

ENAYA FAMILY MEDICAL INSURANCE POLICY
(HOME PLUS PLAN)

SCHEDULE

Policy	: Individual Medical Insurance Policy (Home Plus Plan)
Insured Person	: As per ENAYA's online order confirmation email
Policy Number	: To be advised
Type	: Individual Medical Insurance Scheme
Period of Insurance	: As per ENAYA's online order confirmation email
Cover	: <ul style="list-style-type: none"> <u>In-Patient Health Care Cover</u> 1. For a medical or Surgical or Endoscopic procedure being treatment for an ailment or illness or accidental injury for covered healthcare conditions, provided always that such treatment cannot be undergone on an Out-Patient basis, and requires an uninterrupted hospital confinement. 2. Emergency treatment: The treatment (medical or surgical) which may not be delayed, delivered in a hospital emergency room, of all accidents or incidents of sudden sickness, causing a legitimate professional concern that there may be significant medical problem. 3. Pre-operative diagnostic tests, restrictively limited to the following: the basic medical tests conducted at hospital prior to surgery that is pre-requisite for a proper application of anesthesia. 4. Local Land Ambulance: Fees of local ambulance for transporting the patient to the hospital for treatment or for treating a serious emergency condition. <u>Out Patient Healthcare Cover</u> 1. All diagnostic, endoscopic and surgical procedures or consultation (conventional or endoscopic) and all treatments of covered healthcare conditions, that does not require and overnight stay at hospital, provided in a "one day room unit" (such as Gastro endoscopy) 2. All medical Treatments or procedures including diagnostic procedures and prescription medication

		under the supervision of a qualified doctor that is administered to the insured as an out-patient.
Territory	:	Medical Expenses incurred in Kuwait and in Home Country.
Jurisdiction	:	State of Kuwait & Home Country
Limit of Liability	:	Aggregate annual Benefits KD 5,000/- per person per year In-patient treatment: KD 1,500/- Per person per year any one Claim. Out-patient treatment : KD1,000/- per person per year
Deductible	:	10% for In-patient and Out-patient treatment subject to a minimum of KD 5/- per visit. 20% for Out-patient and Out-patient treatment subject to a minimum of KD 5/- per visit.
Sub Limits	:	1. Room /Boarding/ Accommodation : KD 1000 per year 2. Room /Boarding/ Accommodation limit per day: KD 75 3. Doctor /Consultation/Visit fee : KD 25 per consultation; Maximum 12 Consultations per person per year 4. Lab /Diagnostics : Maximum KD 100 per test
Conditions	:	1. Cashless at listed providers (list as per wapmed.net in Kuwait) 2. Waiting period : 30 days except a. in case of an accident or b. renewal of the policy 3. Waiting Period (Maternity): 365 Days, automatically covered on renewal with extra premium, optional benefit. 4. For diagnostics exceeding KD 50 Enaya's prior approval is required 5. For In-Patient treatment Enaya's prior approval is required
Exclusions		1. Any pre-existing condition, unless an additional premium is paid for this cover and cover purchased. 2. Ophthalmological treatments unless necessitated by an accident, unless an additional premium is paid for this cover and cover purchased.

	<ol style="list-style-type: none"> 3. Hospitalization not medically mandatory (e.g. sight correction surgery, organ donation). 4. Chronic conditions (BP, Diabetes), <i>unless an additional premium is paid for this cover and cover purchased.</i> 5. Peritoneal dialysis, Renal Dialysis, Arteriovenostomy. 6. All Congenital disorders as well as complications. 7. Mental or psychiatric disorders, nervous breakdown, psychological testing or evaluation. 8. Rest Cures, Sanatorium, custodial care and periods quarantine, special diets and weight control procedures and surgeries. 9. Suicide, self-destruction or intentional self-inflicted injury or any attempt thereat, while sane or insane. 10. All consequences arising from alcoholism drugs and like substances; the addiction to and abuse of medicines under no medical supervision. 11. Injuries and sickness consequent to the participation as an amateur or professional, in hazardous sports (e.g. motorcycling race, deep sea diving, scuba-diving , snorkelling, parachuting, hang gliding, delta-plane) 12. Cosmetic or plastic surgery unless mandated by a covered accidental injury. 13. Any devices or equipment that could be used on multiple occasions or persons. 14. Any nose related surgery unless due to covered accident. 15. Organ, tissue or cell transplantation. 16. Gynecological disorders, Maternity and medical termination of pregnancy. 17. Tubal ligation, as well as birth control procedures 18. Sexually transmitted diseases, AIDS and all screening tests, medication and treatment. 19. All treatment (medical or surgical) of the falling of hair. 20. Alzheimer and Parkinson disease including surgery. 21. Genetic tests and procedures 22. Medical costs resulting from work related accidents. 23. Air Ambulance expenses 24. Active participation in war, war like activities. 25. Claims arising from ionization, polluting chemicals or nuclear contamination 26. Dental and ophthalmic benefits are not covered unless caused by an accident, <i>unless an additional premium is paid for this cover and cover purchased.</i>
<p>Premium</p>	<p>: As per ENAYA's online order confirmation email</p>

ENAYA INSURANCE COMPANY in consideration of the application for this policy and of the payment of premiums by the Policyholder hereby undertakes that if at any time during the period stated in this Schedule, or during any other period for which the Company may accept payment for the renewal of this Policy, any insured person shall sustain any bodily injury caused by accidental violent external and visible means, or shall contract any disease or suffer from any illness and if such bodily injury, disease or illness shall require the Insured to undergo medical or surgical treatment or to be confined into a hospital, the Company shall pay the amount of such medical expenses reasonably and necessarily incurred for curing the injury, disease or illness, subject to the Policy terms, definitions, limits, exclusions and conditions contained within or endorsed.

Company's liability in respect of all claims admitted during the period insurance shall not exceed the Sum insured per person mentioned in the Schedule.

DEFINITIONS

- 1) **THE INSURER/COMPANY/We/Us/Our** is ENAYA INSURANCE COMPANY (S.A.K.C.) Kuwait.
- 2) **INSURED**
The individual or Company named in the Policy Schedule of this Policy document.
- 3) **INSURED PERSON**
The individual members covered under this policy as mentioned in the Policy Schedule.
- 4) **POLICY**
Our contract of insurance with the insured providing cover as detailed in this Policy document.
- 5) **POLICY PERIOD/YEAR**
A twelve month period from the date of commencement of cover as set out in the Policy Schedule and any subsequent period for which the policy is renewed.
- 6) **MEDICAL EXPENSES**

The reasonable and customary costs and expenses for medical treatment necessarily incurred and arising from accidental bodily injury occurring or illness manifesting itself during the policy period.

7) REASONABLE AND CUSTOMARY CHARGES

Medical expense which conforms to the level of charges made by the majority of physicians and/or hospitals in the locality in which medical expenses are incurred, such charges to be for similar treatment and such physicians and/or hospitals to be similarly qualified and of similar standing as those in respect of which the claim is made; All such costs must in the opinion of the Company be reasonable and necessarily incurred, exclusively and wholly for the purpose of curing the medical condition.

8) ACCIDENTAL BODILY INJURY

Any sudden and unforeseen event occurring during the policy period, resulting in physical bodily injury and necessitating medical care and attendance.

9) ILLNESS

Any sickness or disease not otherwise excluded by this policy, occurring during the policy period and necessitating medical care and attendance.

10) TREATMENT

Surgical or medical procedures, sole purpose of which is the cure or relief of acute illness or injury. An acute illness or injury is characterized by an occurrence of brief duration, after which the member returns to his/her normal or previous state and degree of activity.

11) EMERGENCY TREATMENT

The treatment (medical or surgical) which may not be delayed, delivered in a hospital emergency room, of all accidents or incidents of sudden sickness, causing a legitimate professional concern that there may be significant medical problem.

12) PHYSICIAN

A legally licensed medical practitioner recognized by the law and who in rendering such treatment, is practicing within the scope of his licensing and training.

13) TABLE OF BENEFITS

Benefits under this Policy are restricted to the limits as listed in this table.

14) ANNUAL LIMIT

The total and maximum benefits that may be claimed in any one policy year by an insured person.

15) SUB LIMITS

Limits as shown under the Table of Benefits section for defined benefits.

16) ROOM AND BOARD

Daily hospital charge for a bed and food expenses only, stated under the Table of Benefits.

17) CLAIM

A claim constitutes the total of treatment expenses incurred for each and every visit to a doctor/clinic/hospital and/or therapist and/or pharmacist.

18) DEDUCTIBLE /EXCESS

The proportion of costs of each claim borne by member/insured person as specified under the Policy.

19) AGE ELIGIBILITY

The maximum age is 60 years.

20) OUT-PATIENT HEALTHCARE COVER

- a. All diagnostic, endoscopic and surgical procedures or consultation (conventional or endoscopic) and all treatments of covered healthcare conditions, that does not require an overnight stay at hospital, provided in a "one day room unit" (such as Gastro endoscopy) or
- b. All medical treatments or procedures (including diagnostic procedures, prescription medication and physiotherapy) under the supervision of a qualified doctor that is administered to the insured as an out-patient.

21) IN-PATIENT HEALTHCARE COVER

Medical or Surgical of Endoscopic procedure being treatment for an ailment or illness or accidental injury for covered healthcare conditions, provided always that such treatment cannot be undergone on an Out-Patient basis, and requires an uninterrupted hospital confinement for more than 24 hours.

22) PRE-OPERATIVE DIAGNOSTIC TESTS,

Restrictively limited to the basic medical tests conducted at hospital prior to surgery that is pre-requisite for a proper application of anaesthesia.

23) CONDITION

Any disease, illness or injury not excluded under this policy.

24) CHRONIC CONDITION

An illness or a disease, which needs continuous treatment (maintenance) for its control rather than its cure.

25) COUNTRY OF RESIDENCE : State of Kuwait

EXCLUSIONS

Expenses whether direct or indirect, arising out of the following activities, conditions, treatments, items, procedures and/or their related expenses are excluded from the policy, unless specifically stated in the Table of Benefits of the Policy.

1) Any injury or illness caused:

- i) By War or warlike operations and/or any criminal act, including resultant imprisonment.
- ii) By contamination or contamination by radioactivity from any nuclear material whatsoever or from the contamination of nuclear fuel.
- iii) Injury or illness while serving as a member of a police, military, naval or air force operations.

2) Services or treatment in any long-term care facility that is not a Hospital as defined, rehabilitation center, spa, hydro-clinic, sanatorium, home for the aged; rest cures, custodial care or periods of quarantine or isolation. Special diets and weight control procedures and surgeries.

- 3) Any treatment that could be attributed to the following
- Willful , self-inflicted injury or attempted suicide, while sane or insane;
 - Consumption of intoxicating liquor or drugs, drug addiction or abuse, alcoholism or its abuse, drug dependence or abuse of medicines without medical supervision.
 - Venereal disease or other Sexually transmitted diseases, AIDS and all screening tests, medication and treatment.
- 4) Reimbursement arising out of
- Cosmetic and/or plastic surgery and/or related treatments and consequences whether direct or indirect unless necessitated by an accidental bodily injury occurring during the policy period.
 - Nose related surgery unless due to an accident during the policy period.
 - Elective surgery and related treatments including but not restricted to Organ, Tissue or Cell Transplantation.
- 5) Circumcision unless due to illness or disease.
- 6) Physiotherapy unless necessitated by an accidental bodily injury and/ or prescribed by the attending physician.
- 7) The following treatments are excluded;
- Dental treatments not arising out of accidental injuries.
 - Eye examinations (optometric) and tests, spectacles, contact lenses, Cataract, Lasik and eye-sight correction measures
 - Ear examinations, tests and hearing aids.
 - Chiropractic or podiatric care including foot care in connection with corns, calluses, flat feet, weak arches, weak feet or symptomatic complaints of the feet and shoe inserts of any kind.
- 8) Expenses incurred for
- Medical costs resulting from work related accidents.
 - Attestations, examinations for employment, pre-school or travel.
 - Children or baby foods and milk, nutritional supplements, vitamins, refreshments, tonics, artificial tears, scalp and hair lotions and shampoos, sun screens, biochemical and herbal remedies, etc.

- iv) Dietetic treatments, weight control and/or reducing programmes, whether for obesity or any other diagnosis.
 - v) Acne, warts, dandruff treatments, Alopecia and hair falls.
- 9) Treatment of mental and nervous illness or conditions of any kind, psychiatric, psychological, depression and related, developmental and learning disorders, loss of appetite, anxiety, fatigue, anorexia, bulimia and anorexic nervosa and any related conditions.
- 10) Expenses arising out of
- i) Pregnancy, childbirth and associated ante-natal or post-natal care.
 - ii) Miscarriage or abortion either voluntary or not and consequences thereof.
 - iii) Genetic tests and procedures.
 - iv) Routine and periodic gynecological examinations, investigations and tests, inoculations, menopause and hormone replacement therapy.
 - v) Tests and treatments related to infertility, impotence, invitro-fertilizations and investigations.
 - vi) Tests and treatments for male and female birth control and contraception by whatever means.
- 11) Expenses incurred for
- i) Other than for services performed or recommended by a legally qualified medical practitioner and/or services and supplies which are not medically necessary or appropriate to the treatment of the injury or sickness.
 - ii) Doctor's house visits other than emergency calls
 - iii) Second medical opinion consultations for any one medical condition.
 - iv) Any auto-therapy treatment and/or purchase of medication and drugs.
- 12) Treatment resulting from injuries and/or sickness consequent to the participation as an amateur or professional, in hazardous sports (e.g. motorcycling race, deep sea diving, scuba-diving, snorkelling, parachuting, hang gliding, delta-plane.
- 13) The following treatments are excluded.
- i) All Congenital disorders as well as complications.
 - ii) Chronic conditions (BP, Diabetes, etc).

- iii) Peritoneal dialysis, Renal Dialysis, Arteriovenostomy.
 - iv) Alzheimer and Parkinson disease including surgery.
- 14) Expenses for transportation of any kind other than expenses incurred for the services of a local land ambulance.
- 15) Expenses attributable to
- i) General health examinations and assessments, vaccinations, inoculations, prophylaxis, and any preventative treatment and care.
 - ii) Prosthesis, corrective devices, medical appliances and equipments.
 - iii) Non prescribed medications and supplies etc.
 - iv) Any devices or equipment that could be used on multiple occasions or persons.
- 16) Expenses or Claims
- i) which exceed the Company's definition of charges as reasonable and customary.
 - ii) for new treatment received in respect of medical expenses incurred after the expiry date of the policy unless this policy has been renewed.
- 17) The Company will not meet costs/ fees for claims notification and/or completion of claim forms or medical reports.

CONDITIONS

1. COMMENCEMENT OF COVER

This insurance cover shall commence from the date shown in Schedule, for a period of one year.

2. COMPLIANCE

The due observance and fulfillment of the terms, conditions and endorsements of this policy so far as they relate to anything to be done by the Insured and insured persons/members and the truth of the statements and answers in the health declaration form shall be conditions precedent to any liability to the Company to make any payment under this policy.

3. IDENTIFICATION

This Policy and Schedule shall be read together as one contract and any words or expressions to which specific meanings has been attached in any part of this Policy or of the Table of Benefits shall bear such specific meaning wherever they may appear.

4. COMMUNICATION

Every notice or communication to the Company required by this policy shall be delivered in writing to the Company.

5. POLICY VOIDABLE

This Policy shall be voidable by the Company in the event of misrepresentation, misdescription or non-disclosure in any material particular.

6. FORFEITURE

If any claim submitted under this Policy by any insured person/member be false or fraudulent or if the insurance has been granted or continued in consequence of any material mis-statement, misdescription or the non-disclosure, the Company shall be under no liability to make payment in respect of such claim. Any benefits paid and/or payable in relation to the claim shall be forfeited and (if appropriate) recoverable.

7. MEDICAL EXAMINATIONS/REPORTS

An insured may as often as required, submit to medical examination as prescribed by the Company in respect of any claim for accidental bodily injury or illness or ongoing treatment. Also, an insured may be asked or appear before the Company's doctor to submit a medical report or any other information to substantiate and support a claim at company's cost.

8. PREMIUM & BENEFIT REVISIONS

The premiums and benefits provided by this Policy are guaranteed for the first Policy year. Company reserves the right to alter the terms and conditions of this Policy and rates of benefits and premiums at any renewal date.

9. OTHER INSURANCE

Any other insurance covering any of the same benefits, must be disclosed to us. We shall not be liable to pay or contribute more than our ratable proportion.

10. CLAIMS ELIGIBILITY

Any expenses incurred by an insured person/member should be incurred on the advice of an authorized medical practitioner so as to become eligible for processing by the Company under the terms of this Policy.

11. PREMIUM PAYMENT

The premium is determined by the Company and shall be payable in advance. The initial premium shall fall due for payment on the date of commencement of cover. A grace period of 15 days is allowed at each premium due date. If premium is not received by the Company at any premium due date, the Company's liability shall lapse.

12. CURRENCY

The currency is Kuwaiti Dinars and all benefits are payable in the same currency.

13. INTEREST

No amount (claim) payable under this Policy shall carry interest.

14. CANCELLATION

This insurance may be terminated at any time at the request of the Insured, provided no claims are made during the policy period, and premium for unexpired term will be refunded after charging premium on short period scale for the expired term of the policy.

15. JURISDICTION

The provisions of this Policy shall be subject to the law of the State of Kuwait and the exclusive jurisdiction to hear all the disputes arising therefrom shall be vested in the Law courts of the State of Kuwait.

16. ARBITRATION

If any difference shall arise under this Policy such difference shall be referred to the decision of an arbitrator to be appointed by the parties in accordance with the Statutory provision being in force. Where any difference is by this Condition to be referred to arbitration the making of an award shall be a condition precedent to any right of action against the Company.

17. RECOVERY

The insured will be liable for all claims paid by the Company in excess of the benefit limits.

18. EXPIRY

The right to reimbursement shall cease upon expiry of the Policy. However, expenses covered under the Policy and defrayed during the Policy period shall be reimbursed up to 45 days after the expiry of the Policy. After effects of an injury or illness incurred during the Policy period shall not be covered after the expiry of the Policy.

CLAIMS CONDITIONS & ADMINISTRATION

1) CLAIMS SETTLEMENT METHOD

Unless otherwise agreed by the Company upon a request by the insured all claims are payable on a reimbursable basis only. Insured has to submit all claims as per the attached claim form with all other documents of proof and payments attached to it.

2) ADMINISTRATION

Written proof of each claim must be submitted to the Company. Original documentation, supporting invoices, receipts, doctors prescriptions, referrals, tests and investigations results must be submitted with the relevant Company claim form, completed and signed by the treating Physician or Surgeon as may be required by the Company. Photocopies of invoices and receipts are not acceptable.

3) NOTIFICATION

Written proof of each claim must be submitted to the Company immediately and at the latest within 45 days of the first treatment date for which the claim is made. Claims received for a period exceeding 45 days from the date of treatment will be considered "time barred".
