

## Hospitalization Insurance General Conditions

### Clause 1: Benefits

Whereas a proposal and declaration has been made to the Commercial Insurance Co. (Lebanon) S.A.L (herein called "The Company") which proposal shall form the basis of the contract. An in consideration of the payment of the premium mentioned on the schedule, the Company shall reimburse:

- 1) The necessary, reasonable and customary hospital medical expenses incurred by the Insured and his Insured Dependents while confined in a duly recognized hospital in Lebanon at the recommendation of a physician (other than himself, wife and relatives) up to the maximum amount stated in the schedule.
- 2) The reasonable and customary hospital medical expenses sustained in the hospital emergency ward for an emergency treatment received which does not necessitate the confinement of the Insured or his Insured Dependent(s) in the hospital.

### Clause 2: Exclusions

No benefits shall be paid for or an account of:

- A- War, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny civil commotions assuming the proportions of or amounting to a popular rising, military rising, insurrection, rebellion, revolutions, military or usurped power or martial law or any act of any person acting on behalf of or in connection with any organization the objects of which are to include the overthrowing or the influencing of any de jure or de facto Government or ruling body by force, terrorism or any violent means. The misdeeds of armed persons whether affiliated or not to political parties or paramilitary organizations. The Insured shall if so requested, and as a condition precedent to liability of the Company, prove that the loss did not in any way arise under or through the above excepted circumstance.
- B- Ionizing radiation or contamination by radioactivity
- C- Congenital defects
- D- Cosmetic, plastic surgery or any kind of nose surgery unless due to an accident
- E- Dental care or surgery unless occasioned by a covered injury
- F- Expense for eyeglasses or contact lenses or hearing aids unless made necessary by a covered injury.
- G- Genera check-up, convalescence, custodial or rest care.
- H- Sickness sustained prior to or within 3 days from the date of commencement of this policy.
- I-
  - a. Acquired Immune Deficiency Syndrome (AIDS) as recognized by the World Health Organization, or any syndrome or conditions of a similar kind howsoever it may be named, which is diagnosed by a licensed medical practitioner, doctor or surgeon or

- b. The presence of the AIDS virus as revealed by a positive AIDS antibody or AIDS virus test, or
- c. Any illness arising from the above
- J- Attempted suicide or self-inflicted injury whilst sane or insane.
- K- Aviation, gliding or any other form of aerial flight other than as a fare paying passenger or a recognized airline or charter service.
- L- Misuse of drugs or alcohol.
- M- Involvement in any underwater activity.
- N- Participation in or training for any dangerous or hazardous sport or competition of riding or driving in any form of race or competition.
- O- Any breach of the law by the Insured or any assault provoked by him.
- P- Serving in any capacity for the navy, army or air force.
- Q- All kinds of organ transplantation and external prosthesis.
- R- Any injury or illness arising from or in the course of any employment for wage or profit which sickness or injury is covered by a workmen's compensation act or other similar legislation.
- S- Psychoneurotic, psychotic or mental illness.
- T- Cases of varicocele, sterility and all venereal diseases.
- U- Pregnancy and Hysterectomy during the first contractual period.
- V- Any injury of illness for which compensation is payable under any government law or program or for which benefits are payable under medical assistance policy except to the extent that such charges are not reimbursed by such law, program or other policies.
- W- Cases of hernia and thyroglossal cyst and hemorrhoids during the first contractual period. This exclusion will be waived if the policy is renewed covering the same Insured under same terms and conditions.
- X- Hemodialysis and arterio venostomy related thereto.
- Y- The cost of chemotherapy drugs.

### Clause 3: Definitions

**Insured:** Means the person(s) designated as such in the schedule.

**Insured Dependent:** means only:

- 1) The Insured's wife who is less than 65 years of age, name in the application or in an endorsement hereto and
- 2) Each of the Insured's children named in such application or endorsement who is at least 14 days old and who at the date of application has not attained age 18
- 3) Each of the Insured's unmarried children who are at least 18 years of age but less than 26 years of age and who are full-time students at school or university

**Injury:** means accidental bodily injury while this policy is in force.

#### Claude 4: Payment of claims

Commercial Insurance Co shall effect the payment of claims directly to the customary hospital of laboratory based on a prior approval of coverage as defined hereinafter. The approval of coverage (Admission form) for direct payment provided for the hereinafter is only applicable when the healthcare services are sought at an approved service provider and when the following procedures are complied with by the Insured depending on the following applicable cases.

- 1) In the cases of non-emergency admissions, the approval of coverage must be secured by the Insured from the Company prior to his benefiting from a healthcare service by submitting the duly completed medical report form.
- 2) In the cases of emergency admission for at least an overnight stay, the approval of coverage (Admission Form) must be requested by the Insured from the company immediately upon admission, but not later than the next working day if admission falls within a holiday.
- 3) In the cases of an emergency not requiring an overnight stay, the Insured must present his insurance card at the admission office and inform the Insurance Company accordingly.
- 4) In the cases of out hospital treatment if covered under this policy, the Insured can proceed to any of the approved laboratories which names appears on the list attached after obtaining the approval from the Company (Admission Form). The Insured will settle only to the laboratory the 15% of the expenses for his contribution.
- 5) In the cases where the healthcare services are to be delivered at a non-approved service provider, hospital or laboratory, in Lebanon or worldwide the reimbursement of fees incurred will be effected based on the preferential tariffs applicable to the Company at an equivalent approved service provider in Lebanon, at the time of incurred fees.

The Company may, upon evaluation of each case, grant or deny the approval of the coverage (Admission Form), based on the terms, conditions, limitations and exclusions of the policy.

#### Clause 5: General Provisions

Termination: This contract shall automatically terminate:

- 1) If the policy becomes paid-up, matures, terminates or is not renewed by the Insured.
- 2) If at the time of renewal, the Insured has reached the aged of 65. Unless agreed otherwise.
- 3) If the Insured has made or make a false declaration.

Cancellation: The Company has the right to cancel at any moment this Contract by registered letter. This cancellation will take effect thirty-one days only after the notification of said registered letter which should be sent to the address shown in the policy. The Insured retains his rights for any accident occurring before the date of cancellation of the policy.

The company upon request from the Insured, shall pay him back the premium paid, less a part thereof in a proportion to the time during which this contract was in force.

Legal Action: Any litigation arising out of this Policy shall be referred to the competent court in Lebanon.

## Hospitalization Insurance

### Supplementary coverage: Out of Hospital Medical Care

In consideration of the payment of an additional premium, the Company agrees to cover under the “out of hospital” coverage, which should be mentioned on the schedule of the policy, where no in-hospital confinement is needed, the diagnostic tests and treatments other than routine checkup listed hereunder required by the Insured attending doctor.

**A. Diagnostic tests:**

Radiology, Computerized Tomography Scan, MRI, ultrasonography, laboratory tests, nuclear medicine, tests electrocardiogram, audiogram, electromyogram, electroencephalogram, stress test, evoked response, ocular angiography.

**B. Treatments:**

Radiotherapy, kinesitherapy, physiotherapy, laser therapy.

Limitations: The Company shall cover 85% of all “out of hospital” expenses mentioned on the policy.

**Exclusions:**

- A- Exclusions of the hospitalization insurance conditions are applicable to the “out of hospital”
- B- Doctor and physicians’ fees.

The Company may, upon evaluation of each case, grant or deny the approval of coverage (Admission Form) based on the terms, conditions, limitations and exclusions of the policy.

## Procedure for “Out of Hospital Treatment”

If you are insured for “Out of Hospital Treatment” on conditions which you will find on the schedule, you can proceed to any of the laboratories which name appears on the present.

You will present to the laboratory the “Out of Hospital Admission Form” and you will settle only 15% of the expenses for your contribution. The Laboratory will cash the difference directly from our Company.

How to obtain an “Out of Hospital Admission Form”:

Please send (fax is accepted) to the “Health Department” of our Company the “medical report” of your doctor advising the treatment to be performed.

At the receipt of this “medical report” we will provide you with the relative “Out of Hospital Admission Form” to the Laboratory of your choice.

In case you are not in a position to send us the “medical report” please call our “Health Department” which will help you have access to the Laboratory of your choice.

For any information about this procedure do not hesitate to enquire with our Health Department.