



Effective: April 1st, 2025

ALIG Insurance

Medical Tariff

Medical Fresh Tariff

Age Bracket	A-Care + General Network (All Hospitals)				Out-Patient		
	Unlimited				Unlimited		
	Co-NIL	Co-NIL	Co-NIL		AM 15%	AM	
0y-17y	492	429	308		167	262	
18y-25y	808	699	506		273	396	
26y-30y	1124	848	617		287	414	
31y-35y	1171	931	707		308	435	
36y-40y	1388	1096	762		340	494	
41y-45y	1461	1167	801		356	518	
46y-50y	1692	1477	1001		380	552	
51y-55y	1919	1696	1173		398	604	
56y-60y	2808	2278	1529		429	669	
61y-65y*	3439	3193	2156		489	750	
66y-70y*	5141	4616	2792		789	1113	
71y-75y*	6313	5411	3806		965	1373	
76y-80y*	9036	8658	5762		1444	2033	
81y-85y*	9487	9090	6048		1516	2134	

Age Bracket	A-Care + Restricted Network (All Hospitals excluding AUBMC & CMC)				Out-Patient		
	Unlimited				Unlimited		
	Co-NIL	Co-NIL	Co-NIL		AM 15%	AM	
0y-17y	444	387	278		156	245	
18y-25y	728	630	456		256	371	
26y-30y	1013	764	557		268	388	
31y-35y	1055	839	637		288	407	
36y-40y	1250	988	687		318	462	
41y-45y	1316	1051	722		333	485	
46y-50y	1524	1330	902		355	516	
51y-55y	1728	1527	1057		372	565	
56y-60y	2529	2051	1378		401	626	
61y-65y*	3097	2875	1942		457	702	
66y-70y*	4628	4155	2514		738	1041	
71y-75y*	5682	4871	3427		902	1284	
76y-80y*	8133	7793	5187		1350	1900	
81y-85y*	8539	8183	5444		1418	1995	

A-Care + Lite Network (All Hospitals excluding AUBMC, CMC, BMC, KMC, Saint Georges Orthodox, Rizk & Saint John)					Out-Patient		
Age Bracket	Class A	Class B	Class SK		Unlimited		
	Co-NIL				Co-NIL		
	0y-17y	400	328		AM 15%	AM	
18y-25y	628	509	399		155	238	
26y-30y	915	645	484		253	355	
31y-35y	952	709	556		265	374	
36y-40y	1132	795	600		285	391	
41y-45y	1188	886	629		302	427	
46y-50y	1378	1073	841		316	450	
51y-55y	1561	1288	919		336	479	
56y-60y	2281	1726	1198		354	536	
61y-65y*	2795	2418	1688		383	585	
66y-70y*	4177	3493	2183		445	650	
71y-75y*	5130	4094	2976		698	970	
76y-80y*	7341	6550	4504		856	1188	
81y-85y*	7709	6876	4728		1281	1759	
					1345	1846	

Out-Patient:

AM – 15% Unlimited Ambulatory (Labs + X Rays) with an Excess of 15% on each claim

AM Unlimited Ambulatory (Labs + X Rays)

Conditions:

- Acceptance is subject to a satisfactory Proposal Form
- New Business is accepted up to the age 60, above 61 please refer to the Medical Underwriting Department
- (*) For Renewal Business only.
- Mode of Payment: Cash USD /international Bank Transfer

A-Care General Network (All Hospitals)				Out-Patient	
Age Bracket	Class A	Class B	Class SK	Unlimited	
	USD 400,000	USD 300,000	USD 200,000	AM 15%	AM
	Co-NIL	Co-NIL	Co-NIL		
0y-17y	466	404	289	157	245
18y-25y	756	655	476	256	370
26y-30y	1065	798	579	269	386
31y-35y	1107	874	665	288	409
36y-40y	1302	1027	713	318	464
41y-45y	1369	1096	751	332	486
46y-50y	1586	1384	937	356	517
51y-55y	1801	1593	1103	374	565
56y-60y	2632	2139	1436	404	627
61y-65y*	3222	2999	2026	458	702
66y-70y*	4817	4334	2620	737	1043
71y-75y*	5915	5079	3574	903	1285
76y-80y*	8469	8127	5409	1354	1906
81y-85y*	8891	8536	5679	1420	2001

A-Care Restricted Network (All Hospitals excluding AUBMC & CMC)				Out-Patient	
Age Bracket	Class A	Class B	Class SK	Unlimited	
	USD 400,000	USD 300,000	USD 200,000	AM 15%	AM
	Co-NIL	Co-NIL	Co-NIL		
0y-17y	420	365	261	147	230
18y-25y	682	590	429	239	346
26y-30y	960	719	523	251	361
31y-35y	997	788	600	269	382
36y-40y	1173	925	643	297	434
41y-45y	1233	987	677	310	454
46y-50y	1429	1247	845	333	484
51y-55y	1622	1435	994	350	528
56y-60y	2370	1926	1294	378	586
61y-65y*	2901	2700	1825	428	657
66y-70y*	4337	3902	2359	689	976
71y-75y*	5325	4572	3218	844	1202
76y-80y*	7623	7316	4869	1266	1782
81y-85y*	8003	7683	5112	1328	1871

A-Care Lite Network (All Hospitals excluding AUBMC, CMC, BMC, KMC, Saint Georges Orthodox, Rizk & Saint John)					Out-Patient		
Age Bracket	Class A	Class B	Class SK		Unlimited		
	Unlimited				Unlimited		
	Co-NIL	Co-NIL	Co-NIL		AM 15%	AM	
0y-17y	378	308	229		147	226	
18y-25y	595	482	375		239	338	
26y-30y	866	608	457		253	355	
31y-35y	899	665	524		270	373	
36y-40y	1061	753	568		286	408	
41y-45y	1117	832	596		299	427	
46y-50y	1294	1017	797		316	451	
51y-55y	1466	1208	865		332	508	
56y-60y	2145	1625	1127		360	555	
61y-65y*	2625	2275	1588		422	610	
66y-70y*	3922	3285	2056		655	923	
71y-75y*	4815	3851	2800		804	1129	
76y-80y*	6893	6160	4236		1201	1650	
81y-85y*	7237	6467	4447		1264	1733	

Out-Patient:

AM – 15% Unlimited Ambulatory (Labs + X Rays) with an Excess of 15% on each claim

AM Unlimited Ambulatory (Labs + X Rays)

Conditions:

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Medical Plan/Summary of Benefits

	ACare + (GN)	ACare + (RN)	ACare + (LN)	ACare (GN)	ACare (RN)	ACare (LN)
In-Patient Major Benefits						
Area of Cover	Lebanon on direct billing			Lebanon on direct billing		
Network Available	All Hospitals	All Hospitals excluding AUBMC & CMC	All Hospitals excluding AUBMC, CMC, BMC, KMC, SGO, Rizk & St. John	All Hospitals	All Hospitals excluding AUBMC & CMC	All Hospitals excluding AUBMC, CMC, BMC, KMC, SGO, Rizk & St. John
Waiting Period	6 months			One Year		
Annual Limit	Unlimited			Class A: USD 400,000		
Guaranteed Renewability (GR)	As from day 1 with an observation period of 6 months limited to 720 days based on the decree 186/ICC			As from day 1 with an observation period of 6 months limited to 720 days based on the decree 186/ICC		
Claims Settlement						
Emergency cases	100% Coverage within Network & Inside Territorial Scope 100% Coverage outside Network & Outside Territorial Scope according to the Lebanese preferential tariff at Nextcare/Mednet equivalent provider			100% Coverage within Network & Inside Territorial Scope 100% Coverage outside Network & Outside Territorial Scope according to the Lebanese preferential tariff at Nextcare/Mednet equivalent provider		
Cold Cases	<u>Inside Network:</u> 100% on Direct Billing 100% on reimbursement according to the Lebanese preferential tariff at Nextcare/Mednet equivalent provider <u>Outside Network & Outside territorial Scope</u> 80% on Reimbursement according to the Lebanese preferential tariff at Nextcare/Mednet equivalent provider			<u>Inside Network:</u> 100% on Direct Billing 100% on reimbursement according to the Lebanese preferential tariff at Nextcare/Mednet equivalent provider <u>Outside Network & Outside territorial Scope</u> 80% on Reimbursement according to the Lebanese preferential tariff at Nextcare/Mednet equivalent provider		
Maternity				For Couples: After 280 days		

	Covered after 280 days regardless husband's insurance	For single Mother: after 18 months
Medically mandated abortion & miscarriage	Covered as from the effective date of the policy	Covered after 280 days
Free of charge new born Baby	Covered as of Birth for the remaining period of the Mother's policy	Covered as of Birth for the remaining period of the Mother's policy
Epidural	Covered	Covered
Incubator	Unlimited	Class A: USD 10,000
		Class B: USD 7,500
		Class SK: USD 5,000
Congenital cases up to a Lifetime for ALIG Baby	Class A: USD 30,000	Class A: USD 10,000
	Class B: USD 20,000	Class B: USD 7,500
	Class SK: USD 10,000	Class SK: USD 3,500
Congenital cases up to a Lifetime for non-baby ALIG	Class A: USD 20,000	Class A: USD 10,000
	Class B: USD 12,000	Class B: USD 7,500
	Class SK: USD 7,000	Class SK: USD 3,500
Parent Accommodation	Covered for less than 18 years and above 65 years	Covered for less than 18 years
Prosthesis due to Accident	Unlimited	USD 15,000 per person per year
Prosthesis due to Sickness	Class A: USD 30,000	USD 15,000 per person per year
	Class B: USD 20,000	
	Class SK: USD 15,000	
Breast Reconstruction	Covered within 6 months period following the excision surgery initially covered by the policy	Covered within 6 months period following the excision surgery initially covered by the policy
Infertility, impotence & sterility	Covered up to USD 15,000 per Lifetime including In-Vitro up to USD 2,000	Covered up to USD 3,000 per Lifetime after 2 years of insurance with ALIG
Organ Transplantation excluding the cost of the organ and the donor operation	Class A: USD 80,000	Class A: USD 25,000
	Class B: USD 60,000	Class B: USD 20,000
	Class SK: USD 40,000	Class SK: USD 10,000
Rehabilitation	Class A: USD 10,000	Post (CVA) Class A: USD 3,500
	Class B: USD 5,000	Post (CVA) Class B: USD 2,000
	Class SK: USD 5,000	Post (CVA) Class SK: USD 2,000
Peritoneal & Hemodialysis	Not covered except for the sessions of dialysis for acute renal failure delivered during the initial hospital admission	Not covered except for the sessions of dialysis for acute renal failure delivered during the initial hospital admission
Morgue & Burial	Covered up to USD 3,000 following In-Patient covered case	Covered up to USD 3,000 following In-Patient covered case
Mesh related to Hernia Surgery	Covered as per standard and normal procedure	Covered as per standard and normal procedure
Hospitalization coverage initiated during the validity of the policy from an uninterrupted confinement following the expiry date	Covered up to 60 days	Covered up to 30 days
In-Hospital cash Benefit	Covered after the 5th day of hospitalization based on USD 50 per day and up to a maximum of 6 days	Not covered



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Parkinson Surgery	Covered up to USD 15,000 per person per year	Not Covered
Multiple Sclerosis Disease (MS)	Unlimited	Not Covered
Psychiatry & Mental Disorders excluding suicide	Covered up to USD 2,000 per person per year	Not Covered
Bariatric Surgery related to Morbid Obesity when BMI is above 40	Class A: USD 10,000 per person per year	Not Covered
	Class B: USD 7,500 per person per year	
	Class SK: USD 5,000 per person per year	
Strabismus	Covered for children aged less than 15 years	Not Covered
Clinical Procedures	Covered up to USD 3,000	Not Covered
Scoliosis	Unlimited	Covered up to USD 2,000
Lens related to cataract operation	Covered up to USD 400 per eye per year	Covered up to USD 200 per eye per year
Pandemic/Epidemic diseases	Covered up USD 33,000 per person per case per contract subject to a period of hospitalization not exceeding 30 days.	Covered up to USD 33,000 per person per case per contract subject to a period of hospitalization not exceeding 30 days.
Passive War	Covered in Lebanon	Not Covered
Second Medical Opinion	Covered	Not Covered
Hazardous Sports when done as amateur	Covered for the following: American Football, Horse jumping, polo and hunting, Jet skiing, Martial arts, Mountain biking excluding downhill racing and extreme terrain, Rock climbing or mountaineering, Rugby, Snowboarding (with a leash), Snow mobiling, Motorcycling, Cross country skiing	Not Covered
Work Related Accident	Covered (on top of Workmen Compensation policy, if any)	Covered (on top of Workmen Compensation policy, if any)
Motor Accident	Covered subject to providing a letter of subrogation signed by the Insured	Covered subject to providing a letter of subrogation signed by the Insured
OUT- Patient Major Benefits		
AMB (Labs, X-Rays, Scans, MRI....)		
Annual Limit	Unlimited	Unlimited
Claims Settlement		
Cold Cases	<u>Inside Network:</u> 100% on Direct Billing 100% on reimbursement according to the Lebanese preferential tariff at Nextcare/Mednet equivalent provider <u>Outside Network & Outside territorial scope</u> 80% on Reimbursement according to the Lebanese preferential tariff at NEXTCARE equivalent provider	<u>Inside Network:</u> 100% on Direct Billing 100% on reimbursement according to the Lebanese preferential tariff at Nextcare/Mednet equivalent provider <u>Outside Network & Outside territorial scope</u> 80% on Reimbursement according to the Lebanese preferential tariff at NEXTCARE equivalent provider
Maternity Lab tests	Covered after 120 days	Covered after 280 days
Triple test	Covered after 120 days	Covered when Maternity is covered
Quadruple Test	Covered after 120 days	Not Covered



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Amniocentesis	Covered after 120 days	Covered when Maternity is covered
Morphological ultra sound	Covered after 120 days	One Morphological ultra sound is covered when Maternity is covered
Al Guthrie test for ALIG New Born Baby	Covered	Covered
Sexually Transmitted diseases (STD) excluding HIV	Covered up to USD 2,000 per person per year	Not Covered
Migraine & Excessive sweating treatment by Botox	Covered up to USD 500 when Medically indicated	Not covered
IGE specific	Covered	Not covered
HLA	Covered	Not covered
Congenital diseases tests including thalassemia tests	Covered within the In-Patient Limit	Covered within the In-Patient Limit
Infertility tests (e.g. spermogram, hysterosalpingography, spermoculture, testicular pelvic echodoppler).	Covered within the In-Patient Limit	Covered within the In-Patient Limit
Thallium Myocardial Scintigraphy	Covered	Covered
Ocular Angiography	Covered	Covered
Ocular Coherence Tomography (OCT)	Covered	Covered
Volume Computed Tomography (VCT 64)	Covered	Covered
Physiotherapy	Covered as per medical necessity	Covered up to 20 sessions based on USD 25 per each session
PET Scan	Covered based on a Medical Necessity	Covered based on a Medical Necessity
Sleep Apnea & Polysomnography	Covered after 6 months of insurance with ALIG at Day & Night Center	Covered after 1 year of insurance with ALIG at Day & Night Center
Road Ambulance	Covered up to USD 200 per person per year	Not covered
Mandatory Pre-Marital Tests	Covered after 6 months of insurance with ALIG	Covered after one year of insurance with ALIG
Correction of the eye vision (Lasik or Laser)	Covered up to USD 750 per person per lifetime for 5 degrees and above	Covered up to USD 500 per person per lifetime for 5 degrees and above
Genetic & Unusual tests	Class A: USD 10,000 per person per year	Not Covered
	Class B: USD 7,500 per person per year	
	Class SK: USD 5,000 per person per year	
Video Capsule Endoscopy	Covered	Not Covered
Repatriation	Covered up to USD 5,000	Not Covered
PCR test	Covered only when results are positive.	Covered only when results are positive.