

Hayya Visitor Policy

(Limited Term - One Time Issuance)

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Section 1 - Definitions

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The following terms, wherever mentioned in this policy, its annexes, or appendixes shall have the same meaning assigned thereto:

1. **Law:** The Cooperative Health Insurance Law applied in the Kingdom.
2. **Insurance:** Proof insurance coverage under the policy with its schedule, annex, or appendixes.
3. **Insurance Term:** The period stated in the policy schedule where the insurance remains valid.
4. **Validity Period (Coverage Validity):** The number of days which the policy remains valid from the date of entry into the Kingdom.
5. **Inception Date:** The date indicated in the policy schedule at which insurance coverage begins.
6. **Benefit:** The costs of providing health services included in the insurance coverage within the limits specified in the policy schedule.
7. **Insurance Coverage:** The basic health benefits available to the beneficiary as specified in the policy.
8. **Coverage Limits:** The maximum liability of the insurance company as specified in the policy schedule for any insured person.
9. **Home Country:** The permanent and main residence of the Insured
10. **Insurance Parties:** Policyholders, Health Insurance Companies, TPAs & Health Service Providers.
11. **Insurance Company:** A cooperative insurance company licensed by SAMA to operate in the Kingdom and accredited by the Council to provide cooperative health insurance.
12. **Policyholder:** A natural person in whose name the policy is issued.
13. **The Insured (Beneficiary):** A person who applies for an entry visa to the Kingdom of Saudi Arabia for the purpose of visit, extension of the visit, or transit, for whom coverage is provided under the policy.
14. **Service Provider:** Healthcare facilities (governmental / non-governmental) licensed to provide healthcare services in the Kingdom according to relevant laws and rules and approved by the Council, such as hospitals, diagnostic centers, clinics, pharmacies, laboratories, physiotherapy, or radiotherapy centers.
15. **Certified Service Provider Network (CSPN):** A group of medical providers accredited by the Council of Cooperative Health Insurance and designated by the insurance company to provide healthcare to the insured and bill the company directly whenever a beneficiary presents a valid medical card, the network includes the following levels of healthcare services:
 1. First Level (Primary Health Care).

2. Second Level (General Hospital).
3. Third Level (Specialized or Referral Hospital).
16. **Licensed Physician:** A medical practicing the medical profession with the appropriate scientific qualification according to the classification of the Saudi Commission for Health 7 Specialties (SCFHS) and is licensed to practice the medical profession by the Ministry of Health.
17. **Illness:** A sickness or disease suffered by the insured, which necessitates medical treatment by a licensed physician before and during the period of the insurance term.
18. **Traffic Accident:** Unintentional collision of a private or public mechanical or electric vehicle, whether a car or bus, with another vehicle, whether stationary or moving, or with a fixed object such as a building, barrier, post, tree or the like or with a pedestrian, on any road or street, leading to bodily injuries ranging from minor to serious injuries and may lead to physical disability, death or partial or total loss of property.
19. **Violent External Means:** Any means resulting in accident or injury to the insured.
20. **Personal Risks:** Any act or practice performed by a person is recognized as a risky activity if it carries a risk of illness or accident or is expected to cause complications of a previous illness or injury.
21. **Emergency:** The urgent medical treatment necessitated by the medical condition of the insured because of an accident or an urgent health condition requiring prompt medical intervention.
22. **Hospitalization:** Registering a beneficiary as an in-patient staying overnight minimum in a hospital following a referral from a licensed physician.
23. **Allergy:** The sensitivity a particular person has to certain kinds of food, weather, or pollen, or acquires from plants, insects, animals, minerals, elements or other materials causing such person to develop bodily reactions from direct or indirect contact with such materials resulting in conditions like asthma, indigestion, itching, hay fever, eczema or headache.
24. **Congenital Deformity:** The functional, chemical, or bodily defect usually existing before birth whether hereditary or due to environmental factors as commonly known medically.
25. **Pregnancy and Delivery:** Any pregnancy and/or delivery, including natural delivery, caesarean section, and abortion (taking into account the exception cases not covered in the policy).

26. **Emergency Medical Evacuation:** Transfer the patient to the nearest medical center inside and outside the Kingdom, where the health service needed by the patient is available.
27. **Psychological Disorders:** Mental or psychological disorders, such as mood disorder, cognitive disorder, memory disorder, or any other mental disorder wholly or partially
28. **Disability Cases:** A term covering all forms of organ malfunction/ dysfunction, limited activity, and restricted participation.
29. **Rehabilitation (Physiotherapy):** A complementary part of comprehensive healthcare service and its applications for rehabilitating a person suffering from constant weakness to the highest level of performance in family and social life which, in turn, would enhance the healthcare system as measured by cost-benefit analysis.
30. **Premium (Subscription):** The amount payable by the policyholder to the insurance company in return for the insurance coverage provided by the policy during the insurance term.
31. **Basis of Direct Billing or Company billing:** The nonpayment facility granted to the insured at one or more service providers designated by the company whereby all costs are directly billed to the company.
32. **Basic of Compensation:** The procedure followed to compensate the policyholder for recoverable expenses paid and claimed by the insured.
33. **Recoverable Expenses:** Actual expenses incurred for services, supplies, and equipment not excluded under Section 3 of the policy, attached to these Regulations, provided they are prescribed by a licensed physician because of an illness suffered by the insured. The expenses shall be necessary, reasonable, and customary in the relevant time and place.
34. **Claim:** A request submitted to the insurance company, or its representative including service provider or insured or policyholder for recovering the amount of medical services costs covered in the policy and supported with other medical and financial documents.
35. **Claim Supporting Documents:** Documents proving the insured's age, nationality, and identity, as well as the validity of the insurance coverage, circumstances of the event giving rise to a claim and proof payment of costs, in addition to other documents such as police reports, invoices, receipts, prescriptions, physician reports, referrals and recommendations and any other documents that may be required by the company.

36. **Reimbursement of Traffic Accidents Expenses:** A medical claim resulting from a traffic accident to cover a person injured in an accident, whether such person was the cause of the accident or others. If such claimed expenses are recoverable by the injured person (i.e., they are covered under any other insurance plan, scheme or the like), the insurance company that is first notified shall be liable to cover the injured person, provide him with medical treatment and reimburse such expenses, and shall subrogate the insured, injured person, in recourse to third parties to pay their proportionate share of the claim.
37. **Reasonable and Customary Medical Expenses:**
 1. The medical expenses compatible with level of fees charged by the majority of licensed physicians or hospitals in the Kingdom and recognized in the market.
 2. The medical treatment that does not differ significantly from what a licensed physician considers acceptable as being usual and customary for any disease for which compensation for the costs of its treatment is recoverable under this policy.
38. **Cost of Corpse Repatriation to Home Country:** Costs of preparation and repatriation of the corpse of the insured to his home country.
39. **Fraud:** Intentional deceit by an insurance party leading to obtaining benefits, funds, or privileges which are excluded or exceed the limits for a person or entity.
40. **Abuse:** Practice by an insurance party that may lead to obtaining benefits or privileges they are not entitled to, but without the intent to deceit, fraud, misrepresentation, or distortion of facts to obtain such benefits.
41. **Misleading:** Practices by persons or entities that does not fall within the definition of fraud.
42. **Appendix:** Any document issued by the company, upon a written request from the policyholder, on the company official form dated and signed by an authorized employee to establish the validity of any amendment to the policy in the manner that does not affect the basic coverage.
43. **Policy Annex:** An annex that is attached to the policy containing instruction and procedure relevant to the application of the policy.

Section 2 - Recoverable Expenses /Benefits

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For purposes for this policy, recoverable expenses shall mean actual expenses incurred for services, supplies and equipment, which are not excluded under section three of the policy, provided by a licensed physician prescribes due to an illness suffered by the insured. The expenses shall be necessary, reasonable, and customary in the relevant time and place
Accordingly, recoverable Expenses is only for emergencies. Listed below:

(1) Health benefits:

- (a) All expenses of medical examination, diagnosis, treatment, and medicine as per policy schedule of benefits
- (b) All hospitalization expenses.
- (c) Pregnancies and delivery.
- (d) Dental and gum diseases. Dental treatment is only for emergency cases, including dental filling, root canal treatment and abscess aspiration in addition to customary medical procedures needed to complete this treatment, antibiotics and pain management.
- (e) Cases of premature infants, these cases shall be covered as part of the mother's coverage and shall be subject to the mother's maximum benefit.
- (f) Emergency dialysis cases.
- (g) Emergency medical evacuation inside and outside the Kingdom.
- (h) Injuries caused by traffic accidents.

(2) Costs of preparation and repatriation of the corpse of an insured individual to the home country.

Section 3 -

Exclusions and Limitations

Section 3 - Limitations and Exclusions

- (a) This policy shall not cover claims resulting from:
- (1) Medical treatment and examinations that can be postponed until the Insured returns to his/her home country, including rehabilitation at the discretion of the Licensed Physician.
 - (2) Illness resulting from abuse and misuse of some medicines, such as: stimulants, or tranquilizers or from alcohol, substance abuse or any equivalent.
 - (3) Cosmetic surgery or treatment unless necessitated by a bodily injury not excluded in this section.
 - (4) General examinations, inoculations, drugs, or preventive measures not required for medical treatment covered under this policy.
 - (5) Treatment received by a beneficiary free of charge.
 - (6) Recreational therapy, convalescence, cosmetics, general physical health programs and treatment in social welfare institutions.
 - (7) Any illness or injury resulting directly from the insured's profession, and injuries because of participation in official competitions.
 - (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.
 - (11) Costs of glasses, hearing aids, tests, vision, or hearing correction tests and visual or hearing aids.
 - (12) The expenses of the insured transportation within and between cities in the Kingdom by unlicensed transportation.
 - (13) Hair loss, baldness, or artificial hair.
 - (14) Treatment of psychological, mental, or neurological disorders.
 - (15) Allergy tests of any nature, unless relating to medicines prescribed medicine.
 - (16) 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.
 - (17) Any congenital weakness or deformity unless it is life threatening.
 - (18) Any costs or additional expenses incurred by the beneficiary's companion during hospitalization, or a hospital stay, except for hospital room and board charges for one companion such as a mother companying her child aged up to

twelve years or whenever medically necessary as assessed by the attending physician.

- 10 (19)Treatment of acne or any treatment relating to obesity or overweight, excluding covered medicine.
- (20)Organ or Bone marrow transplant, or implant of artificial organs to replace any organ of the body in whole or in part.
- (21)Personal risks set forth in Definitions Section of this Policy.
- (22)Artificial and ancillary limbs.
- (23)Natural changes related to menopause, including menstrual disorders.
- (24)Except in emergency cases, this insurance does not cover any expenses for the treatment of stable chronic diseases or pre-existing diseases.
- (25)Expenses of any disease, injury, physical weakness or physical disability and the consequences thereof, the symptoms of which occur or appear before the effective date of coverage.
- (26)Treatment by herbs, natural medicines, and any other alternative methods of medicine.
- (27)Resistance of the Insured to medical evacuation or repatriation.
- (28)Transportation and treatment not arranged in advance with the company.
- (29)Illegal abortions (according to KSA laws), or pregnancies, delivery or legal (undisclosed) abortions in the insurance application.
- (30)Intentionally committing suicide, physical or psychological self-injury, or participating actively in any dangerous sports show or competition.
- (31)The insured resistance, refusal or non-compliance with the medical directives provided by the company's physician and attending physician.
- (32)Any treatment that is unnecessary or was not necessary and is directly related to the emergency covered by the insurance.
- (33)The company will not perform medical evacuation or repatriation of the Insured in the following cases:
- (a) If the Insured is medically unauthorized.
 - (b) Pregnancies proven to have occurred for more than six months.
 - (c) If the Insured suffers from mental or neurological disorders unless he stays in the hospital.
 - (d) Repatriation of the corpse of an insured to a country other than his home country.
 - (e) If the Insured suffers from minor wounds, minor injuries such as sprains, minor fractures, or moderate illness that can be treated by physicians in the

country of arrival and does not prevent the participant from continuing his journey or returning to home country.

(b) This policy shall not cover medical benefits or corpse repatriation to home country in claims that resulting from:

- 11 1. War, invasion, acts of foreign enemy, whether war is declared.
2. Ionizing radiations, pollution from radioactive activity of any nuclear fuel or waist 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 service or participation in armed forces or police operations.
5. Riots, strike, terrorism or the like.
6. Epidemics, accidents or chemical, biological, or bacteriological reactions, if such accidents or reactions result from work injuries or occupational hazards.

Section 4 - General Conditions

Section 4 - General Conditions

(1) Proof of Validity (Coverage)

This policy represents the basic level of insurance cover granted to beneficiaries, and shall be valid from **10/11/2022** to **10/01/2023**, for a period not exceeding **60 days** during the period within the Kingdom.

(2) Payment of premiums (subscriptions)

The applicant shall pay the insurance premium agreed upon with the company when applying for the visa.

(3) Termination of Beneficiaries' Insurance Cover:

- (a) If the policy period ends as defined in the policy schedule.
- (b) Upon exhaustion of the maximum limit of benefits provided for in the policy.
- (c) Payment of recoverable expenses in respect of any illness in progress that requires continued hospitalization on the date of termination of coverage shall continue until the maximum benefit has been exhausted.

(4) Verification of the Insured's Health Condition:

- (a) The Company has the right and should be given the opportunity, to have the beneficiary for whom a claim was submitted for recoverable expenses examined by a qualified medical facility at the expense of the Company for up to two times during the period of the Insured's presence in the Kingdom.
- (b) The beneficiary shall cooperate with the Company and allow all necessary measures that may be required by and paid for by the Company for the purpose of preserving its rights, recoveries, or legal compensations from third parties. He may not assign such rights except with the Company's explicit or implicit consent.

(5) Non-Duplication of Benefits:

In case of a claim for recoverable expenses due under this policy for an Insured also covered for the same expenses under another insurance, plan, program or the like, the Company shall then be responsible to pay such costs and become subrogated in the rights of the Insured to claim from others their proportionate share of such claim.

(6) Basis of Direct Billing of the Company by the Assigned Healthcare Providers' Network:

- (a) The Insured shall receive healthcare at the assigned healthcare providers' network without being asked to pay the costs of such services.
- (b) The assigned service providers shall send to the Company all invoices relating to medical expenses incurred in accordance with this policy, within a period not exceeding 30 days. The Company will audit and process such expenses and advise the Insured whenever expenses reach the maximum limit of benefit.

- (c) The Company has the right to delete or replace any or the entire healthcare providers assigned for purposes of this policy, during its validity, provided it is coordinated with the Insured, and replacements of the same level are appointed.

7. Basic of Compensation

The insurance company, pursuant to the policy's terms, conditions, limitations, and exceptions, shall compensate the insured within a period not exceeding (30) business days from the date of submitting the claim according to the prevailing prices. The insured shall submit the claim to the company within a period not exceeding (60) days from the date of incurring such expenses, considering the following:

- a. The compensation will be paid after the company approve that the expenses are covered by insurance after completing and submitting the insurance application form to the company, along with the detailed original bills, in addition to any other related documents such as medical information documents, airline tickets, and travel documents.
- b. The compensation amount shall not, under any circumstances, exceed the maximum coverage limit.
- c. The compensation amounts shall be limited to the usual, customary, and acceptable expenses in the Kingdom.
- d. The company shall be notified immediately in the event of death, hospitalization, emergency repatriation, medical evacuation, or escort. Such notification shall include medical information related to illness or injury.
- e. Notification shall be made by phone or e-mail to the company's 24-hour emergency service.
- f. The policyholder and any insured shall cooperate with the company and notify it immediately of any request for compensation or the right to act against any other party.
- g. Furthermore, the policyholder shall inform the company and take the acceptable measures in the event of submitting a request for compensation from a third party to protect the interests of the company.

8. Cancellation

The insured shall have no right to cancel the policy whenever it becomes effective, except if the insured does not enter the Kingdom, and on this ground, the value of the premium shall be returned.

9. Approvals

The request for approvals shall be answered by the insurance company to the service providers to provide the health service to the beneficiaries within a period not exceeding (60) minutes from the time of the approval request.

15.10. Gender Wording

For the purposes of this policy, words used in masculine are also considered to be feminine.

11. Notification

- a. All notifications or correspondence between insurance parties shall be in an official capacity.
- b. The insurance company shall notify the insured of the expiry date of the insurance policy.
- c. The insured shall notify the insurance company when any of his contact details change.

12. Pledge of Treatment-Related Visits

The insured and any person covered by the insurance listed in the Insured Persons in this policy undertakes not to use this policy to cover any treatment known to him or pre-diagnosed and visits the Kingdom with the aim of obtaining this treatment within the coverage program.

13. Compliance with the Policy Provisions

Among the previous conditions for the fulfillment of any obligation on the company, the insured must have fulfilled and fully complied with all the requirements, conditions, responsibilities, and obligations set forth in this policy.

14. Penalties

Any dispute or conflict arising out of or related to this policy shall be settled in accordance with the provisions of the Law, in accordance with Article (14) of the Law.

15. Approval of the Policy

This policy shall be approved electronically by the authorized entities.

Annex

Annex: Policy Schedule

Name of the Insured / Insurance Company:

Code:

Policy No.:

Policyholder Code:

Name of the Policyholder:

Mail Address:

Phone No. in the Country of Residence: **Fax No.:**

Phone No. in the Country of Destination: **Fax No.:**

Insurance Type: Mandatory Insurance for KSA Visitors / Arrivals

Policy / Insurance Duration:

From: 10/11/2022 **To:** 10/01/2023

This Policy is issued once for a period not exceeding 60 days

Eligible for Insurance:

Annex: Policy Schedule

Benefits and Limits of Coverage Under the Policy	
The maximum benefit limit for each person for the policy term, including the minimum limits set forth in this policy	SAR 100.000
Expenses for Examination and Treatment of Emergency Cases	As to the maximum benefit limit for this policy
Hospitalization Expenses	
Deductible Rate (Copayment)	N/A
Hospitalization	As to the maximum benefit limit for this policy
The Patient's Daily Accommodation and Subsistence Limit , including bed fees, nursing services, visits, medical supervision, and subsistence services. This does not include the medicine cost and medical supplies approved by the physician.	(Common Room Max. SAR 600 per day)
Daily Accommodation and Subsistence Limit for the Patient's Companion	(Common Room Max. SAR 150 per day)
Emergency Pregnancy and Delivery Expenses	A maximum of SAR 5,000 during the policy term
Travel and Escort Costs for One Immediate Family Member	A maximum of SAR 5,000 during the policy term
Emergency Dental Treatment Costs	A maximum of SAR 5,000 during the policy term
Delivery and Treatment Costs for Premature Infants	As to the maximum benefit limit for this policy
Injuries Resulting from Traffic Accidents	As to the maximum benefit limit for this policy
Emergency Dialysis Costs	As to the maximum benefit limit for this policy
Medical Evacuation Inside and Outside the Kingdom	As to the maximum benefit limit for this policy
Repatriation of the Corpse of the Insured to His Home Country	A maximum of SAR 100.000 during the policy term
Coverage Range	Kingdom of Saudi Arabia
COVID-19 Insurance Coverage	
Maximum Medical Emergencies	SAR 650,000
Medical Isolation Costs	SAR 450 per day for a maximum of 14 days
Medical Evacuation	Actual Costs
Premium (Subscription) and Coverage Period Calculation	
Premium Amount (Subscription incl. VAT)	SAR 90
Duration	Do not exceed 60 days inside the Kingdom - multiple entry