

Solidarity Healthcare Contract (Endorsement)

Agent's Code KS01

MOF 319642

PARTICULAR CONDITIONS: Table of Benefits & Subscriptions

Contract No SOL/145	Contract Type New		
Ms. Georgesss Malik Abdellah	Class A		
Address Beirut Hamra	Mode of Payment Cash		
Currency US Dollar	Total Subscription 383	Frq.of Payment 5	
Product Family Gold Fresh IN (A) , AMB (FN) 85%	Profession		
IN Hospital Network Providers FN Ex AUH & CMC	Territorial Limit Lebanon		
Third Party Administrator (T.P.A) NEXTCARE Lebanon Tel:01/504000 - 03/2993299 Fax:01/498323			
Effective Date 02-10-2024	Noon	Expiry Date 30-09-2025	Noon

ADHERENT(S)

#	Name	DOB	Age	Relation	CO-NSSF	AMB-NIL	CONT.	LG
1	Georgesss Malik Abdellah	15-08-2024	a month old	Child	NO	Yes	Yes	Yes

TABLE OF MAIN BENEFITS PER ADHERENT

The following benefits should be read together with the Terms and Conditions wording, particularly the definitions and exclusions and it shall override the Terms and Conditions wording wherever deemed necessary.

IN-PATIENT BENEFITS

300,000\$ limit / person / year for class "A" and 250,000\$ for class "K"	
Hospitalization & Day-Hosp due to illness or accident	Nasal septal deviation (WP 2 years)
Emergency treatments due to illness or accident	Heart Disease (WP 1 year)
Maternity (WP 9 months/ 12 months for single mothers)	Cancer (WP 1 year)
Digestive System (WP 1 year)	Prosthesis up to \$10,000 for sickness & \$20,000 for accidents
Dialysis for acute renal failure (first session only)	Unknown Pre-existing cases (WP 1 year)
All Congenital cases for Solidarity Baby up to \$7,000/year	Endocrine Glands (WP 1 year)
All Congenital cases for Non-Solidarity Baby up to \$5,000/yr (WP 1 yr.)	Infertility covered up to \$2,000 (WP 1 year)
Organ transfer & transplantation: up to 10,000\$ / person / year	Covid19: Covered up to 10,000\$/person/yr (21 days WP)

In case of Continuity: All WP will be dropped except for those related to Maternity & Nasal Septal Deviation

OUT-PATIENT BENEFITS (IF APPLICABLE)

Maximum Yearly Limit/Person/Year/5,000\$	WP 3 months: CBC-CRP-Glucose-Uric Acid-Creatinine-Gen-eral Urine Analysis
	WP 6 months: All other exams including imagery
Physiotherapy and Rehabilitation Treatment: Up to 30 sessions with max of \$600	
Check Your Card For AMB: If AMB (FN) 15%: Full Network, Excluding AUH And CMC, with 15% deductible. If AMB (RN) 15% Restricted Network, Private Centers Only, with 15% deductible. If AMB (FN) 100%: Full Network, Excluding AUH And CMC, with 0% deductible.	

The benefits and limits given are subject to the Terms and Conditions of Solidarity that form an integral part of this Contract.

ADDITIONAL EXCLUSIONS AND/OR LIMITATIONS

Georgesss Malik Abdellah:

FRESH USD CLAUSE:

*All subscriptions' payments due under this contract will be paid in U.S. Dollars only. Nevertheless, The adherent acknowledges and confirms that the mutual funds reserves its right to cover or pay any claim due under this contract in the same currency of the said paid subscriptions. In case, the adherent has made any payment due under said contract in the Lebanese pounds, then the indemnity and/or claims payment shall occur exclusively by Lebanese Pounds according to official BDL Rate (at contract's date of inception).

Issued in Beirut, With 2 copies on: 2024-10-01

Ms. Georgesss Abdellah

Solidarity Mutual Fund