**Current Table of Benefits**

**Group Life**

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|  | **SCHEDULE OF BENEFITS** |
| Death due to Accidents orSickness | **US$ 50,000** |
| Geographical Scope | **Worldwide** |
| Free Sum Assured | **US$ 50,000** |
| Acts of Terrorism | **Covered** |
| Maximum Age Limit | Upon attainment of age 65 |

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| **IN-PATIENT BENEFITS** | **Business & Economy**CLASS B & SP |
| Maximum/Year/Insured*By Insured we mean Employees, Spouses and Children covered up to 25 years subject to receive a proof of university registration* | US$100,000*Per insured Per Year* |
| Employees aged 65y or more | On policy renewal, members aged 65y or more will be priced on a case by case based on the experience of the group and individual medical underwriting and their coverage shall be decided accordingly. |
| Guaranteed Renewability | Per decree no. 186/ICC and up to 720 days of hospitalization |
| Geographical Scope | Lebanon only |
| Emergency*Due to accidents and Sickness* | Worldwide at 100% R&C\* based on each Country Tarif’s |
| Medical Network (The network sha include at all-time at least 1 out of the 5 mandatory hospitals as per decree 186) | Full Network in Lebanon |
| Co-Insurance | **Inside Lebanon Inside Network** 100%**Outside Network or Cash Claims, Outside Lebanon**Not Applicable |
| Daily Room & Board Limit |
| Intensive Care Unit*(Max. 21 Days / Disability)* |
| Pre-Existing Cases | Up to US$ 1,500*Per insured Per Year* |
| National Social Security | **Where Applicable** |

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| **MATERNITY COVERAGE** | **Business & Economy** |
| - Normal Delivery- Cesarean-Legal Abortion | **Inside Lebanon Inside Network**100% up the below showing Limits- US$ 3,500- US$ 5,250- US$ 1,750**Outside Network or cash claims, Outside Lebanon**Not Applicable |
| Waiting Period | **Pregnancy inception date should be after the effective date o coverage** |
| Ambulatory services | Covered at 100% when outpatient is applicable up to the maternity limit |
| Maternity Complications*Covered up to $5,000 per insured per year* | **Inside Lebanon Inside Network** 100%**Outside Network or Cash Claims, Outside Lebanon** NotApplicable |
| Incubator | Covered during & after the Hospital confinement of the mother |
| Congenital Cases | Shall be covered for 3 cases per year up to US$ 7,000 each |
| New Born Babies | As of day 0 (no waiting period) |
| **National Social Security** | Where Applicable |
| **OUT-PATIENT BENEFITS** *Mandatory to all Insureds, where applicable* | **Business & Economy** |
| **Maximum Sum Assured***Applicable under Ambulatory**Services, and Physiotherapy* | US$ 3,000*Per insured Per Year* |
| Network | Full Network in Lebanon |
| **Ambulatory services***X-Rays, Laboratory Tests, etc…* | **Inside Lebanon Inside Network** 85% up to the out-patient limit**Outside Network or Cash Claims,** 75% up to the out-patient limit**Outside Lebanon** Not Applicable |
| **Physiotherapy***(Max. 12 Sessions /Disability) to be increased in case of medical necessity* | **Inside Lebanon**  85% R&C\* up the out-patient limit**Outside Lebanon** Not Applicable |
| **National Social Security** | Not Applicable |

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| **Supplemental Benefits** |
| One Day Treatment | Covered |
| Chemotherapy/Radiotherapy | Covered |

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| Renal Dialysis | Covered |
| Allergy | Treatment is covered up to the policy limit whereas tests are not covered |
| Companion Room | Covered*Accommodation for a Child under the age of 12 years* |
| Nose Related Surgeries | Covered |
| Emergency Dental*Treatment of Accidental damage to natural teeth* | Includes Dental services for the treatment of accidental injuries to sound natural teeth through violent external means within six months of the accident |
| Emergency Optical*Treatment of Accidental damage to**Eye* | Includes Optical services for the treatment of accidental injuries through violent external means within sixmonths of the accident |
| Rental of Wheelchair | Covered |
| Clinical Surgeries | Covered |
| Osteoporosis | Covered |
| Prosthesis Including Stent | Covered |
| Cataract Including the Cost of Lens | Covered |
| Organ Transplantation | Covered*and includes the cost of surgical procedures in performing an organ transplant of either a kidney, Liver, Heart, Lung, in respect**of the insured person as the recipient and not the organ donor* |
| Artificial Limbs and Eyes | Covered |
| Prostate | Covered |
| Bone Marrow Transplant | Covered |
| Sleep Disorder | Covered*If caused by sleep apnea, i.e. temporarily stopping of breathing during sleep* |
| Polysomnography | Covered |
| Terrorism Acts | Covered |
| Pandemic and Epidemic Diseases | Covered |
| Road Accidents | Covered |
| Hemodialysis | Covered |
| Parkinson Disease | Covered |
| Hazardous Sports | Covered |
| Local Ambulance Cost | Covered |
| Home Nursing | Covered |
| Sexually Transmitted Diseases Except for AIDS | Covered |
| Multiple Sclerosis | Covered |
| International Assistance | Covered through Assist America® as per policy rider |