such as vaccination and maternity and child care.).
5. Treatment received by the insured free of charge.
6. Recreational therapy, general physical health programs and treatment in social welfare institutions.
7. Any illness or injury directly resulting from the insured's profession.
8. Medically recognized venereal or sexually transmitted diseases
9. Costs of treatment following diagnosis of HIV or any disease related to HIV, including AIDS and its derivatives, alternatives or other forms
10. Costs related to tooth implant, dentures, fixed or movable bridges or orthodontic treatment, unless resulting from an accident.
11. Vision or hearing correction tests and visual or hearing aids.
12. The expenses of the insured's transportation within and between cities of the Kingdom by other than licensed means of transportation
13. Hair loss, baldness or artificial hair.
14. Allergy tests of any nature, unless relating to prescribed medicine
15. Equipment, means, drugs and procedures or hormone treatment aimed at regulating reproduction, contraception, fertility, infertility, impotence, secondary sterility, in-vitro fertilization or any other method of artificial fertilization
16. Any congenital weakness or deformity unless it is life threatening
17. 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 twelve or if medically necessary as assessed by the attending physician.
18. Treatment of acne.
19. Costs of obesity/ overweight surgeries by means of laparoscopic sleeve gastrectomy if body mass exceeds BMI45 within the limits specified in the policy schedule
20. Organ or marrow transplant, or implant of artificial organs to wholly or partially replace any organ of the body.
21. Personal risks set forth in Section One (Definitions) of the Policy.
22. Alternative medicine procedures and medications.
23. Artificial and prosthetic limbs.
24. Natural changes related to menopause, including menstrual disorders

- b. The policy shall not cover health benefits or corpse repatriation to home country in claims resulting directly from:
1. War, invasion, acts of foreign aggression; whether or not war is declared.
 2. Ionizing radiations, pollution from radioactivity of any nuclear fuel or waste resulting from the combustion of nuclear fuel.
 3. Radioactive, toxic, explosive or other hazardous properties of any nuclear plant or any of its nuclear components.
 4. The insured's service or participation in armed forces or police operations.
 5. Riots, strike, terrorism or the like.
 6. Chemical, biological or bacteriological incidents or reactions resulting from work injuries or occupational hazards.

Definitions:

▶ **The Insured (Beneficiary):**

The natural person (or persons) covered by the policy.

▶ **Dependent:**

Husband, wife, sons up to the age of twenty five and unmarried daughters.

▶ **Service Provider:**

A health facility (governmental / nongovernmental) licensed to provide health services in the Kingdom in accordance with relevant laws and rules and accredited by the Council, such as: hospitals, diagnostic centers, clinics, pharmacies, laboratories, and physiotherapy or radiotherapy centers.

▶ **Emergency:**

The urgent medical treatment necessitated by the medical condition of the insured as a result of an accident or an urgent health condition requiring prompt medical intervention.

▶ **Same-Day Surgery or Treatment:**

Surgery or treatment requiring prearrangement for admission to a same-day treatment center without necessitating an overnight stay.

▶ **Deductible (co-payment):**

The part paid by the insured upon receiving treatment services in outpatient clinics as provided for, if any, in the policy schedule, excluding emergencies and hospitalization cases.

▶ **Gender:**

For purposes of the policy, words denoting the masculine gender shall be deemed to include the feminine gender as well.

▶ **Maximum Limit:**

The maximum limit for the company's responsibility.

▶ **Claim experience:**

The previous claim history from the previous insurance company, as (SAMA) instructions.

2- Unified policy CCHI:

This proposal and acceptance letter including all its enclosures are an integral part of the unified Cooperative Health Insurance Policy and its rules and regulations approved by the ministerial order 3/18/1R and dated 12/05/1439 H.

For more information about the Cooperative Health Insurance Policy please visit the CCHI website www.cchi.gov.sa

3- Additional Terms and Conditions:

These Additional Terms and Conditions along with the Proposal and Acceptance Letter, Policy Schedule (medical benefits & exclusions) and Unified Policy (hereinafter collectively referred to as "Documents"), shall form and constitute the full agreement for the provision of medical/ health insurance services

If there is any discrepancy or conflict between the contents of the Additional Terms and Conditions and the Proposal and Acceptance Letter, the provisions of the Proposal and Acceptance Letter shall prevail; and if there is any discrepancy or conflict between the Documents, the documents in the sequential order shall prevail.

The definitions mentioned in the Unified Policy shall be incorporated by reference herein and shall have the same meaning ascribed to them

a- Term and renewal:

The duration will be as per the term/tenor stipulated in Clause (3) of the Proposal and Acceptance Letter. Renewable for a similar period with the written consent of both parties according to the new rates, which will be determined later on their desire for renewal.

b- Scope:

It is agreed by and between both parties that the Company is committed to providing the service of medical insurance cover to the Beneficiary/(ies) of the Policyholder through the Approved Service Providers' Network or by the reimbursement of medical expenses incurred by the beneficiary / beneficiaries and the other obligations as provided for in the Documents. The Policyholder represents that the information provided shall be true and correct and shall disclose all material information as required by the principle of "uberrima fides" or good faith implied in such agreements.

c- Disclosure:

The Policyholder shall provide the Company with relevant data at regular and ongoing basis as may be agreed between the Parties from time to time and shall also provide the Company with signed Medical Disclosure Form by its beneficiaries.

In all cases, the correctness and accuracy of data is under the direct responsibility of the Policyholder and its Beneficiaries. It is agreed by and between the parties that the Policyholder shall be responsible for providing the copies of the policy schedule (medical benefits & exclusions) and Unified Policy to its beneficiary(ies) and explaining the features and policy terms and conditions to its employees/Beneficiaries

and provide a written undertaking/confirmation to the Company in respect of the same. The beneficiary / beneficiaries shall not be in a position to absolve itself or take plea against the Company in the event of a dispute that the policy terms and conditions and benefits were not explained by the Company or were not reviewed or comprehended by the concerned beneficiary(ies) or explained by the Policyholder. The Policyholder agrees that in case the Policyholder or any of its beneficiaries fail to disclose or deliberately conceal material information regarding their health or medical history, the Policy shall be void at the option of the Company The Company reserves the right to forfeit the entire premium in such cases.

d- Company's obligations:

The Company shall:

1. Issue a health insurance policy in accordance with the common standard criteria adopted by the Council of Cooperative Health Insurance and the Saudi Arabia Monetary Agency (SAMA) at minimum. This policy must indicate the basic benefits.
2. Cover the medical treatment costs for the Policyholder's employees and their families whose names are stated in the list submitted by the Policyholder in accordance with the terms and conditions of this agreement and within the limits of health insurance policy.
3. Abide during the agreed period and costs to issue medical insurance cards for all beneficiaries covered by healthcare in accordance with the design approved by the Council of Cooperative Health Insurance, provided such card shall contain the telephone numbers of the Company for Cooperative Insurance for immediate assistance.
4. Prepare a User Manual to facilitate access by those covered by health insurance to medical services granted to them. This Manual shall identify the medical service providers and the controls of medical treatment provision that require prior approval.
5. Submit reports on the request of (The Policyholder), provided that such reports must contain all the data and details required by the Policyholder, including, for example, but not limited to, the following:
 - Report on the visitors to medical service providers and the relevant cost which includes both outpatient and inpatient services.
 - Report on the number of approvals issued.
 - Report the number of inpatient cases.
6. Subject to clause (6) of general conditions of Unified Policy, be responsible to update the data in its system relating to the deletion and addition of Policyholder's employees and their families.
7. Implement all obligations set forth in the agreement by itself and may not waive or subcontract with others to implement it except by the prior written consent of the Policyholder. Company also assumes the responsibility to comply with the contents of the Unified Policy and comply with all laws, regulations, instructions and decisions relating to the enforcement of such actions and any applicable or updated relevant issues.
8. Issue the medical insurance cards within no more than (5) working days of the effective date of the policy.

9. Respond to the request for approval related to the medical services within sixty (60) minutes. As for emergency cases, the medical service should be provided immediately to the beneficiaries without referring to Company seeking approval.

e- Policyholder's obligations:

1. The Policyholder shall enable Company to subrogate it in the event of recourse against third parties who cause the damage or any beneficiary if the indemnity is beyond the scope of the policy terms and conditions, and issue a legal power of attorney from the beneficiary/ beneficiaries if so requested by Company.
2. The Policyholder shall pay the insurance premiums as per the schedule and as described in the Proposal and Acceptance Letter submitted by the Company or as directed by the Company from time to time in case of addition of members.
3. The Policyholder undertakes that the information provided on the beneficiary is true and are not false.
4. The Policyholder shall provide, upon request of the Company, all information and documents related to emergency cases and consequential obligations.
5. The beneficiary shall be re-examined at any time by a licensed physician determined by Company whenever it so desires and in this case Company will shoulder the medical examination costs.
6. The Policyholder and beneficiary shall, upon requesting medical treatment, to provide the medical insurance card and proof of identity to the medical service provider, which is returned to him/ her after recording the necessary treatment data
7. The Policyholder and beneficiary shall add new born babies from day one of birth. Failing to do so for any reason, they will compensate the Company for all medical costs paid for the baby using the mother's card
8. The Policyholder is obliged to explain/apprise the beneficiary with the terms and conditions of the medical insurance policy and making sure his/ her thorough understanding to the exclusions contained therein to act accordingly.

4- Compliance with the Company Manual:

Subject to Clause (6) of general conditions of the Unified Policy, if the Policyholder wishes to add or delete a beneficiary / beneficiaries to avail insurance cover under this agreement, this should be effected in accordance with the procedures set forth in the medical insurance Manual in detail. Policyholder undertakes, represents and warrants that he/it shall at all times comply with the Company Manual by referring to the website of Company as per the link below: www.tawuniya.com.sa/manual

5- Invalidity of any Term:

If any representations or conditions of any of the Documents are incorrect, invalid or unenforceable due to any statutory rule, administrative order, judicial verdict or public policy, all other terms and conditions contained herein shall nevertheless remain valid and enforceable.

6- Force Majeure:

It is agreed by between both parties that in the event of known force majeure case (impossibility of implementation) that ceases or impedes the implementation of business or any major part hereof, the party exposed to damage is entitled to terminate, by sending to the other party a written notice by registered mail at its address mentioned in the Documents or by hand delivery.

7- Additional Termination Clause:

The Company is entitled to terminate this arrangement and cancel the insurance policy in the event of:

1. Non-payment of insurance premiums (contributions) pursuant to the schedule as stated in clause (2) of the Proposal and Acceptance Letter or as directed by the Company to the Policyholder from time to time.
2. If the information furnished by the Policyholder is incorrect or false to the extent that affects the decision of Company to accept or decline the provision of insurance cover.
3. Addition of a beneficiary to the policy on the request of the Policyholder, which is revealed later that such beneficiary, is not belonging to the Policyholder or under its sponsorship.
4. If it is proven that the Policyholder has committed fraud.

8- The System of the Saudi Credit Bureau (SIMAH):

The Company (Tawuniya) shall have the right, in the event that the Policyholder is delinquent in paying the dues of Company, whether they are insurance premiums or claims, to insert the name of the Policyholder in system of Saudi Credit Bureau (simah).

9- General Provisions:

1. In no case shall the two parties publish any information on the details of this arrangement.
2. The addresses mentioned in the Proposal and Acceptance Letter for each party are their respective official addresses. All papers and correspondence relating to the enforcement of this agreement and any relevant or consequent issues shall be notified via this address. However, any change to such address must be advised in writing.
3. The calculation of periods referred to in this agreement or any of its documents or appendices in the Gregorian calendar, which is prevailing between both parties.
4. This arrangement is concluded in Arabic and English language in two identical counterparts duly signed by both parties. Each party has received a copy hereof to act accordingly. If there is any discrepancy or conflict between the English and the Arabic document, the Arabic document shall prevail.

Proposal & Acceptance Letter

To : Bayoni Commercial Est.

Address: 7283 empty al khubar ash shamal

Quotation No.: 14666925

Issue Date: 15-11-2020

We refer to your duly signed Proposal Form along with the signed Declaration Form for availing insurance cover from Tawuniya (hereinafter referred to as the "Company"/ "We"/"Us" as may be used interchangeably). Based on the said Proposal Form, we are pleased to inform you that your proposal for insurance has been accepted by us. Based on the underwriting policies of Tawuniya, we are pleased to offer our insurance services to you as per the below mentioned premium quotation:

1) As for the New born, they must be added within the first 30 days and after that all the new born approvals will not be accepted until they are added in the policy on retroactive basis from the date of birth .

2) Premium Table and Payment method:

Your total premium payment contribution without VAT shall be 1553.00

Value Added Tax(VAT) 15% With value 232.95

Your total premium payment contribution shall be << 1785.95 >>

<< One Thousand Seven Hundred Eighty-Five Riyals And Ninety-Five Halalas >>

The premium should be paid in advance.

Any additional premium for additions of members shall be paid directly.

Summary of proposed number of members and total premiums by class:

Program	No. of Employees	Total SR.	No. of Spouses	Total SR.	No. of Children	Total SR.	Total Members	Total SR.
Premier - A	0	0	0	0	0	0	0	0
Premier - B	0	0	0	0	0	0	0	0
Platinum - A	0	0	0	0	0	0	0	0
Platinum - B	0	0	0	0	0	0	0	0
Gold - A	0	0	0	0	0	0	0	0
Gold - B	0	0	0	0	0	0	0	0
Gold - C	0	0	0	0	0	0	0	0
Silver - A	0	0	0	0	0	0	0	0
Silver - B	0	0	0	0	0	0	0	0
Bronze - A	0	0	0	0	0	0	0	0
Bronze - B	0	0	0	0	0	0	0	0
Basic - A	2	1553	0	0	0	0	2	1553
Basic - B	0	0	0	0	0	0	0	0
Total	2	1553	0	0	0	0	2	1553

3) Policy Term:

The Policy term shall be valid for a period of 1 year from the risk commencement date. The Parties may wish to renew the policy subject to mutual agreement including but not limited to increased premium contribution as decided by the Company.

4) Quotation Validity

The offer shall be valid for a period of 30 days from the date of issuance of this Proposal and Acceptance Letter (hereinafter referred to as the "Letter").

Please confirm your acceptance of this Letter, Policy Schedule (medical benefits & exclusions), Unified Policy of Cooperative Medical Insurance ("Unified Policy") and Additional Terms and conditions (hereinafter collectively referred to as the "Documents") by signing and returning to us the enclosed copies and Declaration.

Please note that this Letter shall form part and parcel of the Documents. You are requested to duly sign and provide your acknowledgement of the acceptance of this Letter.

Yours faithfully,

For and on behalf of: **Tawuniya (The Company of Cooperative Insurance)**

Name: Fawaz Hassan Al Ghubari

Designation: Customer Services Executive



DECLARATION

I, the undersigned, do hereby declare and undertake that I have fully read and understood the contents of the Proposal and Acceptance Letter, Additional Terms and Conditions along with the Policy Schedule (medical benefits & exclusions) and Unified Policy appended hereto. I also undertake, on behalf of the Policyholder that it shall be the sole responsibility of the Policyholder to explain the contents and benefits under the policy to the beneficiaries. I hereby state that the same are acceptable to me and I hereby, agree and acknowledge by affixing my signature below on this Letter.

Accepted and confirmed for and behalf of:

Name :

Date :

Signature :

Designation:

Stamp