



Insured Member's Guide

# Reaya Policy

Medical Insurance for Expat Residents  
60 years Old & Above



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## Reaya Policy

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## Section 1: Table of Benefits

Maximum Aggregate Annual Financial Limitation allowed per insured member per year	K.D 10,000
<b>In- Patient Benefit</b>	<b>K.D 8,000</b>
<ul style="list-style-type: none"> <li>File opening</li> <li>Prior admission diagnostic procedures &amp; consultations, which is directly related to the admission case.</li> <li>Treating Doctor and consultant fees, Surgeon and Anesthesiologist fees &amp; Nursing care</li> <li>Laboratory &amp; Diagnostic Tests, X-rays, &amp; Biopsies.</li> <li>Room and Board (Standard room) &amp; Operation theater cost &amp; Intensive care unit</li> <li>Prescribed Medications, Medical equipment and supplies necessary for the case.</li> <li>Local Ambulance for Emergency Cases followed by Hospital Admission.</li> <li>Chronic conditions.</li> </ul>	Covered
<b>Out-Patient Benefit</b>	<b>K.D 1,500</b>
<ul style="list-style-type: none"> <li>File opening.</li> <li>Doctor Fees</li> <li>Laboratory &amp; Diagnostic Tests, X-rays, &amp; Biopsies.</li> <li>Prescribed Medications, Medical equipment and supplies necessary for the case.</li> <li>Day case surgeries.</li> <li>Routine checkup for hearing and vision once per year.</li> <li>Chronic conditions.</li> <li>Medical procedures on outpatient basis.</li> </ul>	Maximum Limit for Chronic Medications is KD 300/-
<b>Routine Dental Benefit</b>	<b>K.D 500</b>
<ul style="list-style-type: none"> <li>File opening.</li> <li>Doctor fees.</li> <li>Laboratory &amp; Diagnostic Tests, X-rays, and prescribed medicines.</li> <li>Extraction including surgical extraction.</li> <li>Permanent and temporary filling.</li> <li>Gum treatment and Root canal treatment.</li> </ul>	Covered
<b>Deductible and / or Co-Insurance On each claim</b>	
<ul style="list-style-type: none"> <li>In-patient treatment</li> </ul>	NIL
<ul style="list-style-type: none"> <li>Outpatient - Consultation</li> </ul>	10% with minimum KD 5/- for each & Every Claim
<ul style="list-style-type: none"> <li>Outpatient - Diagnostic Tests</li> </ul>	10%
<ul style="list-style-type: none"> <li>Outpatient - Medicines</li> </ul>	10%
<ul style="list-style-type: none"> <li>Dental treatment</li> </ul>	10% with minimum KD 5/- for each & every Dental Consultation Claim, & 10% for each & every other Dental Treatment Claim
<b>Premium as mentioned in the Insurance Certificate.</b>	



## Section 2: Special Conditions

1. This Policy Covers Expats Residing In Kuwait whom has reached the age of 60 years old and above and ( holding high school Certificate - or below - or equivalent Certificate ) , except for:
  - Husband / wives & Children of Kuwaitis
  - Palestinians holding Travel Documents
2. Claims Settlement under this Policy is on Direct Billing arrangement at the appointed network of medical Providers only.
3. Reimbursement Claims are not Covered
4. This policy cannot be cancelled unless Residency is cancelled (proof to be provided).  
  
In this case and only if no claims are registered, insured is eligible for premium refund on Pro-rata Basis.
5. Treatment outside Kuwait is not covered.
6. Total premium to be paid in advance prior to policy & certificate issuance.
7. Cessation of Cover for Insured Members:
  - At Expiry Date of the Policy.
  - If the Maximum Annual Limit is consumed.

## Section 3: Claims Settlement Procedure

### Third Party Administrator

A specialized company appointed by the Insurance Company (Gulf Insurance Group) , in managing the health care with a group of medical providers to manage all the claims of this Policy, answer their inquiries, ensure that the insurance is effective and the expenses are covered, provide advance agreement for the required cases, allow for providing the required services under the Policy, evaluate the claims before payment by the Company

### Claims Settlement under this Policy is through Direct Billing arrangement at approved network of medical providers

Insured members can only use this system through his insurance card and strictly within the approved healthcare providers.

### Claims Settlement Procedure:

- The Insurance Company (Gulf Insurance Group) shall directly settle claims to approved healthcare services providers in accordance with the Policy's limitations, terms and conditions.
- The insured member must instantly notify and seek TPA approval prior to any treatment .If admission occurred on a holiday and the case requires at least an overnight stay, the insured member must seek the TPA approval at the next working day following admission.
- The TPA, after evaluating each case, may grant or reject the approval or request for further documentation to complete evaluation.

## **Section 4: General Conditions**

### **The Policy**

The Policy is composed of this Members Guide (including the Table of Benefits, Special Conditions, General Conditions and Exclusions), together with the (i) Policy Schedule (ii) Insurance Certificate (iii) Appointed Network of private Medical Providers (iv) any attachment(s) and endorsement(s) to any of the aforementioned

### **Relationship Among Parties**

The relationships between the Insurance Company (Gulf Insurance Group) and TPA and Network Providers and relationships between Insurance Company (Gulf Insurance Group) and Policyholders, are solely contractual relationships between independent contractors. TPA and Network Providers and Policyholders are not agents or employees of the Insurance Company, nor is the Insurance Company or any employee of the insurance Company an agent or employee of TPA or Network Providers or Policyholders.

The relationship between a Provider and any Covered Person is that of Provider and patient.

**The Provider is solely responsible for services provided to any Covered Person.**

### **Examination of Covered Persons**

In the event of a question or dispute concerning Coverage for Health Services, the Insurance Company may reasonably require that a Network Physician examine Covered Persons at the insurance Company's expense.

### **Currency**

The currency of this Policy is Kuwaiti Dinars (KD).

### **Contract Provision**

The due observance and fulfillment of the terms, provisions and conditions hereof or attached hereto by the Insured insofar as they related to anything to be done or complied with by the Insured shall be conditions precedent to any liability of the Company to make any payment under this Policy. No waiver of any of the terms, provisions and limitations contained in this Policy or attached hereto, shall be valid unless made in writing by the Company.

### **Contract Cancellation**

The Policyholder has no rights to cancel this policy and no Premium Refund in all cases.

### **Fraud / Misrepresentation**

The Insurance Company (Gulf Insurance Group) shall not be liable to make any payment under this Policy in respect of any claim if such claim is in any manner fraudulent, whether made by the Policyholder or by any person on behalf of them, nor if the Insurance has been granted or continued in consequence of any material miss-statement or the non-disclosure of any material information by the Policyholder or by any person on behalf of them.

### **Interest**

No Sum payable under this Policy shall carry ANY interest

### **Gender**

Under this Contract All reference to the masculine gender shall include the feminine gender for the same level.

**Subrogation**

The Policyholder shall obtain from the Insured member a subrogation, which shall entitle the Company to all of its rights and interests in respect of the claims paid thereof for the Company benefits. The Policyholder shall authorize the Company to make use of his name for the purpose of any measures legal or otherwise which the Company may take for the enforcements of such rights, and undertake to furnish to the Company all such documents and to render all such assistance in connection therewith as the Company may from time to time reasonably require.

**Limitation of Action**

Policyholder or Covered Person do not have the right to bring any legal proceeding or action against the Insurance Company (Gulf Insurance Group) without first attempting resolution with them in writing. If legal proceedings or actions against Insurance Company are not taken within one year of the date which Insurance Company notifies the Policyholder or Covered Person of its final decision, the right to bring any action against Insurance Company will be forfeited.

**Governing Law & Interpretation / Arabic Policy**

This Policy shall be governed by Kuwait law and the Courts of Kuwait shall, for the purpose of endorsement of any arbitrates award, have exclusive jurisdiction. In addition, the version considered to base judgments is the Arabic version.

**Malpractice / Negligence**

The Company is not liable for any malpractice, fault of negligence of any Doctor, Nurse, Hospital, Pharmacy or Medical Institutions.

**Cancellation of Medical Services Providers**


The Insurer has the right to delete any of the Medical Services Providers within the network during the period of this insurance without prior notification to the Policyholder.

## Section 5: General Exclusions

1. Personal Services offered to the Insured during covered Hospital Admission including but not limited to charges for telephone calls, newspapers and magazines, guests' meals, shaving Services, cosmetics or any other personal expense.
2. Pregnancy & Delivery Expenses
3. Dental Implants, Crowns & Bridges, Dentures, & Routine Dental Check-up
4. Physiotherapy
5. Pain Management: Pain management means medical procedures intended to relieve or reduce the pain and symptoms associated with a specific disease for a temporary period and is not intended as a complete curative treatment of the disease, it is including but not limited to Local Joint Injection & Infiltration, Tendon Sheath Injection, Trigger Point Injection, Peripheral nerves and nerve block, Epidural Injection, Facet Joint injection, Transforaminal Injection with Cortisone or Anesthetic drugs or hyaluronic acid, Facet Joint Ablation & Nerve Radiofrequency ablation.  
  
Oral analgesic drugs, intravenous and intramuscular injections are excluded from this heading, which remain covered in the cases covered.
6. Radiation, biological and chemical treatment of tumors and cancer and its complications.
7. Renal dialysis
8. Alzheimer's disease, memory loss and senile dementia.
9. Care for the elderly and private nursing, whether at home or in the hospital, and care for the sake of comfort. (Hospital care means: - services not related to a specific disease such as assistance in activities of daily living that do not aim at recovery, or services provided during periods when the patient's health status does not change, or services that do not require continuous management by qualified or medically trained persons).
10. Sexually transmitted diseases (including but not limited to syphilis, gonorrhea and venereal viruses), acquired immunodeficiency diseases such as AIDS/HIV and related diseases, communicable diseases such as TB, hepatitis and any other infectious diseases or epidemics that the Ministry of Health specializes in treating.
11. Convalescence, home medical and nursing care, and any bodies or clinics that do not qualify as a hospital, center or clinic.
12. Therapeutic feeding unless it is for a medical necessity related to a condition covered by the policy and prescribed by the attending physician.
13. Congenital / Genetic Conditions.
14. Health services and expenses related to cosmetic procedures, which are procedures that aim to improve the appearance of the body, including all cosmetics, cosmetic medicines, and cosmetic dental services such as bleaching, as well as hair-growing medicines, hair transplants and plastic surgeries of all kinds unless they are an essential part of the treatment following an accident.
15. Health services and expenses related to surgical or non-surgical treatment, drug treatment for obesity, and any other weight-control programs.



16. Orthodontic treatment.
17. Preventive treatment such as all types of vaccinations, all preventive procedures, as well as general examinations not related to a specific disease or symptom
18. Insomnia and sleep Disorders.
19. Genetic Hair fall (not due to underlying disease)
20. Palliative Care.
21. Vitamins, nutritional supplements or minerals unless prescribed by the attending physician based on medical necessity, sexual stimulants, hormones, sports tonics, all kinds of perfumes, soaps, dental products and all medicines not registered by the Ministry of Health.
22. All cases resulting from environmental, nuclear, radiological and biological pollution, atomic reactors, remnants of military equipment or nuclear waste of any kind, as well as natural disasters such as earthquakes, volcanoes, and floods, as well as disease states resulting from participation in wars, riots, civil disturbances, armed insurrection, resistance of prisoners and treatment of injury or illness as a result of participation in military or police service.
23. Addiction to alcohol, drugs, narcotics, or any other addiction, misuse of drugs, solvents or adhesives, or any disorders resulting from them.
24. Suicide or intentionally self-inflicted injury based on doctor or police reports.
25. Costs of medical equipments and devices used outside the hospital, such as any artificial devices, including but not limited to pressure meters, glucose meters, orthotics, correction devices, and prosthetic devices.
26. Costs of supportive medical supplies, including, but not limited to, wheelchairs, crutches and hearing aids.
27. Prescription lenses, contact lenses, eyeglass frames and sunglasses.
28. All Costs Related to all kinds of Organ Transplantation.
29. Mental & Psychological Disorders (Anxiety, depression, obsessive disorders.....)
30. Health services and expenses related to experimental or non-approved services for therapies, devices, drug treatment regimens, gene therapy and alternative medicine (acupuncture, Chinese therapy,..)
31. Any medical expenses resulting directly or indirectly from complications as a result of the insured undergoing any medical treatment or surgery that is not covered by the insurance coverage.
32. Medical Providers and Doctors that are not approved within the network of health service providers appointed by the insured.
33. Brain, lung and nerve surgeries, except for spine surgeries and all related supplies directly related to the operation, as they remain covered.
34. All cardiac surgeries, including but not limited to open-heart surgeries, arterial change, valve replacement, and pacemaker.

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- 35. Examinations and treatments related to infertility, contraceptives such as medicines, devices, examinations, and In-vitro fertilization (IVF).
  - 36. Impotence, sexual dysfunction and sexual transformation processes.
  - 37. Operations and procedures for correction of error of refraction in order to replace the eyeglasses including but not limited to Lasik operations.
  - 38. Eyeglasses or contact lenses, cornea operations and transplantation, and lens implantation.
  - 39. Removal of cataracts from the eye using laser technology, provided that the normal surgical technique remains covered.