

# Group Medical Insurance Quotation

# Medical Insurance Quotation

Dear valuable client,

First Insurance Company (FIC) was established in Jordan in the year 2007, with a paid up capital of JOD 24 million (the second highest capitalized insurer in Jordan), as a General Insurance Company providing a wide and comprehensive range of general insurance services.

## Why to choose (FIC)?

- A solid financial standing.
- First class Re-insurance services.
- A wide network which provides access to the best medical service facilities and providers.
- Speedy and efficient claims settlement

## What does our Medical Cover Include?

### For in-patient and day-patient treatment:

- Hospital accommodation and nursing care.
- Theatre use, anesthesia, drugs and surgical dressings.
- Intensive care unit and coronary artery disease treatment.
- Therapies such as physiotherapy
- Diagnostic tests and investigations such as X-rays, blood tests and ECGs.
- MRI (magnetic resonance imaging), CT (computed tomography).
- Surgeon and anesthesiologist fees
- Companion expenses for insured below 13 years old.
- Ambulance services if medically necessary
- Maternity.

### Out patient treatment:

- Physician consultation
- Diagnostic tests: x-ray, laboratory, MRI, Scanner, and other diagnostic procedures.
- Pharmaceuticals

### Optional coverage:

- Dental Treatment
- Optical

### All levels of cover include:

- Extensive cover for eligible treatment including in-patient and surgical care.
- Quality treatment with a choice of consultants and specialists.
- Patient privacy in a clean and comfortable environment.
- 24 hour Health line offering medical information and guidance.
- Free access plan through our appointed network which means you are covered directly through our identity insurance card and forms.
- In case of choosing In & Out coverage, you will be covered for eligible in-patient and day-patient treatment in addition to eligible out-patient treatment (including consultations, medications, diagnostic tests and out-patient therapies).

## TABLE OF BENEFITS

| CLASS   | VIP CLASS                        | A CLASS                          | B CLASS                          | C CLASS                          |
|---|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| <b>TERRITORY</b>  | JORDAN                           |                                  |                                  |                                  |
| <b>MAXIMUM ANNUAL LIMIT/PERSON</b>  | 100,000                          | 80,000                           | 50,000                           | 35,000                           |
| <b>IN-PATIENT COVERAGE</b>  |                                  |                                  |                                  |                                  |
| <b>MAXIMUM ANNUAL CASE LIMIT/PERSON</b>   | 10,000                           | 7,500                            | 5,000                            | 3,500                            |
| <b>ROOM &amp; BOARD AND IN-HOSPITAL TREATMENTS.</b>   | FULL COVERAGE                    |                                  |                                  |                                  |
| <b>ICU - CCU</b>  |                                  |                                  |                                  |                                  |
| <b>SURGERY &amp; SURGEON FEES AND ANASTASIA</b>   |                                  |                                  |                                  |                                  |
| <b>MRI, CT SCAN AND OTHER DIAGNOSTIC TESTS</b>  |                                  |                                  |                                  |                                  |
| <b>ACCOMPANIED PARENT COVERAGE (FOR CHILDREN BELOW 13 YEARS OF AGE)</b>   |                                  |                                  |                                  |                                  |
| <b>DOCTOR FEES &amp; CONSULTATION</b>   |                                  |                                  |                                  |                                  |
| <b>AMBULANCE SERVICES</b>   |                                  |                                  |                                  |                                  |
| <b>STENT AND ITS ACCESSOREIS</b>  |                                  |                                  |                                  |                                  |
| <b>OUT PATIENT COVERAGE</b>   |                                  |                                  |                                  |                                  |
| <b>MAXIMUM ANNUAL LIMIT /PERSON</b>   | 12 forms ppy                     | 10 forms ppy                     | 8 forms ppy                      | 8 forms ppy                      |
| <b>DOCTORS FEES</b>   | FULL COVERAGE                    |                                  |                                  |                                  |
| <b>Pre Existing &amp; Chronic ( from the annual limit for out patient coverage)</b><br>(Maximum per person per insurance year.) | 400 JD                           | 350 JD                           | 300 JD                           | 300 JD                           |
| <b>MEDICATION</b>   | 80%                              | 80%                              | 80%                              | 80%                              |
| <b>RADIOLOGY , LAB TESTS AND DIAGNOSTIC TESTS</b>   | 80%                              | 80%                              | 80%                              | 80%                              |
| <b>PHYSIOTHERAPY</b>  | 12 sessions / person / year 100% | 12 sessions / person / year 100% | 10 sessions / person / year 100% | 10 sessions / person / year 100% |
| <b>ANNUAL LIMITS FOR MATERNITY AND OBSTETRICAL BENEFITS (INCLUDING PRE-AND POST NATAL VISITS)</b>                               |                                  |                                  |                                  |                                  |
| <b>NORMAL VAGINAL DELIVERY/ANNUM</b>  | 800                              | 500                              | 350                              | 350                              |
| <b>CAESAREAN SECTION / ANNUM</b>  | 1500                             | 1000                             | 600                              | 600                              |
| <b>LEGAL ABORTION / ANNUM</b>   | 350                              | 250                              | 200                              | 200                              |

- The above limits are subject to Jordan Dinar.
- All reimbursement claims are subject to %30 co-participation and subject to Official Authorities Tariffs. (Minimum Rate of 1998.)
- Minimum number of participant 10

**Annual premium for In & Out of hospital coverage:**

|                               | VIP CLASS | A CLASS | B CLASS | C CLASS |
|-------------------------------|-----------|---------|---------|---------|
| SINGLE MALE/ FEMALE           | ---       | ---     | ---     | ---     |
| WIFE / MARRIED FEMALE         | ---       | ---     | ---     | ---     |
| CHILD FROM DAY 14 TO 17 YEARS | ---       | ---     | ---     | ---     |

The premiums above subjected to issuance 5% and stamps fees 1%

- **The above Prices are subject to Jordan Dinar.**
- The above premium and coverage have been calculated upon standard risk, the company has the right to recalculate the premium and change the coverage for those with unusual risks, after evaluation the applications.

**Notwithstanding anything contained in the table of benefits, the company extend the cover to include the following benefits:**

- Hormonal treatment and test which are not related to infertility or sterility.
- Vitamins Registered by Ministry of Health Including VIT B12.

**OPTIONAL BENEFITS**

| OPTICAL BENEFITS (EXTRA PREMIUM 20 JD / INSURED)   |         |
|--|---------|
| VISION TEST, EYE GLASSES AND FRAME   | COVERED |
| MAXIMUM OVERALL LIMIT PER PERSON PER ANNUM   | JOD 50  |
| SERVICE PROVIDER   | NETWORK |
| DENTAL CARE BENEFITS (EXTRA PREMIUN 45 JD / INSURED)   |         |
| TEETH EXTRACTION, FILLING, ROOT CANAL TREATMENT, PERIPHERAL X-RAY AND TEETH SCALING ONCE PER ANNUM | COVERED |
| MAXIMUM OVERALL LIMIT PER PERSON PER ANNUM   | JOD 100 |
| SERVICE PROVIDER   | NETWORK |

### Waiting Periods

#### WAITING PERIODS

(THE FOLLOWING BENEFITS ARE EXCLUDED DURING WAITING PERIOD SHOWN AGAINST THEM)

| CASE   | WAITING PERIOD |
|--|----------------|
| HERNIA   | 6 MONTHS       |
| HEMORRHOIDS, FISTULA, ANAL FISSURES                                    | 6 MONTHS       |
| TONSILS, ADENOIDS, DEVIATED SEPTUM, SINUSITIS                          | 6 MONTHS       |
| KIDNEY AND URINARY TRACT STONES OPERATIONS , LITHOTRIPSY AND CYTOSCOPY | 6 MONTHS       |
| DISEASES AND OPERATIONS OF THE DIGESTIVE SYSTEM , ULCER AND ENDOSCOPY  | 6 MONTHS       |
| MATERNITY AND DELIVERY   | 280 DAYS       |
| UTERINE FIBROIDS, HYSTERECTOMY, ENDOMETRIOSIS                          | 12 MONTHS      |
| VARICOCELES, HYDROCELE, VARICOSE VEIN                                  | 12 MONTHS      |
| CATARACT AND GLAUCOMA  | 12 MONTHS      |
| ELECTIVE NON-ACCIDENT RELATED BACK PAIN OR SURGERY                     | 12 MONTHS      |
| Knee Surgery and Arthroscopy   | 12 MONTHS      |
| Cardiovascular diseases and hypertension                               | 12 MONTHS      |
| Diabetes Mellitus and its complications                                | 12 MONTHS      |

FIRST INSURANCE Co.

## GENERAL CONDITIONS

1. Geographical Coverage: This coverage is limited within the borders of the Hashemite Kingdom of Jordan
2. Insurance duration: one year subject to renewal upon agreement of both parties.
3. This insurance covers the full time active employees and their dependents (wives and children only).
4. Re-imburement claims will be settled within 5 working days.
5. Maximum age for insured 60 years old
6. The contract shall not take effect unless the first periodical premium due is paid.
7. Subject to issuance 5% and stamp fees 1%
8. This offer is valid for four weeks started from the date mentioned above.
9. This quotation is not to be an obligatory unless the company receives a written consent attached with applications filled in order with the insurance terms and conditions.

## GENERAL EXCLUSIONS

It is understood and agreed upon that all the following cases, reasons, medical services, injuries, diseases, illnesses, and complications are excluded under the insurance policy

1. Suicide attempts, voluntary self-injury.
2. Committing or attempts to commit an illegal action. All medico legal cases.
3. All cases resulting from war, invasion, hostilities, or war-like operations, civil war, rebellion, mutiny, revolution, martial law and terrorist acts. Naval, military or air force services or operations.
4. All cases related to hazardous activities such as: motor racing, mountaineering, motorcycling, parachute jumping, professional diving activities and professional sport teams.
5. All cases resulting from alcoholism, drug abuse and addiction, or hallucinatory substances.
6. Earthquakes, flood, volcano eruption, landslides and other natural hazards.
7. Pre-existing conditions which are known and not declared.
8. Cancer (tests and treatment), Bulimia, Anorexia nervosa, Dialysis, AIDS, venereal diseases, all senility related cases, Alzheimer, mental and psychiatric disorders, enuresis, sleeping disorder, developmental disorder.
9. Elective Non accident related plastic surgery, cosmetic related medicine, buco-maxiillo facial surgeries and related investigations and treatment.
10. Acne, folliculitis, vitiligo, Hair loss, boldness, psoriasis, multiple sclerosis, gamma knife, impetigo, sun burn, Isolations, vaccinations and circumcision.
11. Contraceptives medicines and methods, infertility and sterility treatments and tests, telemedicine. Hormones and vitamins (treatments and tests). Screening tests (torch)
12. All cases directed to hospital by a non-physician unless it is an emergency case. All cases under special exclusion.
13. Elective non-accident related surgery for the correction of refraction errors and acuteness of the sense of hearing and all auditory and vision accessories. Squint, keratoconus and corneal implantation and lenses.
14. All cases resulting from nuclear contamination, i.e. any exposure to ionizing radiation, radioactive contamination, nuclear processes, military material or nuclear waste of any kind and/or polluting hazardous or poisoning chemicals.
15. Elective non-accident Dental and Gum surgery (Excluding Bridges), epilepsy, congenital and hereditary diseases.
16. Artificial limbs, transplantation service expenses of donor and acquisition of organ in organ transplant and accessories such as: prostheses, wheel chair, orthopedic equipment, bandages, pacemakers, and heart valves ...etc.
17. Epidemic and pandemic diseases and transmittable diseases (such as but not limited to meningitis, measles, rubella, chicken pox, mumps ...ext) renal failure, osteoporosis, hepatitis, S.A.R.S, gastric banding, work related accidents and workmen's compensation.
18. Any In-patient treatment, tests, and other procedures that can be done on outpatient basis without jeopardizing the insured's health.
19. Unless mentioned in table of benefits (Physiotherapy, Maternity, Dental, Optical).
20. Medical malpractice insurance, any experimental medical treatment, general health examination and regular check up.
21. All substances, which are not considered as medicine. More than one unit of medicine except antibiotic, ant parasites, anti-fungal.
22. Expenses incurred for treatment or care at long term care facilities, old age home, health care and diet resorts, institutions for mental disabled, lunatic asylums.
23. Acupuncture treatment. Road traffic accidents, general allergic tests, genetic and autoimmune diseases (tests and treatment)
24. New born baby, 14 days after delivery, neonatal I.C.U