



FAWSEC EDUCATIONAL CO.	VIP Plan
Deductible outside network	10% on Reimbursement on R&C charges as per Kuwait Tariff or Home Country bill, whichever is lesser.
Network	Globemed & cross border
Area cover	Kuwait & cross border
Geographical scope for emergency / elective treatment	Worldwide including USA & Canada R&C charges applicable as per Kuwait tariff or Home country bill, which ever is lesser and the deductible is applied on the approved amount on reimbursement basis subject to pre-approval for IP treatment. Emergency Treatment Only (Maximum upto 75 Days Limit of KD 9,000)
Overall plan limit	
Costs for benefits up to the overall plan limit for each member in each plan year	KD 100,000/ USD 330,000
In-patient and daycare treatment	
Medical costs including intensive care, theatre, hospital accommodation, medical practitioners, specialists, anaesthetists, nursing, appliances and prescribed drugs and dressings. Kidney dialysis. MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures. Reconstructive surgery to restore natural function or appearance within 12 months of an accident or surgery. Speech and language therapy and occupational therapy as part of your inpatient treatment. Medical services of a nurse that would have been part of your inpatient or daycare treatment when these are received in your home instead of in hospital.	Paid in Full Home nursing- 35KD/30 days
All inpatient treatment needed for acute medical conditions that begin before the member is eight days old, if the member was conceived by natural conception. Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section. Parent accommodation, it will be paid under this section instead.	Paid up to a lifetime limit of \$150,000

Parent accommodation	
Hospital accommodation costs for a parent or legal guardian to stay with the member if they're aged 17 or under and receiving inpatient treatment that we cover under Inpatient and daycare treatment	Paid in Full
Outpatient post-hospitalisation treatment	
Outpatient treatment for 90 days after you're discharged following inpatient or daycare treatment for the same acute medical condition. This benefit covers medical practitioners' and specialists' fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.	Paid in Full
Deductible	KD 5
5) Rehabilitation	
<ul style="list-style-type: none"> • you've stayed in hospital for three or more consecutive nights for the same medical condition • your inpatient treatment was covered under Inpatient and daycare treatment. • a medical practitioner or specialist has referred you for rehabilitation, and • your rehabilitation starts: <ul style="list-style-type: none"> – after you're discharged from hospital following your inpatient treatment, or – when you're transferred to a rehabilitation unit following your inpatient treatment. Your first session must be no more than 14 days after you're discharged or transferred. <p>This benefit covers inpatient, daycare and outpatient physiotherapy, speech and language therapy and occupational therapy. We'll also pay for accommodation costs at the rehabilitation unit when medically necessary.</p>	Paid in full for up to 90 days following each admission
Deductible	KD 5
Cancer care	
All treatment for, or related to, a diagnosed cancer. This includes palliative treatment and care	Paid in Full
Outpatient treatment	
Surgical procedures.	Paid in Full
Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered under ② Inpatient and daycare treatment. Medical practitioners' and specialists' fees, prescribed drugs and dressings, MRI scans, X-rays, pathology and diagnostic tests and procedures. Outpatient treatment for medical conditions that that are an emergency when the treatment is received in a hospital. Kidney dialysis	KD 6,000
PET and CT scans	Paid in full
Deductible	NIL
Consultation	KD 50/Unlimited- Direct Billing KD 100/Unlimited- Reimbursement

Physiotherapy and complementary medicine	
Physiotherapy as part of inpatient or daycare treatment.	Paid in full
Post-hospitalisation outpatient physiotherapy. This benefit is available for 90 days after each inpatient or daycare admission. Outpatient physiotherapy when a medical practitioner or specialist refers you. Outpatient podiatry, osteopathic and chiropractic treatment when a medical practitioner or specialist refers you.	Paid upto \$ 4,000
Outpatient traditional Chinese medicine, ayurvedic medicine, acupuncture and homeopathic treatment	Covered upto \$1,500
Psychiatric treatment	
Up to 30 days inpatient psychiatric treatment and psychotherapy in the plan year.	Paid up to \$10,000
Outpatient psychiatric treatment and psychotherapy	Paid up to \$2,000
10) Durable medical equipment	
Items a medical practitioner or specialist prescribes which are needed to deliver prescribed drugs and apply dressings. Buying and fitting of devices or items medically necessary for treatment including spinal supports, orthopaedic braces and air cast boots. The rental or initial purchase of crutches or a wheelchair if medically necessary	Paid up to \$1,000
The initial buying and fitting of external prostheses needed after surgery including artificial eyes and limbs	
The buying and fitting of medically necessary orthotic supplies, including insoles and orthotic supports.	
If the costs are related to a medical condition we cover under the following sections, we'll cover these within the benefit limits of that section: 6 Cancer care 11 Congenital abnormalities 12 HIV or AIDS 13 Organ transplants 14 Terminal care Pregnancy and childbirth Emergency treatment outside your area of cover	
Congenital abnormalities	
All treatment for diagnosed congenital abnormalities and any related medical conditions. This includes palliative treatment and care for a congenital abnormality or any related medical condition.	Paid up to a lifetime limit of \$50,000

HIV or AIDS	Not covered
Organ transplants	
Kidney, pancreas, liver, heart or lung transplants and any related treatment	Paid in full
Chronic & Pre- existing Conditions	Covered as per IP/OP Limits
By chronic condition, we mean a disease, illness or injury (including a mental condition), which has at least one of the following components: Has no known cure, or recurs Is caused by changes to your body which cannot be reversed. Require you to be specially trained or rehabilitated. Needs prolonged supervision, monitoring and treatment Leading to permanent disability. Classified according to world rankings medical and internationally recognized	Covered
Terminal care	
Palliative treatment and care for a medical condition which is diagnosed as terminal.	Paid in full
Medical evacuation(subject to a max limit of 1 Million USD)	
The costs to transport you to the nearest appropriate medical facility when your medical condition is an emergency and we agree appropriate treatment is not available locally. This benefit extends to the costs for emergency treatment you receive during the journey. If we have transported you outside your area of cover, we'll pay any related costs you incur in the country you're evacuated to under the sections of your Benefits Schedule that would normally apply when you're within your area of cover.	covered
Economy class travel costs for you to go back to your choice of your country of residence, or your home country, after your emergency medical evacuation that was covered under this plan	covered
Costs of one dependant or companion having to accompany you or to travel at the same time if they are not able to accompany you during the emergency medical evacuation that we cover. This benefit will only become available if your medical condition is critical or you're expected to stay in hospital for seven or more nights. For the duration of your evacuation and period of admission we'll cover: • Costs for return economy class travel, including taxi transfers to and from the hotel on arrival and departure • A taxi from the hotel to the hospital, and back, once a day • Reasonable overnight accommodation costs including breakfast	covered

Local ambulance	
Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital because of an emergency or if treatment is medically necessary	Paid in full
Mortal remains	
If you die outside your home country, we'll cover reasonable costs: • to transport your body or mortal remains to your home country or your country of residence as directed by your next of kin or estate, or • for your burial or cremation at the place of your death as directed by your next of kin or estate. In the event of your burial, we'll cover: • The cost of opening or reopening a grave • Any exclusive right of burial fee • Burial costs In the event of your cremation, we'll cover: • The cost of any doctor's certificates • Cremation costs, including the removal of any medical device before the cremation	Paid in full
a. Dental Treatment	
Outpatient dental treatment for damage to natural teeth caused by an accident when: • your dental condition is not an emergency • the treatment can only be provided after you've received inpatient treatment related to the accident, and • you receive treatment within 90 days after you're discharged from hospital for your related inpatient treatment. This benefit includes the cost to supply and fit dental implants. Orthodontic benefit covered in case of medical necessity and doctor recommendation.	Paid in full Upto Dental Limit
Outpatient dental treatment for damage to natural teeth caused by an accident, except when the damage is caused by eating. Cover is only available when your dental condition is not an emergency and you receive treatment for the accidental damage within 10 days of the accident. This benefit also includes one follow-up consultation within 30 days of the accident.	KD 500
b. Dental Treatment	
Routine outpatient dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers dental examinations, scraping, cleaning and polishing, X-rays, composite fillings and simple non-surgical extractions only.	
Major restorative dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers: •Surgical extractions, including wisdom teeth • Root canal treatment •The cost to supply, fit and repair crowns, bridges and dentures •X-rays needed to support major restorative dental treatment •Gum treatment	KD 500
Dental deductible	20%

Optical care	KD 100/ USD 330 /10% Deductible
Covers refraction test, optical glasses, lenses and frames as recommended by the doctor.	Covered up to Optical Limit
Wellness	
Members aged 18 or over: routine health checks	Physical Examination, CBC, Renal profile, Blood sugar, complete cholesterol Profile & ECG
Pregnancy and childbirth (For natural and assisted conception pregnancies)	
<ul style="list-style-type: none"> • Antenatal checkups for an uncomplicated pregnancy (no more than 12 routine antenatal visits during each pregnancy and one routine 2D ultrasound scan in each trimester) • Antenatal vitamins • Delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth • Postnatal checkups • Hospital accommodation costs for your newborn to stay with you for up to four nights immediately after his or her birth <p>We'll also pay the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan: •One physical examination</p> <ul style="list-style-type: none"> • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination <p>This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth and paid upto \$500 within the benefit limit shown.</p>	Paid up to \$ 6,500
<p>Treatment for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of an assisted conception. We'll also cover the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:</p> <ul style="list-style-type: none"> • Hospital accommodation costs for your newborn to stay with you immediately after a complicated childbirth •One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination <p>This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to \$500 within the benefit limit shown.</p>	

Maternity Deductible	10%
<p>Treatment for medical maternity complications during pregnancy or childbirth, if the pregnancy is the result of natural conception.</p> <p>We'll also cover the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:</p> <ul style="list-style-type: none"> • Hospital accommodation costs for your newborn to stay with you immediately after a complicated childbirth • One physical examination • Vitamin K, hepatitis B and BCG vaccinations • Screening tests for PKU, congenital hypothyroidism and G6PD • One hearing examination <p>This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to \$500 within the benefit limit shown.</p>	Covered in the benefit limit shown above
23) Hormone replacement therapy	
Hormone replacement therapy for symptoms of the menopause	Paid up to \$500
Hospital Cash	
<p>We'll pay you for each night you stay in a hospital for inpatient treatment:</p> <ul style="list-style-type: none"> • if the inpatient treatment and hospital accommodation you receive during your stay are provided free of charge, and • we would otherwise cover the treatment or services you receive during your stay under this plan. <p>We'll pay for a maximum of 20 nights in the plan year</p>	Each night \$125
Emergency treatment outside area of cover	
Inpatient and daycare treatment when your medical condition is an emergency.	Paid up to \$30,000
Outpatient treatment when your medical condition is an emergency	Paid up to \$500
Costs of the appropriate type of ambulance needed to transport you to the nearest appropriate local hospital. This benefit is only available when your medical condition is an emergency	\$500

Health management services	
Access to our CARE team to receive tailored information and discuss any chronic condition and disease management	24 Hour customer care Service provided by the TPA
Employee Assistance Programme – access to online and telephonic confidential support including counselling, information and guidance. Log on to the Health Hub or contact our Member Services Team for more information	Mobile App assistance on nearest providers and specialists in Kuwait

Deductibles & Contributions	
Inpatient Treatment	NIL
Consultation	KD 5/-
Outpatient Treatment	NIL
Routine Dental Treatment	20%
Chronic & Pre-Existing Conditions	As per IP/OP
Pregnancy & Maternity Treatment	10%
Optical Treatment	10%
MRI, CT SCAN, PET & Endoscopy	NIL
Reimbursement	10%

