

Group Medical Insurance Quotation

FIRST CARE PLUS

Medical Insurance Quotation

Dear valuable client,

First Insurance Company (FIC) was established in Jordan in the year 2007, with a paid up capital of JOD 24 million (the second highest capitalized insurer in Jordan), as a General Insurance Company providing a wide and comprehensive range of general insurance services.

Why to choose (FIC)?

- A solid financial standing.
- First class Re-insurance services.
- A wide network which provides access to the best medical service facilities and providers.
- Speedy and efficient claims settlement

What does our Medical Cover Include?

For in-patient and day-patient treatment:

- Hospital accommodation and nursing care.
- Theatre use, anesthesia, drugs and surgical dressings.
- Intensive care unit and coronary artery disease treatment.
- Therapies such as physiotherapy
- Diagnostic tests and investigations such as X-rays, blood tests and ECGs.
- MRI (magnetic resonance imaging), CT (computed tomography).
- Surgeon and anesthesiologist fees
- Companion expenses for insured below 13 years old.
- Ambulance services if medically necessary
- Maternity.

Out patient treatment:

- Physician consultation
- Diagnostic tests: x-ray, laboratory, MRI, Scanner, and other diagnostic procedures.
- Pharmaceuticals

Optional coverage:

- Dental Treatment
- Optical

All levels of cover include:

- Extensive cover for eligible treatment including in-patient and surgical care.
- Quality treatment with a choice of consultants and specialists.
- Patient privacy in a clean and comfortable environment.
- 24 hour Health line offering medical information and guidance.
- Free access plan through our appointed network which means you are covered directly through our identity insurance card and forms.
- In case of choosing In & Out coverage, you will be covered for eligible in-patient and day-patient treatment in addition to eligible out-patient treatment (including consultations, medications, diagnostic tests and out-patient therapies).

TABLE OF BENEFITS

CLASS	VIP CLASS	A CLASS	B CLASS	C CLASS
TERRITORY	IN & OUT SIDE JORDAN			
MAXIMUM ANNUAL LIMIT/PERSON	250,000	200,000	150,000	100,000
IN-PATIENT COVERAGE				
MAXIMUM ANNUAL CASE LIMIT/PERSON	25,000	20,000	15,000	10,000
ROOM & BOARD AND IN-HOSPITAL TREATMENTS.	FULL COVERAGE			
ICU - CCU				
SURGERY & SURGEON FEES AND ANASTASIA				
MRI, CT SCAN AND OTHER DIAGNOSTIC TESTS				
ACCOMPANIED PARENT COVERAGE (FOR CHILDREN BELOW 13 YEARS OF AGE)				
DOCTOR FEES & CONSULTATION				
AMBULANCE SERVICES				
STENT AND ITS ACCESSOREIS				
ANNUAL LIMITS FOR MATERNITY AND OBSTETRICAL BENEFITS (DO NOT INCLUDE PRE & POST NATAL VISITS)				
NORMAL VAGINAL DELIVERY, CAESAREAN SECTION & LEGAL ABORTION	5,000	4,000	3,000	2,000
OUT-PATIENT COVERAGE				
MAXIMUM ANNUAL LIMIT /PERSON	16 forms P.P.P.Y.	14 forms P.P.P.Y.	12 forms P.P.P.Y.	10 forms P.P.P.Y.
NATAL VISITS	9 FORMS EXTRA UNLIMITED			
Chronic Medicines (from the annual limit for outpatient coverage) (Maximum per person per insurance year.)	800	600	500	400
DOCTOR FEES	FULL COVERAGE			
MEDICATION	90%			
RADIOLOGY AND LAB TESTS	90%			
DIAGNOSTIC PROCEDURES	90%			
PHYSIOTHERAPY	25 sessions / person / year 100%	25 sessions / person / year 100%	25 sessions / person / year 100%	25 sessions / person / year 100%

- The above limits are subject to Jordan Dinar.
- All reimbursement claims are subject to %30 co-participation and subject to Official Authorities Tariffs. (Minimum Rate of 2008.)
- The minimum number of employees when signing the contract 25 employees

Notwithstanding anything contained in the table of benefits, the company extend the cover to include the following benefits:

- Treatment outside Jordan covered for emergency cases only subject to Jordanian official authorities' tariffs (minimum rate of 2008) and customary and reasonable prices of Jordanian medical provider.
- Cover the new born baby test from the maternity limit for the cases covered by insurance.
- Cover the new born baby from day one condition free of congenital and heredity disease
- Vitamins Registered by Ministry of Health Including VIT B12. (medication and test)
- Cover circumcision for babies
- Cover prematurity and congenital malformations of (newborns) up to 7,500 JD per year
- Cover congenital hip dislocation (diagnostic procedure, assistant medical device)
- Cover vaccination of children under the national program of the Ministry of Health
- Cover cancer up to 7500 JD per case for the benefits of inside and outside the hospital for newly discovered cases
- Hormonal treatment and tests are not related to infertility
- Cover mammogram of case covered under insurance
- Vitamins Registered by Ministry of Health Including VIT B12. (medication and test)
- Cover vitamin d test (medical requirement)
- Cover all vitamins of pregnancy whether registered or not.
- Cover calcium and minerals for pregnancy
- Cover the operations of ovarian cysts condition that may not be related to infertility
- Cover TOURCH test
- Cover benign tumors (treatment, surgery) for newly discovered cases.
- Cover dialysis up to 1,000 JD per case for newly discovered cases.
- Cover heart disease (laboratory & diagnostic tests, ECG, surgery, ccatheter, stent, valves) of cases covered by insurance coverage under policy condition.
- Cover epidemic and transmittable diseases (meningitis, measles, rubella, chicken pox, and mumps ...ext) for newly discovered cases under policy condition.
- Cover hepatitis (A, B & C) OF for newly discovered cases under policy condition.
- Coverage the medical equipment up to 1000 JD per person per year.
- Cover varicocele (not related to fertility or sterility)
- Cover non-cosmetic deviated nasal septum operation of cases covered by insurance coverage under policy condition.
- Disc and spinal cord disuses covered (treatment and operation) of cases covered by insurance coverage under policy condition.
- Cover lithotripsy (treatment and operation) of cases covered by insurance coverage under policy condition.
- Cover the immunological tests except for sexually transmitted.
- Cover thyroid disease.

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GENERAL CONDITIONS:

1. The above premium and coverage have been calculated upon standard risk, the company has the right to recalculate the premium and change the coverage for those with unusual risks, after evaluation the applications.
2. Insurance duration: one year subject to renewal upon agreement of both parties.
3. This insurance covers the full time active employees and their dependents (wives and children only).
4. Re-imburement claims will be settled within 5 working days.
5. Maximum age for insured 60 years old
6. The contract shall not take effect unless the first periodical premium due is paid.
7. This quotation is not to be an obligatory unless the company receives a written consent attached with applications filled in order with the insurance terms and conditions.
8. This offer is valid for four weeks started from the date mentioned above.

OPTIONAL BENEFITS

OPTICAL BENEFITS (EXTRA PREMIUM 20 JD / INSURED)	
VISION TEST, EYE GLASSES AND FRAME	COVERED
MAXIMUM OVERALL LIMIT PER PERSON PER ANNUM	JOD 50
SERVICE PROVIDER	NETWORK
DENTAL CARE BENEFITS (EXTRA PREMIUN 45 JD / INSURED)	
TEETH EXTRACTION, FILLING, ROOT CANAL TREATMENT, PERIPHERAL X-RAY AND TEETH SCALING ONCE PER ANNUM	COVERED
MAXIMUM OVERALL LIMIT PER PERSON PER ANNUM	JOD 100
SERVICE PROVIDER	NETWORK

Waiting Periods

WAITING PERIODS	
(THE FOLLOWING BENEFITS ARE EXCLUDED DURING WAITING PERIOD SHOWN AGAINST THEM)	
CASE	WAITING PERIOD
HERNIA	6 MONTHS
HEMORRHOIDS, FISTULA, ANAL FISSURES	6 MONTHS
TONSILS, ADENOIDS, DEVIATED SEPTUM, SINUSITIS	6 MONTHS
KIDNEY AND URINARY TRACT STONES OPERATIONS , LITHOTRIPSY AND CYTOSCOPY	6 MONTHS
DISEASES AND OPERATIONS OF THE DIGESTIVE SYSTEM , ULCER AND ENDOSCOPY	6 MONTHS
MATERNITY AND DELIVERY	280 DAYS
UTERINE FIBROIDS, HYSTERECTOMY, ENDOMETRIOSIS	12 MONTHS
VARICOCELES, HYDROCELE, VARICOSE VEIN	12 MONTHS
CATARACT AND GLAUCOMA	12 MONTHS
ELECTIVE NON-ACCIDENT RELATED BACK PAIN OR SURGERY	12 MONTHS
Knee Surgery and Arthroscopy	12 MONTHS
Cardiovascular diseases and hypertension	12 MONTHS
Diabetes Mellitus and its complications	12 MONTHS

Annual premium for In & Out of hospital coverage:

	CLASS VIP	CLASS A	CLASS B	CLASS C
EMPLOYEE/ SINGLE EMPLOYEE FEMALE	520	427	404	393
SPOUSE/ MARRIED EMPLOYEE FEMALE	520	427	404	393
CHILD DAY 1 – 17 YEARS	427	347	335	323

The premiums above subjected to issuance 5% and stamps fees 1%

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GENERAL EXCLUSIONS

It is understood and agreed upon that all the following cases, reasons, medical services, injuries, diseases, illnesses, and complications are excluded under the insurance policy

1. Suicide attempts, voluntary self-injury.
2. Committing or attempts to commit an illegal action. All medico legal cases.
3. All cases resulting from war, invasion, hostilities, or war-like operations, civil war, rebellion, mutiny, revolution, martial law and terrorist acts. Naval, military or air force services or operations.
4. All cases related to hazardous activities such as: motor racing, mountaineering, motorcycling, parachute jumping, professional diving activities and professional sport teams.
5. All cases resulting from alcoholism, drug abuse and addiction, or hallucinatory substances.
6. Earthquakes, flood, volcano eruption, landslides and other natural hazards.
7. Pre-existing conditions which are known and not declared.
8. Cancer (tests and treatment), Bulimia, Anorexia nervosa, Dialysis, AIDS, venereal diseases, all senility related cases, Alzheimer, mental and psychiatric disorders, enuresis, sleeping disorder, developmental disorder.
9. Elective Non accident related plastic surgery, cosmetic related medicine, buco-maxiillo facial surgeries and related investigations and treatment.
10. Acne, folliculitis, vitiligo, Hair loss, boldness, psoriasis, multiple sclerosis, gamma knife, impetigo, sun burn, Isolations, vaccinations and circumcision.
11. Contraceptives medicines and methods, infertility and sterility treatments and tests, telemedicine. Hormones and vitamins (treatments and tests). Screening tests (torch)
12. All cases directed to hospital by a non-physician unless it is an emergency case. All cases under special exclusion.
13. Elective non-accident related surgery for the correction of refraction errors and acuteness of the sense of hearing and all auditory and vision accessories. Squint, keratoconus and corneal implantation and lenses.
14. All cases resulting from nuclear contamination, i.e. any exposure to ionizing radiation, radioactive contamination, nuclear processes, military material or nuclear waste of any kind and/or polluting hazardous or poisoning chemicals.
15. Elective non-accident Dental and Gum surgery (Excluding Bridges), epilepsy, congenital and hereditary diseases.
16. Artificial limbs, transplantation service expenses of donor and acquisition of organ in organ transplant and accessories such as: prostheses, wheel chair, orthopedic equipment, bandages, pacemakers, and heart valves ...etc.
17. Epidemic and pandemic diseases and transmittable diseases (such as but not limited to meningitis, measles, rubella, chicken pox, mumps ...ext) renal failure, osteoporosis, hepatitis, S.A.R.S, gastric banding, work related accidents and workmen's compensation.
18. Any In-patient treatment, tests, and other procedures that can be done on outpatient basis without jeopardizing the insured's health.
19. Unless mentioned in table of benefits (Physiotherapy, Maternity, Dental, Optical).
20. Medical malpractice insurance, any experimental medical treatment, general health examination and regular checkup.
21. All substances, which are not considered as medicine. More than one unit of medicine except antibiotic, ant parasites, anti-fungal.
22. Expenses incurred for treatment or care at long term care facilities, old age home, health care and diet resorts, institutions for mental disabled, lunatic asylums.
23. Acupuncture treatment. Road traffic accidents, general allergic tests, genetic and autoimmune diseases (tests and treatment)
24. New born baby, 14 days after delivery, neonatal I.C.U