

Appendix 1
Option 1 CONIL

Policies Specifications & Requirements (Full Compliancy is expected for pre-selection)

All below Policies Specifications & requirements are to be provided per policy period per company.

Ref#	Item	Description	Killer Point
I. Medical Insurance			
1	Original Assured	MIC1 and MIC2, operating under the brand name Alfa and Touch respectively, are managing the Lebanese mobile networks for the benefit of the Republic of Lebanon / Ministry of Telecommunications.	
2	Beneficiaries	Assured employees and their dependents including parents.	K
3	Period	1 year from period TBA	
4	No. of Adherents	As per attached schedule	
5	Coverage	In Hospital, Out-patient, Prescribed Drugs and Doctor's visit are described as per the following:	
		A. In-Hospital:	K
		To cover employees and their dependents for medical expenses including emergency expenses incurred during the stay in the hospital, subject to no restrictions whatsoever, and for 100% Co-NIL of medical expenses. Employees, Spouses & Children enrolled in NSSF will be covered under Co-NIL plan, however NSSF pre/post approval will be provided for hospitalization costly cases. As for parents enrolled in NSSF, the IN coverage shall be on a co-NSSF basis i.e an NSSF approval must be provided and presented to the hospital; accordingly, the NSSF will assume its share of hospitalization expenses in accordance with its regulations and the insurance provider shall fully cover all remaining amounts/differences up to 100%; Only items explicitly excluded under the policy conditions shall be on the adherent's cost. Moreover, members not enrolled with NSSF coverage AND/OR should any hospital within the network refrain from accepting NSSF approvals, admissions will be covered under Co-Nil plan. A full hospital network is to be respected.	
		B. Out Patient	K
		To cover employees and their dependents for diagnostic tests and treatments, which do not require hospital confinement up to 100% Co-NIL of medical expenses, from which 15% to be paid by the patient. Unlimited number of transactions per member. A full network shall be respected in the out network. Providers not accepting the insurance cards and/or not respecting their contract with the bidder (no additional extra payment) are to be removed from the network after a documented complaint.	
		C. Prescription Drugs :	K
		To cover employees and their dependents up to 100% Co-NIL of Prescription Drugs costs, 15% to be paid by the patient. Unlimited number of transactions per member Chronic medicines are covered from day 1. A maximum decrease of 5% from the list of provided/accepted with the RFP might be tolerated. Pharmacies not accepting the insurance cards and/or not respecting their contract with the bidder (no additional extra payment) are to be removed from the network after a documented complaint.	
		D. Doctor's Visit	K

		<p>To cover employees and their dependents for:</p> <ul style="list-style-type: none"> - 100% of doctor fees related to the medical services rendered by a doctor up to a maximum of 12 prescriptions per year for each insured and a maximum of USD 60 per visit, not exceeding the total of USD 600 per adherent per year. - On top of the doctor consultation fees, the following (but not limited) diagnostic services are to be covered under out-patient scope when done in the clinic: - Pap Smear tests to be reimbursed along with the Doctor Consultations Submission without the need for the results. - Cardiac Echo Doppler, Arterial Doppler, ultrasonography, electroencephalogram, electrocardiogram, electromyogram, audiogram, Spirometry, cardiac stress test, evoked response. - Small surgery and endoscopic procedures not requiring an operating room or emergency room or hospital services. 	
6	Scope (In-Patient)	<p>All standard and emergency medical expenses incurred by the beneficiary including all cases customarily accepted by the NSSF and including but not limited to: Use of operations room, medicines, treatment, use of hospital equipment, laboratories, hospital and Doctor services, other outpatient services that are provided whilst in hospital, room and board, use of emergency room services, newborn and maternity services, administrative charge, and all kinds of medical surgeries including and not limited to Nose and hernia surgeries, Surgical procedures performed for the Parkinson disease, etc.</p> <p>Laser Operations replacing Surgeries when available.</p>	K
		Emergency treatments defined as follows: the treatment (medical or surgical) which may not be delayed, delivered in a hospital emergency room, of all accidents or incidents of sickness, providing a legitimate professional concern that there may be a significant medical problem.	
		Pre-Operative tests that are mainly conducted at the hospital prior to surgery, and that is a pre-requisite for a proper application of anesthesia.	
		Physiotherapy treatment related to a covered hospitalization, whether delivered at the hospital or outside, during the contractual period.	
7	Scope (Out-Patient)	<p>Covered in full by insurance provider, 15% deductible applies with unlimited number of transactions per member. Out of Hospital cover includes the diagnostic tests and treatments which do not require hospital confinement provided in authorized hospitals and laboratories including but not limited to:</p> <p>Radiology, CT Scan, Pet Scan, MRI, ultrasonography, laboratory tests, nuclear medicines tests, pregnancy tests, Vaccinations, electroencephalogram, electrocardiogram, electromyogram, Audiogram, stress test, evoked response, ocular angiography, cardiac thallium scintigraphy, echocardiography, Holter monitoring, Speech Therapy Post Surgery, laser therapy, physiotherapy, kinesiotherapy, surgical and endoscopic procedures, chemotherapy and radiotherapy and all ray related therapy.</p> <p>Approved physiotherapy sessions done outside the network, are to be reimbursed based on a minimum of \$30 / session.</p>	K
8	Benefits Included	In-Patient and Out-Patient including Medical Expenses, Doctor’s visits and Prescribed Drugs (in excess of the limit specified in the Workmen’s Compensation policy, where applicable).	K
9	Basis of Settlement	Direct settlement to the Service Provider by the insurance company ;The insurer/bidder needs to guarantee on time payments to the provided network to eliminate the risks of not accepting the insurance cards added.	K
10	Limits	<p>Unlimited</p> <p>Basis of quotation: individual premiums provided separately:</p> <ul style="list-style-type: none"> - For Employee, Spouse & Children (Class A for Permanent Employees & their families, and Class B for Contractual Employees & their families) 	K
		<ul style="list-style-type: none"> - Unlimited for Parents (Class A or B), however an annual limitation of not less then 100,000 \$ per year may be applied for parents having severe chronic cases. 	
11	Territorial scope of cover	<p>This policy provides full coverage for all hospitals & related labs and laboratories, in addition to pharmacies and physicians all over territories of Lebanon as per details mentioned in point 10 below.</p> <p>In addition, cover to include medical assistance worldwide including medical expenses and costs of evacuation in case of severe injury, as well as body repatriation in case of death or disablement up to USD 150,000 per adherent/insured.</p> <p>Treatments not available in Lebanon to be reimbursed at 100% as per the closest test and as per AUBMC tariff.</p> <p>Surgeries not existing in Lebanon; To be reimbursed at 100% as per the closest code and as per AUBMC tariff. In case the cost of the surgery is higher than the AUBMC tariff, the insurance company will bear the difference with a maximum of \$3000 per case.</p> <p>Lab Test sent out of Lebanon: Reimbursed at 100% as per the closest test and as per AUBMC tariff.</p>	K
12	Choice of Law & Jurisdiction	This Reinsurance shall be governed by and construed in accordance with the law of Lebanon and each party agrees to submit to the exclusive jurisdiction of the courts of Lebanon.	
13	Profit Sharing	This policy is entitled for 50% profit sharing based on (80% of Total premium for the contractual period less the total incurred losses/claims at the end of the policy period). The above should be accounted after 3 months of the policy expiry.	

14	Cancellation of Cover	Its hereby noted and agreed that this policy is non-cancellable by the Insurance Company, except solely for the non-payment of premium, that would be subject to receiving a written notice of cancellation within 60 days of receipt.	K
15	Quality of Service	MIC1 and MIC2 employees and their dependents expect the best service on any medical case they would have with 24/24 service, whatever the loss record during the course of the policy period would be.	K
I.I Special Conditions on the Medical Insurance Policy			
1	Definition of Beneficiary/Adherent	Adherent are employees of MIC1 / alfa and MIC2 / touch) and their present or future dependents and family members as declared by MIC1 and MIC2 in the initial census data and in subsequent notices of additions &/or deletions of adherents, subject to no condition other than a request of cover issued by MIC1 and MIC2 (request maybe sent through an electronic communication). It is to be noted & agreed that MIC1 & MIC2 can enroll employee(s) and/or dependents of their employees in this policy at any time during the Period of this policy.	K
2	Additions/Deletions	Additions and Deletions that are requested by MIC1 and MIC2 during the contractual period will be calculated on pro-rata basis.	K
3	Newborns babies Enrollment	Newborns babies of adherents are automatically enrolled and covered from day one even if the mother is not insured under this insurance policy. They are also added free of charge until the remaining contractual period if the mother is insured under this insurance policy even if delivery was not covered under this policy. In case mother is not insured under this policy, baby to be added free of charge up to 3 cases per policy period per company.	K
4	Incubators for newborn babies	This policy covers the total cost of Incubators including reanimation procedure for newborn babies, even if the mother did not deliver under our policy. This coverage applies during and after the period of hospital confinement of the new born from day one and up to 120 days.	K
5	Congenital Cases	This policy covers congenital cases for all Adherents and/or for New Born Babies and that as of birth.	K
6	Pregnancy	This policy covers all Laboratory Tests, X-Rays, Treatment and or In Hospital cases for the baby and mother during pregnancy such as but not limited to Amniocentesis procedures, triple or double test, toxoplasmosis & related repeated tests in case of negative result, NIPT test when medically justified, etc.....), in addition to Epidural anesthesia.	K
7	Infertility, sterility medications and related treatments	Covered in addition to a one-time IVF Procedure per member per policy period.	K
8	Automatic Continuity of pre-existing & Chronic medical cases	This policy is subject to continuity that is automatic coverage for all current and future employees and dependents of the Insured including all pre-existing & chronic cases such as: heart problems, kidney failure and diabetes and other serious medical illnesses etc... (No medical requirements are required) and all newborns and pre-existing cases of all natures are covered from day one, with no limitation, no restriction of age, no waiting period and including maternity coverage.	K
9	NSSF coverage prevailing in IN, OUT & PM	All Cases under IN, OUT & PM that are covered by NSSF should be covered by the Insurance regardless of any other criteria whatsoever.	K
10	Network of medical providers	<div>1) The Insurer shall provide a Global geographical network coverage of medical service providers' including pharmacies and Hospital Laboratories.</div> <div>2) For Hospitals, most of the Medical Hospitals (big & university hospitals are mandatory), throughout the Lebanese territories should be included within the network of Medical providers. Therefore, any hospital throughout the Lebanese territories should provide access & accept any emergency case for any "Cardholder" of the Insured Employees and their dependents.</div> <div>3) For Ambulatory Plan, a full network is to be respected including all hospitals laboratories.</div> <div>4) Bidder should provide the list of all supported hospitals, laboratories, physiotherapy centers and pharmacies, provided that: - All regions should be covered. - Any removed hospital / laboratory / medical center / pharmacy from network throughout the policy should be justified with a maximum of 5% tolerated percentage compared to the initial network agreed upon at the beginning of policy. To note that no big/university hospital can be removed and providers are to be removed based on valid documented complaint</div> <div>Bidders should provide the list of all supported hospitals, laboratories and pharmacies. Only providers accepting the insurance cards and respecting their contract with the bidder (no additional extra payment) are to be listed</div>	K
11	Comprehensive cover	This policy guarantees that in the case of hospital confinement the insured will receive all treatments as recommended by his treating physician subject to no restrictions or objections on part of the insurer.	K
12	Admission to Hospitals	In non-emergency cases, the Insurer or the service provider representing the Insurer (Third Party Administrator) should send automatic direct "hospital access form" to hospitals enabling the patient to access to hospitals with no obstacles and delays whatsoever. In other terms, the insurer should handle all the acceptance formalities in hospital. In emergency cases however, immediate access should be granted.	K

13	Prior agreement on excluded medical treatment	Any excluded medical case or treatment under the conditions of this policy is subject to prior approval of the Original Insured and is considered a covered case until any such approval has been agreed upon in writing by the Original Insured.	K
14	Period warranty	Any hospital confinement which occurred prior to the end of this policy will continue until the full release of the adherent from the hospital by his treating physician.	K
15	Guaranteed Renewability	This policy entitles all the employees and their dependents to benefit from a 100% coverage LIFETIME GUARANTEED RENEWABILITY free of charge (GR). All employees are equally entitled to an individual UNLIMITED LIFETIME GUARANTEED RENEWABILITY, provided that the employee ceases to be employed by the Insured company (MIC1 and MIC2), and at the most competitive individual tariff applicable by the Insurer at the date of issuance of any such individual policy. To note that dependents can be enrolled with or without the principle. The above GR is subject to continuity and is applicable from day one with no waiting period.	K
16	Class Upgrade	This policy is subject to class upgrade of the adherent as requested by the Insured during the period of the policy, subject to no underwriting requirements, limitations, restrictions or waiting period, provided that the adherent is not pregnant or in the hospital at the time when any such request is made unless a valid reason is provided for the upgrade request.	
17	Surgical, endoscopic, therapy & reeducation procedures	This policy covers all surgical and endoscopic procedures, which do not require hospital confinement, Physiotherapy, Chemotherapy, Radiotherapy and Reeducation treatments and similar treatments including colonoscopies, endoscopies and cystoscopies in addition to small surgeries and biopsies that are covered in full under out-patient plan.	K
18	Additional Coverage List but not limited to	Peritoneal dialysis, Hemodialysis and the Arterio Venostomy related thereto; Covered on acute basis. Related Chronic cases should be covered in full up to 2 cases per policy period per company. An approval can be ensured from the Ministry of health or from the NSSF if the insured is a member of NSSF. Osteodensitometry Covered regardless of Age. Varicocele cases: Covered. Hysteroscopy: Covered. Pre-marital tests Covered on a direct billing basis. Circumcision Covered at birth and at a later stage as well regardless of medical necessity. Appendectomy Covered including the use of laparoscopic materials.	K
19	Central nervous system	This policy covers all treatments and medicines related to the central nervous system and head electricity.	K
20	Control test and exams	This policy covers all tests and exams required for investigation purposes only and checkup purposes following an accident or an illness.	K
21	Artificial organs and prosthesis	This policy covers “artificial implant” and prosthesis (including Non post traumatic) and that for the last generation available in the market without any financial limitation including but not limited to the cost of heart valves, pacemakers and orthopedic prosthesis.	K
22	Organ transfer and/or transplantation	This policy covers in full the surgery and cost of all kinds of organ transfer and/or transplantation, including bone marrow transplantation.	K
23	Plastic surgery	This policy covers plastic and cosmetic surgery as deemed required by the treating physician following an accident.	K
24	Dental & Gum Medical or surgical treatment of any condition including prosthesis and disorder of the temporomandibular joints	Covered when necessitated as a result of an accidental injury.	
25	New and unconventional treatment	New Techniques are covered up to 15 cases per year, up to \$5000 per case over the standard procedure.	K
26	Medical opinion	This policy is subject to the medical opinion, recommendation and advice of the treating physician which prevails over the opinion, recommendation and advice of any other party including physicians appointed by the insurer. Second Medical Opinion and/or the insured company doctor whenever existing: Covered yet, the insured member will have the full right to decide.	K
27	Sexually Transmitted Diseases (STD) and related treatment, Human Immune Deficiency Virus (HIV), AIDS.	Covered in full up to policy limit.	K
28	Weight Control procedures and surgeries	Covered If medically indicated.	K
29	Home Care & Ambulance	Home Care benefits Covered in Full when medically indicated. Ambulance and air ambulance expenses Covered in full up to policy limit.	K
30	Mental or psychiatric disorders	Covered.	K

31	Sleep respiratory disorder cases, tests, procedures, and surgeries related thereto including Polysomnography	Covered based on medical necessity.	K
32	All Kinds of genetic tests and procedures (whether medical or surgical)	Covered in full up to policy limit.	K
33	Treatments related to Speech, ABA, psychomotor and occupational therapy	Covered on reimbursement basis up to \$750 / member / year.	K
34	Half-Day Treatment (Ex: Venofer Injection)	covered under Class A for Class A members	K
35	Burial and morgue expenses	Burial and morgue expenses up to \$2,000 per person regardless reason behind death.	K
36	Political Violence coverage & Passive War	This policy covers all medical treatments resulting from act of violence under any form and for whatever reason committed by third parties towards the Adherent. Coverage for the insured employees and their dependents is against all treatments occurring as a direct or indirect consequence or act of Sabotage, Terrorism, Strikes, Riots, Civil Commotion, Insurrection, Revolution Rebellion, Coup D'état, assassination, War and Civil War, whether declared or not declared. This extension will not be applied if the insured is participating in any military or war like activities of any sort.	K
37	Epidemic and Pandemic	This policy covers all future epidemic/pandemic medical conditions when instructed and endorsed by the Ministry of Health and/or the Government Corona cases covered.	K
38	Vaccines	The Insurer shall cover all Vaccines mentioned in the attached list provided by MIC1 and MIC2, which may be subject to additions &/or alterations. (List attached).	K
39	Ex-gratia payments	The Insurer shall grant the Insured an amount of \$100,000 as ex-gratia to cover claims which are not usually covered within the scope of this policy.	K
40	Endorsement Fees & Replacement cards Fees	Fixed stamps according to the regulations of the Ministry of Economy; Free of charge Replacement cards.	K
41	Service Level Agreement	ID Cards -Issuance of cards upon addition, deletion or amendment within 3 working days from MIC 1and MIC2 request -Issuance of insurance certificates within 2 working days from MIC 1 and MIC2 request Claims -Claims can be submitted to the insurance company within a period of 6 months from the treatment date -Claims submitted by MIC1 and MIC2 to the insurance company have to be processed within 1 Month maximum.	
42	Reporting	The Insurer shall provide MIC1 and MIC2 with the following reports on claim activity: Two activity reports produced monthly, one for the In-Patient and another for Out-Patient disclosing the claim number, beneficiary number, name, hospital or laboratory name, dates of admission and discharge, service or case treated, amount claimed, amount paid. Consolidated final reports on a bi-annual basis showing for each beneficiary the total amount claimed including all information for each claim as specified in the monthly reports. In this regard, total claims amount should be presented after volume discount received by the Insurer.	
43	Software and Hardware	The Insurer has to install, operate and maintain a dedicated Management Information System in the Premises of the Insured at its own responsibility and expenses latest within one month of the inception of this policy. This system should be connected Online with the main System of the Insurer, providing the following but not limited to: -Online Management Reporting -Online Census Details -Online Pricing / Invoicing The Insurer shall train the staff of the Insured on how to use and obtain - in real time and at their discretion, soft information and monitor the performance of the policy. All hardware and software cost incurred in this regard shall be borne by the Insurer.	
II. Workmen's Compensation Insurance			
1	Original Assured	MIC1 and MIC2, operating under the brand name Alfa and Touch respectively, are managing the Lebanese mobile networks for the benefit of the Republic of Lebanon / Ministry of Telecommunications.	
2	Eligibility	All contractual &/or non-contractual employees &/or workers (whether daily &/or weekly) &/or under the custody & control of the Insured at MIC1 and MIC2 on Lebanese territories, as well as students completing their internship at MIC1 and MIC2 premises, whilst performing work related activities including but not limited to overseas missions, (non-extreme) sports activities, and during their displacements for work purposes and during their trip from their houses to work and vice-versa.	K

3	Beneficiaries	All full time, part time and contractual &/or non-contractual employees &/or workers at all services at various locations within the Lebanese Territories &/or whilst travelling overseas for a mission allocated by MIC1 and MIC2.	K
4	Period	1 year from period TBA.	
5	Coverage / Form	To cover all MIC1 and MIC2 population as mentioned above against work related accidents &/or incidents, according to the applicable terms and conditions of the Lebanese Labor Law.	K
6	Estimated Annual Salaries	Refer to Annex 2	
7	Age Limit	From 16 to 70 years old.	
8	Benefits	<ul style="list-style-type: none"> • Bodily injury including hospitalization • Disability - PPD & PTD (Permanent Partial & Permanent Total) • Disability – TPD TTD (Temporary Partial and Temporary Total) • Death All Benefits as per Decree D.L 136-1983.	K
9	Limit	USD 150,000 any one person any one accident. The benefits due by the insurer for each and every accident covered should not be less than the amount of USD. 1,000,000, - (US Dollars One Million) per claim and in the aggregate. (per policy payment mode).	K
10	Additional Benefits	<ul style="list-style-type: none"> • In case of death or total permanent disability, the insured is compensated 5 times as per DL. 136. • Injured persons due to work accident will be admitted to the same class as agreed in the Hospitalization policy issued for the group. • Hernia, Sunstroke and lumbago are included. • Coverage: 24/24 hours including Holidays, weekends and overtimes whether in Lebanon or on an overseas mission. • Coverage includes, death, injury, permanent &/or total disability against act of Sabotage, Terrorism, Strikes, Riots, Civil Commotion, Insurrection, Revolution Rebellion, Coup D'état, assassination, War and Civil War, whether declared or not declared. This extension will not be applied if the insured is participating in any military or war like activities of any sort. 	K
11	Deductible	None.	K
12	Basis of Settlement	Direct settlement to the Service Provider by the insurance company.	K
13	Territorial Scope of Cover	This policy provides full coverage for all hospitals and laboratories within the network, in addition to pharmacies and physicians all over territories of Lebanon covering all related medical claims expenses including any prescribed medicines & doctor consultations. In addition, cover applies to medical expenses incurred by the Assured (MIC1 and MIC2) employees outside Lebanon based on AUBMC tariff or similar.	K
III. Group Life & PA Insurance			
1	Original Assured	MIC1 and MIC2, operating under the brand name Alfa and Touch respectively, are managing the Lebanese mobile networks for the benefit of the Republic of Lebanon / Ministry of Telecommunications.	
2	Eligibility	All employees insured at MIC1 and MIC2, as per attached schedule.	K
3	Period	1 year from period TBA.	
4	Age Limits	Minimum Age 18. Cover ceases at attainment of Age 65. Any member who reaches age 65 during the policy period will still be covered till the expiry of the policy.	K
5	Death Due to Any Cause	36 times monthly basic salary, subject to a minimum of US \$40,000 sum insured per member.	K
6	Accidental Death	36 times monthly basic salary, subject to a minimum of US \$40,000 sum insured per member.	K
7	Permanent Partial Disability	48 times monthly basic salary, subject to a minimum of US \$40,000 sum insured per member.	K
8	Permanent Total Disability	48 times monthly basic salary, subject to a minimum of US \$40,000 sum insured per member.	K
9	Geographical Scope	Worldwide, but applicable to persons resident in Lebanon.	K
10	Continuity and Cover Limit	Its hereby noted and agreed that this policy is subject to automatic continuity for coverage to all current employees of the insured with no pre-requisite for medical tests prior to entry to coverage, a free cover limit of USD 387,000 to be considered for future insured employees.	K
11	Estimated Annual Salaries	Refer to Annex 2	
12	Passive War Risk	Covered.	K
13	Sabotage & Terrorism	Covered.	K
		It is hereby noted and agreed that, notwithstanding the terms and provisions of the basic policy Contract, the insurance Company will cover the insured members of the group against Death and or disability occurring as a direct or indirect consequence of any of the following:	

14	Political Violence wording	Invasion or acts perpetrated by foreign enemies (whether war be declared or not), hostilities, acts of terrorism, terrorist sabotage, civil war, martial law or declaration of a state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state or siege, civil disobedience, general mobilization, revolution, usurpation of power (military or politically), insurrection, rebellion, mutiny, riots, civil commotion, revolution, conspiracy, mutiny, strike, pillage, any kind of military projectile or explosive including booby trapped vehicles or objects, cannon shells, rockets or other weapon of war, whatever their origin and type, any act unlawful act perpetrated by armed individual be they members of political, military or paramilitary organizations or parties or not and be they acting on their behalf or on behalf of any other organizations.	K
15	Exclusions	Any breach of law or assault provoked by the member insured of any sort.	K

Appendix 1
Option 2-CONSSF

Policies Specifications & Requirements (Full Compliancy is expected for pre-selection)

All below Policies Specifications & requirements are to be provided per policy period per company.

Ref#	Item	Description	Killer Point
I. Medical Insurance			
1	Original Assured	MIC1 and MIC2, operating under the brand name Alfa and Touch respectively, are managing the Lebanese mobile networks for the benefit of the Republic of Lebanon / Ministry of Telecommunications.	
2	Beneficiaries	Assured employees and their dependents including parents.	K
3	Period	1 year from period TBA	
4	No. of Adherents	As per attached schedule	
5	Coverage	In Hospital, Out-patient, Prescribed Drugs and Doctor's visit are described as per the following:	
		A. In-Hospital:	K
		The insurance shall cover employees and their dependents (spouse, children & parents) for medical expenses, including emergency hospitalization, at 100% coverage with no restrictions except for items explicitly excluded under the policy conditions. For members enrolled in the National Social Security Fund (NSSF), the coverage shall be on a co-NSSF basis i.e an NSSF approval must be provided and presented to the hospital; accordingly, the NSSF will assume its share of hospitalization expenses in accordance with its regulations and the insurance provider shall fully cover all remaining amounts/differences up to 100%; Only for items explicitly excluded under the policy conditions shall be on the adherent's cost. Moreover, members not enrolled with NSSF coverage AND/OR should any hospital within the network refrain from accepting NSSF approvals, admissions will be covered under Co-Nil plan. A full hospital network is to be respected.	
		B. Out Patient	K
		To cover employees and their dependents for diagnostic tests and treatments, which do not require hospital confinement up to 100% Co-NIL of medical expenses, from which 15% to be paid by the patient. Unlimited number of transactions per member. A full network shall be respected in the out network. Providers not accepting the insurance cards and/or not respecting their contract with the bidder (no additional extra payment) are to be removed from the network after a documented complaint.	
		C. Prescription Drugs :	K
		To cover employees and their dependents up to 100% Co-NIL of Prescription Drugs costs, 15% to be paid by the patient. Unlimited number of transactions per member Chronic medicines are covered from day 1. A maximum decrease of 5% from the list of provided/accepted with the RFP might be tolerated. Pharmacies not accepting the insurance cards and/or not respecting their contract with the bidder (no additional extra payment) are to be removed from the network after a documented complaint.	
		D. Doctor's Visit	K

		<p>To cover employees and their dependents for:</p> <ul style="list-style-type: none"> - 100% of doctor fees related to the medical services rendered by a doctor up to a maximum of 12 prescriptions per year for each insured and a maximum of USD 60 per visit, not exceeding the total of USD 600 per adherent per year. - On top of the doctor consultation fees, the following (but not limited) diagnostic services are to be covered under out-patient scope when done in the clinic: <ul style="list-style-type: none"> - Pap Smear tests to be reimbursed along with the Doctor Consultations Submission without the need for the results. - Cardiac Echo Doppler, Arterial Doppler, ultrasonography, electroencephalogram, electrocardiogram, electromyogram, audiogram, Spirometry, cardiac stress test, evoked response. - Small surgery and endoscopic procedures not requiring an operating room or emergency room or hospital services. 	
6	Scope (In-Patient)	<p>All standard and emergency medical expenses incurred by the beneficiary including all cases customarily accepted by the NSSF and including but not limited to: Use of operations room, medicines, treatment, use of hospital equipment, laboratories, hospital and Doctor services, other outpatient services that are provided whilst in hospital, room and board, use of emergency room services, newborn and maternity services, administrative charge, and all kinds of medical surgeries including and not limited to Nose and hernia surgeries, Surgical procedures performed for the Parkinson disease, etc.</p> <p>Laser Operations replacing Surgeries when available.</p>	K
		Emergency treatments defined as follows: the treatment (medical or surgical) which may not be delayed, delivered in a hospital emergency room, of all accidents or incidents of sickness, providing a legitimate professional concern that there may be a significant medical problem.	
		Pre-Operative tests that are mainly conducted at the hospital prior to surgery, and that is a pre-requisite for a proper application of anesthesia.	
		Physiotherapy treatment related to a covered hospitalization, whether delivered at the hospital or outside, during the contractual period.	
7	Scope (Out-Patient)	<p>Covered in full by insurance provider, 15% deductible applies with unlimited number of transactions per member.</p> <p>Out of Hospital cover includes the diagnostic tests and treatments which do not require hospital confinement provided in authorized hospitals and laboratories including but not limited to:</p> <p>Radiology, CT Scan, Pet Scan, MRI, ultrasonography, laboratory tests, nuclear medicines tests, pregnancy tests, Vaccinations, electroencephalogram, electrocardiogram, electromyogram, Audiogram, stress test, evoked response, ocular angiography, cardiac thallium scintigraphy, echocardiography, Holter monitoring, Speech Therapy Post Surgery, laser therapy, physiotherapy, kinesiotherapy, surgical and endoscopic procedures, chemotherapy and radiotherapy and all ray related therapy.</p> <p>Approved physiotherapy sessions done outside the network, are to be reimbursed based on a minimum of \$30 / session.</p>	K
8	Benefits Included	In-Patient and Out-Patient including Medical Expenses, Doctor's visits and Prescribed Drugs (in excess of the limit specified in the Workmen's Compensation policy, where applicable).	K
9	Basis of Settlement	Direct settlement to the Service Provider by the insurance company ;The insurer/bidder needs to guarantee on time payments to the provided network to eliminate the risks of not accepting the insurance cards added.	K
10	Limits	<p>Unlimited</p> <p>Basis of quotation: individual premiums provided separately:</p> <ul style="list-style-type: none"> - For Employee, Spouse & Children (Class A for Permanent Employees & their families, and Class B for Contractual Employees & their families) 	K
		- Unlimited for Parents (Class A or B), however an annual limitation of not less than 100,000 \$ per year may be applied for parents having severe chronic cases.	
11	Territorial scope of cover	<p>This policy provides full coverage for all hospitals & related labs and laboratories, in addition to pharmacies and physicians all over territories of Lebanon as per details mentioned in point 10 below.</p> <p>In addition, cover to include medical assistance worldwide including medical expenses and costs of evacuation in case of severe injury, as well as body repatriation in case of death or disablement up to USD 150,000 per adherent/insured.</p> <p>Treatments not available in Lebanon to be reimbursed at 100% as per the closest test and as per AUBMC tariff.</p> <p>Surgeries not existing in Lebanon; To be reimbursed at 100% as per the closest code and as per AUBMC tariff. In case the cost of the surgery is higher than the AUBMC tariff, the insurance company will bear the difference with a maximum of \$3000 per case.</p> <p>Lab Test sent out of Lebanon: Reimbursed at 100% as per the closest test and as per AUBMC tariff.</p>	K
12	Choice of Law & Jurisdiction	This Reinsurance shall be governed by and construed in accordance with the law of Lebanon and each party agrees to submit to the exclusive jurisdiction of the courts of Lebanon.	
13	Profit Sharing	This policy is entitled for 50% profit sharing based on (80% of Total premium for the contractual period less the total incurred losses/claims at the end of the policy period). The above should be accounted after 3 months of the policy expiry.	

14	Cancellation of Cover	Its hereby noted and agreed that this policy is non-cancellable by the Insurance Company, except solely for the non-payment of premium, that would be subject to receiving a written notice of cancellation within 60 days of receipt.	K
15	Quality of Service	MIC1 and MIC2 employees and their dependents expect the best service on any medical case they would have with 24/24 service, whatever the loss record during the course of the policy period would be.	K
I.I Special Conditions on the Medical Insurance Policy			
1	Definition of Beneficiary/Adherent	Adherent are employees of MIC1 / alfa and MIC2 / touch) and their present or future dependents and family members as declared by MIC1 and MIC2 in the initial census data and in subsequent notices of additions &/or deletions of adherents, subject to no condition other than a request of cover issued by MIC1 and MIC2 (request maybe sent through an electronic communication). It is to be noted & agreed that MIC1 & MIC2 can enroll employee(s) and/or dependents of their employees in this policy at any time during the Period of this policy.	K
2	Additions/Deletions	Additions and Deletions that are requested by MIC1 and MIC2 during the contractual period will be calculated on pro-rata basis.	K
3	Newborns babies Enrollment	Newborns babies of adherents are automatically enrolled and covered from day one even if the mother is not insured under this insurance policy. They are also added free of charge until the remaining contractual period if the mother is insured under this insurance policy even if delivery was not covered under this policy. In case mother is not insured under this policy, baby to be added free of charge up to 3 cases per policy period per company.	K
4	Incubators for newborn babies	This policy covers the total cost of incubators including reanimation procedure for newborn babies, even if the mother did not deliver under our policy. This coverage applies during and after the period of hospital confinement of the new born from day one and up to 120 days.	K
5	Congenital Cases	This policy covers congenital cases for all Adherents and/or for New Born Babies and that as of birth.	K
6	Pregnancy	This policy covers all Laboratory Tests, X-Rays, Treatment and or In Hospital cases for the baby and mother during pregnancy such as but not limited to Amniocentesis procedures, triple or double test, toxoplasmosis & related repeated tests in case of negative result, NIPT test when medically justified, etc.....), in addition to Epidural anesthesia.	K
7	Infertility, sterility medications and related treatments	Covered in addition to a one-time IVF Procedure per member per policy period.	K
8	Automatic Continuity of pre-existing & Chronic medical cases	This policy is subject to continuity that is automatic coverage for all current and future employees and dependents of the Insured including all pre-existing & chronic cases such as: heart problems, kidney failure and diabetes and other serious medical illnesses etc... (No medical requirements are required) and all newborns and pre-existing cases of all natures are covered from day one, with no limitation, no restriction of age, no waiting period and including maternity coverage.	K
9	NSSF coverage prevailing in IN, OUT & PM	All Cases under IN, OUT & PM that are covered by NSSF should be covered by the Insurance regardless of any other criteria whatsoever.	K
10	Network of medical providers	<p>1) The Insurer shall provide a Global geographical network coverage of medical service providers' including pharmacies and Hospital Laboratories.</p> <p>2) For Hospitals, most of the Medical Hospitals (big & university hospitals are mandatory), throughout the Lebanese territories should be included within the network of Medical providers. Therefore, any hospital throughout the Lebanese territories should provide access & accept any emergency case for any "Cardholder" of the Insured Employees and their dependents.</p> <p>3) For Ambulatory Plan, a full network is to be respected including all hospitals laboratories.</p> <p>4) Bidder should provide the list of all supported hospitals, laboratories, physiotherapy centers and pharmacies, provided that:</p> <ul style="list-style-type: none"> - all regions should be covered. - Any removed hospital / laboratory / medical center / pharmacy from network throughout the policy should be justified with a maximum of 5% tolerated percentage compared to the initial network agreed upon at the beginning of policy. To note that no big/university hospital can be removed and providers are to be removed based on valid documented complaint <p>Bidders should provide the list of all supported hospitals, laboratories and pharmacies. Only providers accepting the insurance cards and respecting their contract with the bidder (no additional extra payment) are to be listed</p>	K
11	Comprehensive cover	This policy guarantees that in the case of hospital confinement the insured will receive all treatments as recommended by his treating physician subject to no restrictions or objections on part of the insurer.	K
12	Admission to Hospitals	In non-emergency cases, the Insurer or the service provider representing the Insurer (Third Party Administrator) should send automatic direct "hospital access form" to hospitals enabling the patient to access to hospitals with no obstacles and delays whatsoever. In other terms, the insurer should handle all the acceptance formalities in hospital. In emergency cases however, immediate access should be granted.	K
13	Prior agreement on excluded medical treatment	Any excluded medical case or treatment under the conditions of this policy is subject to prior approval of the Original Insured and is considered a covered case until any such approval has been agreed upon in writing by the Original Insured.	K

14	Period warranty	Any hospital confinement which occurred prior to the end of this policy will continue until the full release of the adherent from the hospital by his treating physician.	K
15	Guaranteed Renewability	This policy entitles all the employees and their dependents to benefit from a 100% coverage LIFETIME GUARANTEED RENEWABILITY free of charge (GR). All employees are equally entitled to an individual UNLIMITED LIFETIME GUARANTEED RENEWABILITY, provided that the employee ceases to be employed by the Insured company (MIC1 and MIC2), and at the most competitive individual tariff applicable by the Insurer at the date of issuance of any such individual policy. To note that dependents can be enrolled with or without the principle. The above GR is subject to continuity and is applicable from day one with no waiting period.	K
16	Class Upgrade	This policy is subject to class upgrade of the adherent as requested by the Insured during the period of the policy, subject to no underwriting requirements, limitations, restrictions or waiting period, provided that the adherent is not pregnant or in the hospital at the time when any such request is made unless a valid reason is provided for the upgrade request.	
17	Surgical, endoscopic, therapy & reeducation procedures	This policy covers all surgical and endoscopic procedures, which do not require hospital confinement, Physiotherapy, Chemotherapy, Radiotherapy and Reeducation treatments and similar treatments including colonoscopies, endoscopies and cystoscopies in addition to small surgeries and biopsies that are covered in full under out-patient plan.	K
18	Additional Coverage List but not limited to	Peritoneal dialysis, Hemodialysis and the Arterio Venostomy related thereto; Covered on acute basis. Related Chronic cases should be covered in full up to 2 cases per policy period per company. An approval can be ensured from the Ministry of health or from the NSSF if the insured is a member of NSSF. Osteodensitometry Covered regardless of Age. Varicocele cases: Covered. Hysteroscopy: Covered. Pre-marital tests Covered on a direct billing basis. Circumcision Covered at birth and at a later stage as well regardless of medical necessity. Appendectomy Covered including the use of laparoscopic materials.	K
19	Central nervous system	This policy covers all treatments and medicines related to the central nervous system and head electricity.	K
20	Control test and exams	This policy covers all tests and exams required for investigation purposes only and checkup purposes following an accident or an illness.	K
21	Artificial organs and prosthesis	This policy covers "artificial implant" and prosthesis (including Non post traumatic) and that for the last generation available in the market without any financial limitation including but not limited to the cost of heart valves, pacemakers and orthopedic prosthesis.	K
22	Organ transfer and/or transplantation	This policy covers in full the surgery and cost of all kinds of organ transfer and/or transplantation, including bone marrow transplantation.	K
23	Plastic surgery	This policy covers plastic and cosmetic surgery as deemed required by the treating physician following an accident.	K
24	Dental & Gum Medical or surgical treatment of any condition including prosthesis and disorder of the temporomandibular joints	Covered when necessitated as a result of an accidental injury.	
25	New and unconventional treatment	New Techniques are covered up to 15 cases per year, up to \$5000 per case over the standard procedure.	K
26	Medical opinion	This policy is subject to the medical opinion, recommendation and advice of the treating physician which prevails over the opinion, recommendation and advice of any other party including physicians appointed by the insurer. Second Medical Opinion and/or the insured company doctor whenever existing: Covered yet, the insured member will have the full right to decide.	K
27	Sexually Transmitted Diseases (STD) and related treatment, Human Immune Deficiency Virus (HIV), AIDS.	Covered in full up to policy limit.	K
28	Weight Control procedures and surgeries	Covered If medically indicated.	K
29	Home Care & Ambulance	Home Care benefits Covered in Full when medically indicated. Ambulance and air ambulance expenses Covered in full up to policy limit.	K
30	Mental or psychiatric disorders	Covered.	K
31	Sleep respiratory disorder cases, tests, procedures, and surgeries related thereto including Polysomnography	Covered based on medical necessity.	K
32	All Kinds of genetic tests and procedures (whether medical or surgical)	Covered in full up to policy limit.	K

33	Treatments related to Speech, ABA, psychomotor and occupational therapy	Covered on reimbursement basis up to \$750 / member / year.	K
34	Half-Day Treatment (Ex: Venofer Injection)	covered under Class A for Class A members	K
35	Burial and morgue expenses	Burial and morgue expenses up to \$2,000 per person regardless reason behind death.	K
36	Political Violence coverage & Passive War	This policy covers all medical treatments resulting from act of violence under any form and for whatever reason committed by third parties towards the Adherent. Coverage for the insured employees and their dependents is against all treatments occurring as a direct or indirect consequence or act of Sabotage, Terrorism, Strikes, Riots, Civil Commotion, Insurrection, Revolution Rebellion, Coup D'état, assassination, War and Civil War, whether declared or not declared. This extension will not be applied if the insured is participating in any military or war like activities of any sort.	K
37	Epidemic and Pandemic	This policy covers all future epidemic/pandemic medical conditions when instructed and endorsed by the Ministry of Health and/or the Government Corona cases covered.	K
38	Vaccines	The Insurer shall cover all Vaccines mentioned in the attached list provided by MIC1 and MIC2, which may be subject to additions &/or alterations. (List attached).	K
39	Ex-gratia payments	The Insurer shall grant the Insured an amount of \$100,000 as ex-gratia to cover claims which are not usually covered within the scope of this policy.	K
40	Endorsement Fees & Replacement cards Fees	Fixed stamps according to the regulations of the Ministry of Economy; Free of charge Replacement cards	K
41	Service Level Agreement	ID Cards -Issuance of cards upon addition, deletion or amendment within 3 working days from MIC 1and MIC2 request -Issuance of insurance certificates within 2 working days from MIC 1 and MIC2 request Claims -Claims can be submitted to the insurance company within a period of 6 months from the treatment date -Claims submitted by MIC1 and MIC2 to the insurance company have to be processed within 1 Month maximum.	
42	Reporting	The Insurer shall provide MIC1 and MIC2 with the following reports on claim activity: Two activity reports produced monthly, one for the In-Patient and another for Out-Patient disclosing the claim number, beneficiary number, name, hospital or laboratory name, dates of admission and discharge, service or case treated, amount claimed, amount paid. Consolidated final reports on a bi-annual basis showing for each beneficiary the total amount claimed including all information for each claim as specified in the monthly reports. In this regard, total claims amount should be presented after volume discount received by the Insurer.	
43	Software and Hardware	The Insurer has to install, operate and maintain a dedicated Management Information System in the Premises of the Insured at its own responsibility and expenses latest within one month of the inception of this policy. This system should be connected Online with the main System of the Insurer, providing the following but not limited to: -Online Management Reporting -Online Census Details -Online Pricing / Invoicing The Insurer shall train the staff of the Insured on how to use and obtain - in real time and at their discretion, soft information and monitor the performance of the policy. All hardware and software cost incurred in this regard shall be borne by the Insurer.	
II. Workmen's Compensation Insurance			
1	Original Assured	MIC1 and MIC2, operating under the brand name Alfa and Touch respectively, are managing the Lebanese mobile networks for the benefit of the Republic of Lebanon / Ministry of Telecommunications.	
2	Eligibility	All contractual &/or non-contractual employees &/or workers (whether daily &/or weekly) &/or under the custody & control of the Insured at MIC1 and MIC2 on Lebanese territories, as well as students completing their internship at MIC1 and MIC2 premises, whilst performing work related activities including but not limited to overseas missions, (non-extreme) sports activities, and during their displacements for work purposes and during their trip from their houses to work and vice-versa.	K
3	Beneficiaries	All full time, part time and contractual &/or non-contractual employees &/or workers at all services at various locations within the Lebanese Territories &/or whilst travelling overseas for a mission allocated by MIC1 and MIC2.	K
4	Period	1 year from period TBA.	
5	Coverage / Form	To cover all MIC1 and MIC2 population as mentioned above against work related accidents &/or incidents, according to the applicable terms and conditions of the Lebanese Labor Law.	K
6	Estimated Annual Salaries	Refer to Annex 2	

7	Age Limit	From 16 to 70 years old.	
8	Benefits	<ul style="list-style-type: none"> • Bodily injury including hospitalization • Disability - PPD & PTD (Permanent Partial & Permanent Total) • Disability – TPD TTD (Temporary Partial and Temporary Total) • Death All Benefits as per Decree D.L 136-1983.	K
9	Limit	USD 150,000 any one person any one accident. The benefits due by the insurer for each and every accident covered should not be less than the amount of USD. 1,000,000, - (US Dollars One Million) per claim and in the aggregate. (per policy payment mode).	K
10	Additional Benefits	<ul style="list-style-type: none"> • In case of death or total permanent disability, the insured is compensated 5 times as per DL. 136. • Injured persons due to work accident will be admitted to the same class as agreed in the Hospitalization policy issued for the group. • Hernia, Sunstroke and lumbago are included. • Coverage: 24/24 hours including Holidays, weekends and overtimes whether in Lebanon or on an overseas mission. • Coverage includes, death, injury, permanent &/or total disability against act of Sabotage, Terrorism, Strikes, Riots, Civil Commotion, Insurrection, Revolution Rebellion, Coup D'état, assassination, War and Civil War, whether declared or not declared. This extension will not be applied if the insured is participating in any military or war like activities of any sort. 	K
11	Deductible	None.	K
12	Basis of Settlement	Direct settlement to the Service Provider by the insurance company.	K
13	Territorial Scope of Cover	This policy provides full coverage for all hospitals and laboratories within the network, in addition to pharmacies and physicians all over territories of Lebanon covering all related medical claims expenses including any prescribed medicines & doctor consultations. In addition, cover applies to medical expenses incurred by the Assured (MIC1 and MIC2) employees outside Lebanon based on AUBMC tariff or similar.	K
III. Group Life & PA Insurance			
1	Original Assured	MIC1 and MIC2, operating under the brand name Alfa and Touch respectively, are managing the Lebanese mobile networks for the benefit of the Republic of Lebanon / Ministry of Telecommunications.	
2	Eligibility	All employees insured at MIC1 and MIC2, as per attached schedule.	K
3	Period	1 year from period TBA.	
4	Age Limits	Minimum Age 18. Cover ceases at attainment of Age 65. Any member who reaches age 65 during the policy period will still be covered till the expiry of the policy.	K
5	Death Due to Any Cause	36 times monthly basic salary, subject to a minimum of US \$40,000 sum insured per member.	K
6	Accidental Death	36 times monthly basic salary, subject to a minimum of US \$40,000 sum insured per member.	K
7	Permanent Partial Disability	48 times monthly basic salary, subject to a minimum of US \$40,000 sum insured per member.	K
8	Permanent Total Disability	48 times monthly basic salary, subject to a minimum of US \$40,000 sum insured per member.	K
9	Geographical Scope	Worldwide, but applicable to persons resident in Lebanon.	K
10	Continuity and Cover Limit	Its hereby noted and agreed that this policy is subject to automatic continuity for coverage to all current employees of the insured with no pre-requisite for medical tests prior to entry to coverage, a free cover limit of USD 387,000 to be considered for future insured employees.	K
11	Estimated Annual Salaries	Refer to Annex 2	
12	Passive War Risk	Covered.	K
13	Sabotage & Terrorism	Covered.	K
14	Political Violence wording	It is hereby noted and agreed that, notwithstanding the terms and provisions of the basic policy Contract, the insurance Company will cover the insured members of the group against Death and or disability occurring as a direct or indirect consequence of any of the following: Invasion or acts perpetrated by foreign enemies (whether war be declared or not), hostilities, acts of terrorism, terrorist sabotage, civil war, martial law or declaration of a state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state or siege, civil disobedience, general mobilization, revolution, usurpation of power (military or politically), insurrection, rebellion, mutiny, riots, civil commotion, revolution, conspiracy, mutiny, strike, pillage, any kind of military projectile or explosive including booby trapped vehicles or objects, cannon shells, rockets or other weapon of war, whatever their origin and type, any act unlawful act perpetrated by armed individual be they members of political, military or paramilitary organizations or parties or not and be they acting on their behalf or on behalf of any other organizations.	K
15	Exclusions	Any breach of law or assault provoked by the member insured of any sort.	K