FAQs - The New Unified Health Insurance Policy for Employer

What is meant by the new unified health insurance policy for employer?

It means having a single health insurance policy by the employer to cover all of his employees and their eligible family members covered by the Cooperative Health Insurance Law.

What are the objectives behind the decision to apply the new unified health insurance policy for employer?

The resolution aims at promoting and protecting the Insured Persons’ rights, raising the standard of the health insurance industry in the Kingdom in general and the elimination of fake insurance in particular, along with supporting the perfect coordination among all units dealing in the health insurance sector.

What are the most important conditions contained in the decision to apply the new unified health insurance policy for employer?

- Obligating the medical insurance companies to provide a minimum number of medical centers to the insured person within for the medical providers’ network.
- Finding the optimal solutions in coordination with insurance companies to enable the insured person to receive medical treatment with no need for a medical insurance card and to accept the insured person's ID. Card.

What are the stages for the application of the new unified health insurance policy for employer?

The application is effected in four phases, each one is of 3 months period based on the number of employer’s work force as follows:

- First Phase: Started on 10/07/2016 on the employers who have one hundred employees and above.
- Second Phase: Will begin on 10/10/2016 on the employers who have 50-99 employees.
- Third Phase: Will begin on 01/10/2017 on the employers who have 25-49 employees.
- Fourth Phase: Will begin on 10/04/2017 on the employers who have less than 25 employees.

What are the benefits and contributions of the new unified health insurance policy for employer?

- Calculating the loss ratios in health insurance in great accuracy and precision.
- Pricing insurance policy according to the actual loss ratio.
- Identify areas of risk in each policy and handling the same by accurate technical procedures.
- The possibility of changing the insurance company as desired by the employer.
- Issuance of insurance policies for the employer by one insurance company.
- Reduce the issuance of individual insurance policies.
What are the segments targeted by applying the decision of unified policy?

The decision will apply to all employers of companies and establishments in the private sector.

Does the system allow the addition of more than one sponsor number in the unified policy?

The system does not allow the addition of more than one sponsor number on one insurance policy.

How are insurance policies with more than one sponsor number handled?

If the policy had been issued prior to the inception of applying the decision of unified policy, the concerned party will wait for its expiration and upon renewal, several insurance policies will be issued and each one must contain one sponsor number.

Does the law allow appending the dependents in the unified policy?

Issuance of the insurance policy for the employer comprises all eligible dependents (such as father, mother, brother and sister), provided that the employee must first receive an insurance from the employer.

What are the penalties inflicted on violators of the unified policy regulation?

Electronic financial penalties will be activated to impose a specific financial penalty on any insured whose insurance is expired without renewing it. However, if the violation continues, it will be referred to the Ministry of Labor to deprive the employer of recruiting laborers either permanently or temporarily.

Please explain the vision about the individuals’ insurance policies?

In case of receiving the insurance proposal for an individual, the number of employees under the sponsor’s number must be verified. If there is a valid policy with the sponsor number, the new proposal should be added to this policy. If the sponsor number has no other policy, a new one must be issued to all employees and their family members.

In case an individual policy is issued for an employee of the company without the knowledge of the company’s management, how is the matter handled?

The insurance company must verify, before issuing any individual policy, and find out the total number of persons sponsored under the sponsor number mentioned in the Proposal Form. The insurer shall also verify the existence of a valid policy under the sponsor’s number and then must add the new proposal to it.

If one employee wants to get an insurance cover which is higher than that available to the company, will this cover be issued?

He must first communicate with the management of his company to adjust the categories on the policy with the insurance company if the system so allows.

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If the main policy of the group is carrying the Golden category “with no deductible”, will the rest of the policies be dealt with the same way?

Yes, if the basic quotation for all policies of the Group has been copied through the Medical Underwriting Dept.

If the client has an active insurance policy then received a new sponsor number, and has issued a new policy with this new number, would this policy considered within the approved policies for the client?

Yes, in case of medical insurance underwriting management approves its inclusion in the approved policies for the client.

For more information & providing you with support in adjusting your policies or any other request, please contact us through:

9200 19990
www.tawuniya.com.sa
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