

## Health Perfect Series

### Health Perfect (1-7) – Bahrain

#### Important information about your plan

We would like to thank you for being a GIG Gulf Customer. You'll be happy to know that GIG Gulf, previously AXA, is the most trusted insurance brand in the market and now number one across the region! Nothing changes for our valuable customers. What you know and love about AXA will remain the same, including our people, products, and quality. The table of benefits included here is to be read in conjunction with your membership handbook which sets out the contractual agreement and rules of your scheme. Your membership handbook can be found at [www.gig-gulf.com](http://www.gig-gulf.com) in the Health section.

#### How claims affect your benefit limits.

Benefit values are reduced each time you claim the net amount we have covered (Invoice value less any deductible, excess, co-insurance or ineligible treatment). If you have a policy where there is an overall deductible for any treatment and a co-insurance that is applied for a certain type of treatment, we will apply the following:

- Subtract the deductible from the overall claim amount.
- Apply the co-insurance calculation to the amount remaining after the deductible has been taken.

When a benefit is shown as 'Included', all related sub-limits [such as those applicable to pre-existing conditions] will apply. Full policy terms and conditions apply at all times.

#### Reasonable and Customary Charges.

All benefits and services submitted for claim reimbursement will be evaluated based on the Reasonable and Customary Rates. We will cover the cost incurred or the Reasonable and Customary Rate against the service [whichever is less] and reimbursement will be determined based on the scheme you have chosen. The following conditions apply:

- Co-insurance/Deductible as applicable under the plan would be deducted from the eligible amount prior to reimbursement.
- The Pharmacy will be paid based on their actual cost as per the terms and conditions of the Policy.
- The actual amount payable will be based on the itemized bill submitted and the codes used per service by the Service Provider. If the itemized bill is not submitted and the service provided does not entail defined codes, they will be assessed on a case to case basis.
- Reasonable and Customary rates will be based on the country where the Policy is issued and will be applicable for treatments taken within the G.C.C.
- Where no network exists (for treatment in countries where reasonable and customary rates are not available), or the treatment is not available within the network providers, we will base the calculation on the average cost of the treatment in that area or country.

#### Why you must contact us before receiving treatment.

Please ensure that you notify us before receiving any planned admission and/or any major out-patient treatment; this will allow us to manage your admission and billing by confirming the eligibility of your claim, at what cost and the approval covering the duration of your treatment. If we are not aware of your treatment/admission, you may have to cover its expenses.

#### Why you must identify yourself as a GIG member.

Prior to receiving treatment anywhere, you must identify yourself and your eligibility for discounts by showing your medical ID Card, together with a recognized official form of identification, such as a passport, to any provider to show that you are an insured member of a GIG insurance policy.

Failure to ensure that the provider recognizes your entitlement to our discounted services may result in the member being required to pay any difference between the invoice value and our negotiated price.

*Please note that GIG Insurance reserves the right to recover any ineligible expenses incurred from the member.*

Please note that AXA Insurance (Gulf) B.S.C. (c) was acquired by Gulf Insurance Group (GIG). Now as GIG Gulf, we are operating under our new legal name 'Gulf Insurance Group (Gulf) B.S.C.(c)'. We remain a regulated company and continue to provide the same insurance products and services empowered by our networks and partnerships. For more information, please visit our announcement page [www.gig-gulf.com](http://www.gig-gulf.com).

<b>Know what you're covered for:</b> Please note that the benefits shown are specific per member each year unless otherwise specified								
Benefits	Health Perfect 1	Health Perfect 2	Health Perfect 3	Health Perfect 4	Health Perfect 5	Health Perfect 6	Health Perfect 7	Description
Area of cover	Worldwide	Worldwide excluding USA		G.C.C.: Saudi Arabia, Kuwait, Bahrain, Qatar, UAE and Oman, plus Jordan, Iran, Lebanon, Syria, Egypt, Tunisia, Morocco, Algeria, India, Pakistan, Sri Lanka, Bangladesh, Korea, the Philippines, Indonesia, Nepal & Bhutan		Bahrain plus any one of India, Pakistan, Sri Lanka, Bangladesh, the Philippines, Nepal & Bhutan being your home country		Area of coverage where a member is allowed to avail medical treatment under the terms of the Policy
Yearly maximum	BD 1,000,000	BD 750,000	BD 500,000	BD 250,000	BD 100,000	BD 50,000	BD 25,000	We will cover up to the maximum limit shown for each member per policy year. All benefits covered during the policy period will count against this yearly maximum.
Outside area of cover	Not required for worldwide cover	Worldwide Up to BD 75,000	Worldwide Up to BD 50,000	Worldwide Up to BD 25,000	Worldwide Up to BD 10,000	Worldwide Up to BD 5,000	No benefit	This is to cover emergency treatment, or treatment of a medical condition which arises suddenly whilst outside the member's area of cover. We will, in consultation with the treating practitioner, retain the right to determine what constitutes 'emergency' treatment. This benefit does not provide cover for treatment for any condition if you have travelled outside your area of cover to get treatment (whether or not that was the only reason) or for any treatment which was, or may have reasonably been known about, before travel commenced. Under no circumstance will benefit be payable for any aspect of pregnancy or childbirth.
In-patient and daycare Treatment	<p>In-patient treatment: Overnight stay at a hospital for one or more nights.  Daycare Treatment: Treatment at a hospital, daycare unit, or out-patient clinic where the member needs a procedure requiring admission to a hospital bed but not requiring an overnight stay. Subject to the limits shown on the plan, members are covered for hospital charges incurred for eligible treatment given between admission and discharge such as:</p> <ul style="list-style-type: none"> <li>Charges for accommodation</li> <li>Diagnostic procedures</li> <li>Operating theatre charges</li> <li>Nursing care, drugs and dressings</li> <li>Surgical appliances used by the medical practitioner during surgery [except external prosthesis or appliances]</li> <li>Surgeon's and anesthetist's charges including pre- and post- operative consultations</li> <li>Intensive care unit charges</li> <li>Consultations and physiotherapy while admitted for treatment of a medical condition and when such treatment directly relates to it</li> <li>Radiotherapy and chemotherapy</li> <li>CT Scans, MRI Scans, X-Rays and other such proven medical imaging techniques.</li> </ul> <p>Please note: All non-emergency admissions require our written pre-approval before admission. The approval we give to the provider for eligible to be paid for the proposed treatment and the anticipated length of stay.</p>							

Benefits	Health Perfect 1	Health Perfect 2	Health Perfect 3	Health Perfect 4	Health Perfect 5	Health Perfect 6	Health Perfect 7	Description
Daily accommodation charges	Included							A private, single-bedded room with its own bathroom.
Parent accommodation up to	BD 100 per night	BD 100 per night	BD 100 per night	BD 100 per night	BD 50 per night	BD 50 per night	BD 50 per night	We will pay parent accommodation when the child member is under 18 years old and treatment is received within the area of cover. This will be paid from the child's benefit. An extra charge for room/bed in same room while accompanying the child shall be covered under Policy, with the exception of medical admission to ICU for children below 5 years old where GIG will approve the cost of accommodation of the parent in a separate room.
Cash benefit	BD 100 per night	BD 100 per night	BD 100 per night	BD 100 per night	BD 50 per night	BD 50 per night	BD 50 per night	This is payable for in-patient treatment only when the member receives treatment, within the area of cover, absolutely free of charge. No other benefit will be payable in respect of the period for which the cash benefit has been claimed.
In-patient Direct Billing	Included							All non-emergency in-patient treatment must be approved by us, in writing, prior to admission. You can take advantage of direct billing facilities for eligible in-patient care within our global network. <b>Please note: Prior to receiving treatment anywhere you must identify yourself and your eligibility for discounts by showing your medical ID Card, together with a recognized official form of identification, such as a passport, to any provider to show that you are an insured member of a GIG insurance policy. Failure to ensure that the provider recognizes your entitlement to our discounted services may result in the member being required to pay any difference between the invoice value and our negotiated price. Please note that GIG Insurance reserves the right to recover from the member any ineligible expenses it has incurred on behalf of that insured member under one of its policies.</b>
In-patient direct billing network	Please refer to your card for the Network applicable: Star Plus OR AXA 1	Please refer to your card for the Network applicable: Star Plus OR AXA 1	Please refer to your card for the Network applicable: Star OR AXA 3	Please refer to your card for the Network applicable: Star OR AXA 3	Please refer to your card for the Network applicable: Star OR AXA 3	Please refer to your card for the Network applicable: Star OR AXA 4	Please refer to your card for the Network applicable: Diamond OR AXA 6	
Out-patient Treatment	Out-patient treatment is a treatment given by a medical practitioner at an out-patient clinic, a medical practitioner's consulting room or in a hospital where the member is not admitted to a bed. You are covered, subject to the limits shown, for: <ul style="list-style-type: none"><li>• Medical practitioner charges for consultations</li><li>• Diagnostic procedures</li><li>• Prescriptions (note: any prescribed drug or other medication required for more than 30 days must be approved by us)</li><li>• Physiotherapy received as out-patient (this is subject to our written pre-approval)</li><li>• CT and MRI, PET and Gait Scans and internal diagnostics received as an out-patient (this is subject to our written pre-approval)</li><li>• Radiotherapy and chemotherapy received as an out-patient (this is subject to our written pre-approval)</li><li>• Surgical procedures received as an out-patient (this is subject to our written pre-approval).</li></ul>							

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GP and specialist consultation charges	Included							A consultation is a visit to any medical practitioner for the treatment of an eligible medical condition.
Courses of physiotherapy up to	Included							Prescribed physiotherapy refers to treatment by a registered physiotherapist following referred by an orthopedic surgeon, Rheumatologist, neurosurgeon or neurologist. Physiotherapy is initially restricted to 10 sessions per condition per referral. A maximum of five sessions shall be authorized following which a progress report would be required from the Physiotherapist. Should further sessions be required, a progress report must be submitted to us from the referring Specialist, which indicates the medical necessity for any further treatment.
Complementary and Alternative therapy	BD 500 in aggregate	BD 400 in aggregate	No benefit	BD 300 in aggregate	No benefit	No benefit	No benefit	<p>Therapeutic and diagnostic services that exist outside the institutions where conventional allopathic medicine is provided. Alternative/complementary health services and treatment shall be limited to chiropractor, osteopath, homeopath or acupuncturist, Chinese herbal medicine and Ayurvedic treatment.</p> <p>This form of treatment must be pre-approved by us, provided by a qualified practitioner and must be recognized and licensed by the respective authority in the country where the treatment is performed.</p> <p>All other forms of alternative/complementary treatments [such as, but not limited to Cupping, Podiatry, hypnotism, rolfing, massage therapy, aromatherapy, chiropody body technique, lymphatic drainage, magnetotherapy, ozone therapy, holistic and spa treatments] are excluded</p>
Per visit Co-insurance (excess) applicable to all out-patient claims	Nil	BD 15	BD 10	BD 5	BD 10	BD 5	BD 2.5	<p>This is the amount of the eligible expenses claimed that the member will have to bear. The amount will be collected by whoever provides your treatment (for direct billing) or deducted from any reimbursement made to you by us. The amount shown applies to each and every out-patient consultation or treatment received as an out-patient. Deductibles always apply to each member even when consultation or treatment are received by more than one at the same time.</p> <p><b>Free follow-up visits within 7 days for the same condition to the same medical practitioner within the applicable network</b></p>
Out-patient direct billing	Included							Out-patient direct billing is available only in the network shown for your plan within the G.C.C.
Out-patient direct billing network	Please refer to your card for the Network applicable: Star Plus OR AXA 1	Please refer to your card for the Network applicable: Star Plus OR AXA 1	Please refer to your card for the Network applicable: Star OR AXA 3	Please refer to your card for the Network applicable: Star OR AXA 3	Please refer to your card for the Network applicable: Star OR AXA 3	Please refer to your card for the Network applicable: Diamond OR AXA 4	Please refer to your card for the Network applicable: Crystal OR AXA 6	To locate applicable providers please refer to Provider Locator via MyGIG App or via our website

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Other Benefits	These are additional features of your plan. Please note that all deductibles, limitations and terms apply to these benefits exactly as for the main in-patient, daycare and out-patient benefits depending on whether treatment is received as an out-patient, in-patient or daycare patient.							
Health screening	BD 300	BD 100	No benefit	BD 50	No benefit	No benefit	No benefit	The limit shown for your plan includes the cost of any eligible consultation, diagnostic procedures and/or assessment (such as, but not limited to, mammogram, pap smear, prostate and colon cancer screening) associated with the screening process. Any eligible consultation, diagnostic procedures and/or assessment costs for prevention/screening purposes not directly related to the treatment of a medical condition will be taken from this benefit..
Pre-existing conditions (including pre-existing chronic conditions)	BD 500	BD 500	BD 500	BD 250	BD 250	BD 250	BD 150	Such treatment must be pre-approved by us in writing. This benefit provides cover for pre-existing conditions [chronic or not]. All treatment in respect to such conditions [including any acute phase] will be taken from this benefit up to the level shown on your plan. All eligible conditions that existed or for which there were symptoms before the inception of the policy will be covered from this benefit and subject to the limit shown. Such conditions must, in good faith, have been notified to GIG Insurance in writing. Treatment of conditions which are, in our opinion, related to an eligible pre-existing condition will also be subject to the limit of this benefit. GIG Insurance reserves the right to refuse covering any such condition which was not declared on a member's application form.
Non pre-existing chronic conditions, arising and diagnosed after policy inception	BD 10,000	BD 6,000	BD 4,000	BD 2,500	BD 1,500	BD 1,000	BD 500	Such treatment must be pre-approved by us in writing. This benefit provides cover for chronic conditions where the condition arises, and the initial diagnosis of the chronic condition is made after the inception of the policy. This benefit includes cover for routine maintenance of chronic conditions. The acute phase of any such chronic condition will be taken from the main in- and out-patient benefits of your plan and will not erode this benefit.
Oral and maxillofacial surgery	Included							Such treatment must be pre-approved by us in writing. <b>Please note: this benefit does not cover routine dental care.</b>
Home based Nursing	Included							This benefit pays for the services of a qualified and registered nurse, recognized by us. Benefit is payable for the medically necessary provision of continuing care, at the member's home, immediately following eligible in-patient treatment covered under your plan. There must be a clear treatment program, agreed by us in advance with the treating medical practitioner, with a definite end point and expected outcome. <b>Benefit is payable for a maximum of 28 days in a year.</b> <b>Please note: this benefit requires our written prior approval.</b>
Ambulance transport	Included							Covering road ambulance for emergency treatment to or between hospitals, or when the medical practitioner says it is medically essential.

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International Emergency Medical Assistance	Included	Included	Included	Included	Included	Included	No benefit	Emergency evacuation is covered in full when you are away from your Home country and may apply if appropriate emergency treatment is not available in your principal country of residence. Evacuation, when medically necessary, will always be to the nearest place where appropriate treatment can be given. A member evacuated in an emergency will subsequently be returned to their principal country of residence or Home country. If the Insured member dies while abroad from their home country, the International Emergency Medical Assistance will manage and cover the costs of repatriation of the mortal remains to a mortuary in the principal country of residence or their Home Country. Please note that entitlement to the evacuation service does not mean that the member's treatment following evacuation or repatriation will be eligible for benefit. Any such treatment will be subject to the terms and conditions of the member's plan.
Psychiatric treatment	BD 1,500 30% co-insurance	BD 1,000 30% co-insurance.	BD 1,000 30% co-insurance.	BD 500 30% co-insurance	BD 500 30% co-insurance.	BD 500 30% co-insurance	BD 500 30% co-insurance.	The limit shown applies to in-patient, daycare and out-patient treatment in aggregate. Any deductible applies in addition to the co-insurance for all out-patient treatment under this benefit. No benefit is payable for the services of a psychologist unless a treatment received is under the supervision of psychiatrist and both practitioners are recognized by us. <b>Please note: this benefit requires our written prior approval.</b>
Accidental damage to teeth	Included							Emergency outpatient dental treatment is treatment received in a dental surgery/hospital emergency room for the immediate relief of dental pain, including temporary fillings and/or the repair of damage caused in an accident. The treatment must be received within 24 hours of the emergency event. This does not include any form of dental prostheses or root canal treatment. For Emergency In Patient the above definition applies with coverage duration of 7 days.
Routine dental care	BD 500 9 month waiting period 20% coinsurance	BD 400 9 month Waiting period 20% coinsurance	No benefit	BD 300 9 month waiting period 20% coinsurance	No benefit	No benefit	No benefit	This benefit provides for dental consultation, extraction, composite and amalgam fillings, root canal treatment, scaling, bridgework, crowns (at a grade appropriate to restore function only) and the treatment of gum disease. A co-insurance charge will apply as shown to all the above mentioned eligible treatments. This amount will be payable by the member. No deductible other than the co-insurance applies to this benefit.



Benefits	Health Perfect 1	Health Perfect 2	Health Perfect 3	Health Perfect 4	Health Perfect 5	Health Perfect 6	Health Perfect 7	Description
Pre and post-natal complications	Included - 12 month waiting period							Any Pre and Post-Natal complications that may occur during childbirth and/or any situation [deemed by the attending physician] requiring additional care or intervention beyond normal delivery requirements. <ul style="list-style-type: none"> <li>Complication of maternity affecting the health and life of mother and includes complications during pre-natal, labor, delivery and post-partum.</li> <li>Complications arising as a result of assisted pregnancy (IVF) treatment will not be covered.</li> </ul> Please note that Cesarean section as result of complications during delivery will be deducted from the Childbirth
Normal Delivery and medically necessary Caesarean Section Delivery	BD 5,000 12 month waiting period	BD 4,000 12 Month Waiting period	BD 2,500 12 month waiting period	BD 2,500 12 month waiting period	BD 1,500 12 month waiting period	BD 1,500 12 month waiting period	No benefit	The Maternity Benefit is applicable to expenses incurred for room, board and general nursing care, special hospital services and ordinary nursing care of the baby while the mother is confined in the hospital, and for charges made by the physician, or registered midwife. Maternity benefits also include antenatal and postnatal medical expenses, including consultations, laboratory, radiology, medications, and any other covered medical expense related to the pregnancy or delivery, subject to the benefit limit mentioned in the table of benefits. Maternity shall include Pre and post-natal care, childbirth (normal delivery or caesarian section), miscarriage or legal abortion, including any and all complications arising there from. C section due to prolonged labor or similar situations where doctor recommends a C section is covered only up to maternity limit. In a complicated pregnancy, C section would be covered up to policy limit only under below circumstances. Placenta Previa, Pre-eclampsia and eclampsia, Fetal distress, risk of Uterine rupture, Umbilical cord prolapse. This benefit is only available for eligible married female per policy year.
Newborn coverage	Included							Cost of the newborn treatment is covered up to one month under mother's card as per mother's policy terms and conditions, subject to addition of the newborn within 30 days from date of birth
Vaccinations for children up to 6 years old	BD 300	BD 200	BD 100	BD 100	No benefit	No benefit	No benefit	Cover is for children up to the age shown, born to parents covered under this plan where the child has been added to the parents policy in accordance with our rules. Recognized and essential vaccinations and immunizations as mandated by the local regulatory authorities from where the Policy is issued.
Organ transplant	Included							Covered if the transplant is medically necessary. The costs of collecting donor organs for transplant surgery and any administration costs involved is not covered
Kidney dialysis	Included							For conditions requiring hemodialysis
Road traffic Accidents	Included							Injuries resulting from Road traffic accidents

Benefits	Health Perfect 1	Health Perfect 2	Health Perfect 3	Health Perfect 4	Health Perfect 5	Health Perfect 6	Health Perfect 7	Description
Ancillary equipment	BD 100	BD 50	BD 50	BD 50	BD 50	No benefit	No benefit	Prescribed medical aids refers to all medically indicated therapeutic, external prosthetic and monitoring devices. Such devices need to be medically prescribed as a therapeutic aid to the function or capacity of the insured person. Costs for medical devices that form part of palliative care or long term care are not covered. Subject to preapproval.
Personal accident	BD 15,000	BD 12,500	BD 10,000	BD 7,500	BD 5,000	BD 4,000	BD 2,500	We will pay the amount of Benefit shown in the Schedule if any of the Insured Party shall during the duration of the Policy sustain accidental bodily injuries which independently of any other cause results in death. Accident/Accidental: means a sudden, violent, external, unforeseen and identifiable event, whose action was not intended by the Insured Party, excluding all causes directly related to an illness suffered by the Insured Party that occurs after the effective date of the contract and produces direct pathological signs and symptoms.
<p>Note: Policies are not automatically renewed at the policy anniversary unless otherwise agreed by contract. Policies are, in any event, issued on a 'Notice of Cancellation at Anniversary Date' basis. Policies will therefore lapse at their anniversary unless renewal has been effected by the member/policyholder/group, accepted by us and the premium paid.</p> <p>This benefits table must be read in conjunction with the terms of your membership agreement and any guidelines issued to you.</p>								