Tawuniya التعاونية

BALSAM - Cooperative Health Insurance - Group Plans

Compliant
Sharia Committee

Tawuniya

The Company for Cooperative Insurance (Tawuniya) was established as a Saudi Joint Stock Company by the Royal Decree No. M/5 dated 17.4.1405H in Riyadh, Saudi Arabia. It was registered on 18/1/1986 as per C.R. No. 1010061695. A paid-up capital of SR 750,000,000 and a huge annual premium income have made Tawuniya the leading insurance company in the Kingdom of Saudi Arabia. Tawuniya transacts insurance business in accordance with the "Cooperative Insurance Concept" as the Islamically accepted substitute for commercial insurance.

Cooperative Health Insurance

The Royal decree No. M/10 was issued on 1/5/1420H corresponding to 13/8/1999 stipulating the compulsory application of the Cooperative Health Insurance Act on all foreign workers in Saudi Arabia. The Executive Regulations of this Act was issued by the Minister of Health in Resolution No. 460/23/I dated 27/3/1423H. The resolution identifies those concerned with this insurance, i.e. all non-Saudis residing in the Kingdom and their eligible family members with valid resident permits. It is expected that the Act will be applied on Saudi citizens as well. The Act was put into effect during June 2005. The Cooperative Health Insurance Council has coordinated with the Passport Department and the Ministry of Labor to link the issuance and renewal of foreign worker permits with health insurance as well as exit and entry visa. The implementation of the Act was performed on a gradual basis within the framework of phases stated in the Act. The first phase began by clear illustration and familiarization to businessmen, then followed by a limited suspension of Residence Permits in the second phase. Upon completion of implementation phases, issuance of Residence Permits will be stopped fully and will be linked with obtaining the compulsory health insurance.

Why medical insurance is important to you?

Your establishment's staff is your real capital. They assume the entire responsibility of work and production, thus producing your profits. Definitely, the provision of healthcare to these employees is a necessity to improve their overall performance and upgrade their level of satisfaction.
To avoid the expensive medical treatment required by your employees and their eligible dependants in private hospitals, the Cooperative Health Insurance provides them with the medical treatment required through a pre-determined lump sum paid as insurance contribution at the commencement of each insurance year.
The Medical insurance assists you to avoid any sudden costs of sickness requiring extra huge amounts. It prevents the allocation of huge sums – which may be invested – to provide needed medical treatment if you choose an option other than insurance. Moreover, the administrative burdens of managing healthcare services offered to your staff may be avoided by transferring them to Tawuniya, which will assume the responsibility of coordinating with the approved healthcare providers.

Balsam Medical Insurance from Tawuniya

In our efforts to support our clients in fulfilling the requirements of the new Compulsory Health Insurance Act, and providing comprehensive healthcare for your employees, Tawuniya has designed Balsam plan for cooperative health insurance. Balsam provides, at special rates, the insurance covers and health services imposed under the Act.
Tawuniya has designed other Balsam Plans with extra covers and services that would surely give better advantages for company employees and their dependents.
Through the Balsam plans, Tawuniya will provide you and your employees with services backed with 18 years of experience in managing health insurance. Utilizing its highly specialized team of medical doctors and professionals in the health industry, Tawuniya will provide you and your staff with professional managed healthcare through its wide network of approved medical providers.

Why Balsam with Tawuniya?

- Provided by Tawuniya, the leading Saudi insurance company with a proven track record in the management of medical insurance plans.
- Tawuniya Medical & Takaful insurance staff are comprised mostly of medical doctors and professionals in the health industry.
- Network includes more than 900 medical providers throughout the Kingdom and numbers of international providers contracted as per expatriate's nationalities.
- Utilizes advanced information system for the provision of instant services with no administrative cost.

Table of Benefits

Benefit Class	BALSAM DIRECT	BALSAM	BALSAM PRIVATE	BALSAM PLUS	BALSAM GOLD
Eligibility/maximum age limit	Employee/wife, spouse, & children: 0 – 23 yrs.	Employee/wife, spouse, & children: 0 – 23 yrs.	Employee/wife, spouse, & children: 0 – 23 yrs.	Employee/wife, spouse, & children: 0 – 23 yrs.	Employee/wife, spouse children: 0 – 23 yrs.
Type of Cover	In/out-patient	In/out-patient	In/out-patient	In/out-patient	In/out-patient
Maximum Benefit Limit per each person per policy year	SR. 250,000	SR. 250,000	SR. 250,000	SR. 250,000	SR. 500,000
Out-Patient medical expenses: - Deductible/co-insurance (percentage payable by beneficiary per each visit inclusive of all procedures required by the doctor including consultation, examination and medicine and not for each procedure separately)	20% deductible for each out patient visit SR. 100 at max.	20% deductible for each out patient visit SR. 100 at max.	20% deductible for each out patient visit SR. 100 at max.	10% deductible for each out patient visit SR. 100 at max.	Nil Deductible
Max. limit of out patient doctor's/ consulting fees: - At *PPN:	Full Cover	Full Cover	Full Cover	Full Cover	Full Cover
In-Patient expenses:					
- Deductible/Co-insurance	None	None	None	None	None
- Max. room & board limit at *PPN	Shared Room	Shared Room	Private Room	Private room	Normal Suite
Normal delivery benefit PSPY: (in case the beneficiary is employed by married-status contract)	SR. 15,000 max during the policy period	SR. 15,000 max during the policy period	SR. 15,000 max during the policy period	SR. 15,000 max during the policy period	SR. 15,000 max during the policy period
Complication of delivery/pregnancy and all pre/post natal care PSPY (in case the beneficiary is employed by married-status contract)	Covered up to policy maximum limit	Covered up to policy maximum limit	Covered up to policy maximum limit	Covered up to policy maximum limit	Covered up to policy maximum limit
Premature born babies	Covered up to policy maximum limit	Covered up to policy maximum limit	Covered up to policy maximum limit	Covered up to policy maximum limit	Covered up to policy maximum limit
Circumcision for new born Male babies	Covered	Covered	Covered	Covered	Covered
Vaccination of children as per MOH specification	Covered	Covered	Covered	Covered	Covered
Intensive Care Unit (ICU)	Covered	Covered	Covered	Covered	Covered
Pre-existing and chronic medical conditions	Covered	Covered	Covered	Covered	Covered
Physiotherapy Treatment	Covered	Covered	Covered	Covered	Covered
Companion expenses of children less than 12 years	Covered	Covered	Covered	Covered	Covered
Local road ambulance	Covered	Covered	Covered	Covered	Covered
Ear piercing for female new born babies	Covered	Covered	Covered	Covered	Covered
Life threatening congenital illness	Covered	Covered	Covered	Covered	Covered
Organ transplant benefit (in KSA only)	Not Covered	Covered	Covered	Covered	Covered
Treatment of illness due to allergy	Covered	Covered	Covered	Covered	Covered
Dental Benefit:					
Maximum limit per person per policy year:	SR 2,000 max during the policy (for teeth extraction, Amalgam/composite (non-cosmetic) fillings, Root Canal treatment and Gum treatment only)	SR 2,000 max during the policy (for teeth extraction, Amalgam/composite (non-cosmetic) fillings, Root Canal treatment and Gum treatment only)	SR 2,000 max during the policy (for teeth extraction, Amalgam/composite (non-cosmetic) fillings, Root Canal treatment and Gum treatment only)	SR 3,000 max during the policy (for teeth extraction, Amalgam/composite (non-cosmetic) fillings, Root Canal treatment and Gum treatment and cleaning once PPPY only)	SR 5,000 max during the policy (for teeth extraction, Amalgam composite (non-cosmetic) fillings, Root Canal treatment and Gum treatment and cleaning once PPPY only)

Benefit Class	BALSAM DIRECT	BALSAM	BALSAM PRIVATE	BALSAM PLUS	BALSAM GOLD
Kidney Dialysis benefit	SR. 100,000	SR. 100,000	SR. 100,000	SR. 100,000	SR. 100,000
Acute cases of psychiatric treatment	SR. 15,000	SR. 15,000	SR. 15,000	SR. 15,000	SR. 15,000
Optical Benefit: Maximum limit per person per policy year: *(Including lenses and frame)	SR. 250 max during the policy year For normal lenses (excluding contact lenses) and frame when prsecribed by the attending physician as medically necessary)	SR. 250 max during the policy year For normal lenses (excluding contact lenses) and frame when prsecribed by the attending physician as medically necessary)	SR. 250 max during the policy year For normal lenses (excluding contact lenses) and frame when prsecribed by the attending physician as medically necessary)	SR. 1,000 max during the policy year For normal lenses (excluding contact lenses) and *frame when prsecribed by the attending physician as medically necessary) *Maximum sub limit for frame SR. 250 PPPY	SR. 1,500 max during the policy year For normal lenses (excluding contact lenses) and **frame when prsecribed by the attending physician as medically necessary) ** Maximum sub limit for frame SR. 350 PPPY
Hearing tests and Optical examinations benefit: (if prescribed by the attending physician as medically necessary)	Covered	Covered	Covered	Covered	Covered
Hearing Aids Benefit: (when prescribed by the attending physician as medically necessary)	Covered	Covered	Covered	Covered	Covered
Repatriation of mortal remains to home country:					
Maximum limit per person:	SR. 10,000	SR. 10,000	SR. 10,000	SR. 10,000	Covered up to policy maximum
Claims Administration:					
- At PPN	Direct Billing basis	Direct Billing basis	Direct Billing basis	Direct Billing basis	Direct Billing basis
- At Non-PPN	Reimbursement basis subject to similar Net PPN cost in KSA	Reimbursement basis subject to similar Net PPN cost in KSA	Reimbursement basis subject to similar Net PPN cost in KSA	Reimbursement basis subject to similar Net PPN cost in KSA	Reimbursement basis subject to similar Net PPN cost in KSA
Scope of Cover	In KSA & out of KSA for emergency treatments whilst on vacations/business trips up to maximum 30 days PPPY & subject to 20% coinsurance	In KSA & out of KSA for emergency treatments whilst on vacations/business trips up to maximum 30 days PPPY & subject to 20% coinsurance	In KSA & out of KSA for emergency treatments whilst on vacations/business trips up to maximum 30 days PPPY & subject to 20% coinsurance	In KSA & out of KSA for emergency treatments whilst on vacations/business trips up to maximum 60 days PPPY & subject to 20% coinsurance	In KSA & out KSA for emergency treatments whilst on vacations/business trips up to maximum 90 days PPPY & **Elective treatments. All claims out of KSA subject to 20% coinsurance
World-wide Health Assistance	Not available	Not available	Not available	Medex Plus	Medex Plus
Other Services:					
Special Hotline Service:	Available	Available	Available	Available	Available
Approval Required/Out-patient:	Yes (exceeding SR. 500)	Yes (exceeding SR. 1,000)	Yes (exceeding SR. 1,000)	Yes (exceeding SR. 1,000)	No
Approval Required/In-patient:	Yes	Yes	Yes	Yes	Yes
Open Providers Network:	Allowed - as per Agreed rating	Allowed - as per Agreed rating	Allowed - as per Agreed rating	Allowed - as per Agreed rating	Allowed - as per Agreed rating

Important Note

- All medical expenses and treatment incurred outside KSA are subject to maximum net PPN cost in KSA for similar treatment & subject to 20% Coinsurance.
- Treatment outside KSA to be at "Tawuniya-Outside-KSA PPN" wherever applicable.
- * PPN shall mean "Preferred Provider Network In-KSA".
- ** Balsam Gold: Elective treatment Outside KSA is subject to prior approval from Tawuniya.

Limitations & Exclusions

Balsam Plans do not cover claims arising from the following:

1. Intentional self-inflicted injury.
2. Ailments arising out of abuse of certain medicine, stimulants or depressants or by the use of alcohol, narcotics and the like.
3. Cosmetic surgery or treatment unless necessitated by an accidental bodily injury not otherwise excluded in this Section.
4. General health examinations, vaccinations, drugs or prophylactics which are not required for medical treatment of an ailment provided for herein (excluding the preventive measures specified by the Ministry of Health such as vaccinations, maternity care and child care).
5. Pregnancy and maternity treatment for a woman who is contracted on the basis of "unmarried status".
6. Treatment which the Insured Person receives without charge.
7. Convalescence and general physical health programs and treatment at social care centers.
8. Any ailment or injury arising as a direct result of the Insured Person's occupation.
9. The treatment of any venereal or sexually transmitted disease that are medically recognized.
10. Medical expenses for the treatment period following the diagnosis of the HIV (Human Immune Deficiency Virus) and / or HIV related ailment including AIDS (Acquired Immune Deficiency Syndrome) and or any mutant, derivative or variation thereof.
11. All services and treatments related to dental implants or prosthesis or orthodontics or bridges fixed or moving, except occasioned by violent external means.
12. All tests for sight and hearing correction and audiovisual aids, unless ordered by a licensed physician.
13. Transportation of the Insured Person in and within cities of the Kingdom by local ambulance service belonging to the Saudi Red Crescent Society.
14. Hair loss, alopecia or wigs.
15. Any psychiatric treatment or nervous or mental disorder, except for acute cases, as per the policy schedule.
16. Allergy testing of any nature, other than those relating to the medicine or diagnosis or treatment.
17. Devices, medicines, procedures and / or hormone treatment related to birth control, contraception or conception, sterility, impotency or infertility, and in-vitro fertilization or any other artificial insemination procedures.
18. Any congenital weakness or deformity existing prior to the Policy effective date and which is not considered life threatening.
19. Any additional costs or expenses incurred by the companion of the Insured Person during his in-patient or stay at the hospital, except room and board in a hospital for one companion, such as the mother accompanying her child up to 12 years of age or as required by medical necessity at the sole discretion of the treating physician.
20. Acne treatment or obesity or overweight related treatment.
21. Any cases of organ and bone marrow transplantation or implantation of any prosthetic devices replacing an organ.
22. Personal risks contained in the definition section of this document.
23. Alternative medicine medication and models of treatment.
24. Artificial limbs and helping limbs, except the required insured cases subject to medical decision by the accredit CCHI health center.
25. Natural changes of menopause insured and includes changes of menopause.

Balsam plans do not cover the health benefits and repatriation of mortal remains to home country in case of claims arising directly from:

1. War, invasion, acts of foreign enemy, hostilities (whether war be declared or not) and civil war.
2. Ionizing radiation by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
3. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
4. The Insured Person engaging in or taking part in armed forces or police service or operation.
5. Riots, strikes, terrorism or any similar acts.

Eligibility of Balsam Plans

- All employees who are actually on the job.
- Husband or wife.
- Infant from birth.
- Children residing in KSA and not exceeding 23 years (unmarried).
- Unmarried and unemployed daughters, widows and divorcees of the employee who are dependant on him.

To Obtain Balsam

Tawuniya has prepared competitive prices you have to pay to obtain this wide range of benefits plans.

Submit the completed 'Balsam Group Plans Application Form' available at all Tawuniya Branches and Offices.
The quote will be provided at the earliest time with all the essentials of Balsam Plan as a potential CCHI medical policy with Medical & Takaful Insurance, Tawuniya.
Toll-Free 800 124 9990 P.O. Box 86959 Riyadh 11632

In the case of acceptance, the policyholders pays the prescribed contribution, and then the Balsam Cooperative Health Insurance Policy is issued. The Company will grant each beneficiary a Balsam Medical Card. The card has to be presented to the approved medical provider during each visit in order to receive medical services. Upon doing so, the beneficiary is provided with the required medical treatment and Tawuniya's account is directly billed by the medical provider. The beneficiary will only pay the deductible or expenses of medical services not included in the insurance cover or those in excess of the benefit limit.

800 124 9990
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