

SOCIAL HEALTH SCHEME (POLICY)

DESCRIPTION OF BENEFITS

DAILY AUTHORISED inpatient ward charges (Maximum up to 180 days). The insured Person will only be entitled for this benefit whilst confined to an Authorized Medical Centre as bed patient in an Authorized Medical Centre and includes general nursing services.

INTENSIVE CARE UNIT (Maximum up to 90 days)

Reimbursement of charges incurred during confinement as a bed-patient in the Intensive Care Unit of the Authorized Medical Centre. This benefit shall be payable equal to the actual charges made by the Authorized Medical Centre subject to the maximum benefit for anyone day, and maximum number of days for Any One Disability, as set forth in the Schedule of Benefits. For the avoidance of doubt, the Insured Person may only receive the maximum daily benefit for either Intensive Care Unit or Daily Authorized Medical Centre Room and Board but in no circumstances may the Insured Person receive more than the maximum daily benefit for Intensive Care Unit as set out in the Schedule of charges.

AUTHORISED MEDICAL CENTRE SUPPLIES & SERVICES

The NSPA shall cover Reasonable and Customary Charges actually incurred for prescribed drugs and medical consumables, dressings, splints, plaster casts, radiology examinations, laboratory examinations, laparoscope examinations, electrocardiograms, EEG, Mammograms (other electro transmission tests) clinical rehabilitations, basal metabolism tests, intravenous injections and solutions, administration of blood and blood products whilst the Insured Person is confined in an Authorized Medical Centre or received Medical treatment up to the amount stated in the Policy.

OPERATING THEATRE

Reimbursement of charges for usage of Operating Theatre incidental to the surgical procedure

SURGICAL FEES

Reimbursement of Reasonable and Customary fees charged for the operation by the Surgeon, including the pre-and-post-operative care up to a maximum of thirty-one (31) days from the date of operation, but within the maximum indicated in the Schedule of Benefits. If more than one operation is performed for Any One Disability, the total payments for all the operations performed shall not exceed the maximum stated in the Policy.

ANAESTHETIST'S FEES

The fees required by an Anaesthetist for the supply and administration of anaesthesia shall be reimbursable of an amount equal to the Reasonable and Customary Charges made for surgical operations performed provided that such amount does not exceed the maximum benefit for Any One Disability as shown Policy.

PRE-HOSPITALISATION SPECIALIST CONSULTATION

Reimbursement of Reasonable and Customary Charges for consultation by a legally licensed and qualified Medical Specialist, which is recommended by a Physician because of physiological condition or injury within 30 days prior to Authorized Medical Centre Confinement or surgical procedure. The total amount payable shall not exceed the maximum specified in the Policy.

DAILY IN-HOSPITALPHYSICIAN'S VISIT (Maximum 60 Days)

Reimbursement of fees charged by the attending Physician for daily bedside visits to the Insured Person during confinement in an Authorized Medical Centre. The NSPA shall pay to the Insured Person an amount equal to the Reasonable and Customary Charges made by the Physician for visits made for such treatment, limited to one visit per day of the Authorized Medical Centre Confinement, but in no event shall the benefit exceed the maximum number of days for Any One Disability as set forth in the Policy.

POST-HOSPITALISATION TREATMENT

The NSPA shall reimburse the Reasonable and Customary Charges incurred in follow-up treatment by the same attending Physician, within the 31 days immediately following discharge from the Authorized Medical Centre for Anyone Disability.

OUT-PATIENT TREATMENT

The NSPA shall reimburse the Reasonable and Customary Charges for services and medical supplies provided by an Authorized Medical Centre for treatment of a physiological condition or illness including the treatments provided by accident and emergency/casualty unit of the Authorized Medical Centre. Eligible expenses incurred thereafter for follow-up treatment, services & medical supplies by the referred concerned specialist in OPD will also be covered.

EMERGENCY MEDICAL EVACUATION

NSPA will pay emergency medical evacuation charges to evacuate the person to the medical centre having adequate facilities which is an immediate necessity for a person in a life threatening medical condition and subject that the evacuation has been recommended as a medical necessity by the medical practitioner who first examined the person and the medical practitioner in the establishment where the person is about to be evacuated.

AMBULANCE FEES

Reimbursement of charges incurred for necessary domestic ambulance services on land to and/or from the Authorized Medical Centre. Payment will not be made if the Insured Person is not hospitalized.

OUTPATIENT PHYSIOTHERAPY TREATMENT

Reasonable and Customary Charges for outpatient physiotherapy treatment referred in writing by a licensed Medical Practitioner or in-patient treatment, within 90 days from the date of diagnosis or Authorized Medical Centre discharge/ Surgery for Any One Disability. However no payment will be made for medication/treatment and subsequent consultations with the same Medical Practitioner.

MONTHLY OUT-PATIENT KIDNEY DIALYSIS & CANCER TREATMENT

Reimbursement of actual charges incurred for treatment requiring machines or apparatus for providing kidney dialysis and cancer treatment up to the maximum set forth in the Schedule of charges. The treatment must be performed at a legally registered dialysis centre or at a registered cancer treatment centre. Treatment is limited to maximum 60 instances of dialysis treatment.

PROVISIONS

PERSONS ELIGIBLE are persons defined in the user groups categorized by NSPA

EFFECTIVE DATE OF INDIVIDUAL INSURANCE or dates to be specified by the NSPA

PERIOD OF COVER AND RENEWAL

This Policy shall become effective as of the date stated in the Policy. The Policy Anniversary shall be one year after the effective date and annually thereafter. On each such anniversary, this Policy is renewable at the option of the NSPA.

GEOGRAPHICAL TERRITORY

All benefits provided in this policy are applicable in Maldives.

PRE-AUTHORISING SECTION

The following illness, conditions, disabilities under the pre-authorized section will be covered on a case by case basis after pre-approval from NSPA, service providers should seek pre-approval of NSPA before providing services to clients for the charges to be reimbursed by NSPA.

1. Thalassaemia and its related conditions
2. Treatment for congenital conditions and any physical birth defects arising out of or resulting there from birth defects of the newborn of the insured person.
3. Assistive devices such as wheelchair, hearing aids, hearing implants, or for any treatment, supply, examination or fitting related to these devices.
4. Any charge which exceeds the following limits of the cover:
 - a) ward charge exceeding 180 days
 - b) intensive care unit exceeding 90 days
 - c) over 60 episodes of dialysis per year
5. Medical checkups eligible for persons above 45 years old

EXCLUSIONS

This policy shall not cover:-

- 1) Abortion unless it is natural or medical termination of pregnancy, infertility and all complications arising therefrom.
- 2) Re-correction of surgical procedures related to surgical & mechanical contraceptive methods.
- 3) Routine physical examinations, health check-up or any other tests where there are no objective indications, except annual medical checkup for persons over 45 years of impairment of normal health.
- 4) Any treatment of a preventive nature including acupuncture, treatments specifically for weight reduction or any treatment which is not medically necessary, excluding vaccinations.
- 5) Non-Authorized Medical Centre Nursing Care or Ambulatory Care, rest cures or sanatoria care, treatment arising from any geriatric, psycho-geriatric or psychiatric condition, treatment of alcohol dependence syndrome and drug addiction/abuse.

- 6) Treatment for sickness or disease covered by National Public Programmes of Ministry of health.
- 7) Dental care and its related treatment(s), unless as per the stated list.
- 8) Cosmetic treatment and cosmetic surgery. The term "cosmetic" refers to preparations externally applied or a treatment used to change, improve or enhance the structures of the body especially skin, hair, nails, lips, teeth and eyes, in order to improve the appearance. Except for reconstructive surgery when such surgery is medically necessary and is directly related to and follows a Surgery which was covered hereunder.
- 9) Care and Treatment for hair loss, including without limitation wigs, hair transplants or any drug that promises hair growth, whether or not prescribed by specialist.
- 10) Treatment for sleep and snoring disorders, including without limitation of sleep apnea.
- 11) Charges for physical fitness, exercise equipment or exercise programs, whether or not prescribed or recommended by a Medical Practitioner.
- 12) Treatment, supply or diagnostic procedure related to artificial limbs and organ or tissue transplants
- 13) Charges or expenses incurred for non-prescription drugs, medicines, vitamins or IV vitamin, medical supplies.
- 14) Eye tests unless indicated by a medical practitioner as necessary.
- 15) Hospitalization primarily for diagnosis, x-ray examinations, general physical or medical check-up.
- 16) Charges or expenses incurred for food extracts, nutritional supplements or for items classified as personal hygiene, such as toothpaste, shampoo, soap, etc..., whether or not prescribed or recommended by a Medical Practitioner.
- 17) Charges for or in connection with counseling services of the following types: marriage, family, child, career, social adjustments, pastoral or financial.
- 18) Charges for massage therapy whether or not prescribed or recommended by a Medical Practitioner
- 19) Treatment specifically for weight reduction whether or not prescribed or recommended by Medical Practitioner.
- 20) Charges for meals, telephone, television, internet, radio, newspaper and other ineligible non-medical items whilst an In-Patient or Day-Patient.
- 21) Experimental or unproven Treatment.
- 22) Treatment of impotence or any consequence thereof.
- 23) Treatment directly associated with a sex change.
- 24) Sickness or injury arising from professional scuba-diving, and violation or any attempt of violation of the law or resistance to lawful arrest, subject that NSPA advises the service provider to stop treatment.
- 25) Treatment arising from any consequence, (whether direct or indirect) of nuclear or chemical contamination, war, invasion, act of foreign enemy hostilities (whether war be declared or not) civil war, rebellion, revolution, direct participation in riot, strike and civil commotion, insurrection or military or usurped power, or active duty in any of the armed forces.
- 26) Ayurvedic medicine and other alternative forms of treatment
- 27) Traditional medicine (Dhivehi beys) unless as regulated and specified in the schedule of charges.
- 28) Contact lenses and glasses, except up to a limit of Rf. 1000/- for every 2 years.
- 29) Organ Transplantation.
- 30) Any treatments/medical supplies covered under existing public health programmes.

Dental Treatments Details

Treatments which are not covered under the policy

Code	Treatment	Categories	Result
10101	BRIDGE PORCELAIN PER UNIT	Cosmetic	Not covered
10102	BRIDGE PORCELAIN FACING PER UNIT	Cosmetic	Not covered
10103	BRIDGE RE-CEMENTATION	Cosmetic	Not covered
10201	CROWN TEMPORARY	Cosmetic	Not covered
10202	CROWN PORCELAIN	Cosmetic	Not covered
10203	CROWN PORCELAIN FACING	Cosmetic	Not covered
10204	CROWN CHORME COBALT	Cosmetic	Not covered
10205	CROWN ACRYLIC FACING	Cosmetic	Not covered
10206	CROWN RECEMENTTATION	Cosmetic	Not covered
10301	PARTIAL DENTURE PER TOOTH	Both	Not covered
10302	ADDITIONAL PER TOOTH	Both	Not covered
10303	COMPLETE DENTURE	Both	Not covered
10304	COMPLETE DENTURE (HALF)	Both	Not covered
10305	COMPLETE DENTURE REPAIR	Both	Not covered
10611	LIGHT CURE VENEERING PER TOOTH	Cosmetic	Not covered
10701	HAWLEY'S APPLIANCE	Cosmetic	Not covered
10702	RETENTION APPLIANCE	Cosmetic	Not covered
10703	FIXED ORTHODONTIC APPLIANCE (BEGGS)	Cosmetic	Not covered
10704	SUBSEQUENT MONTHLY ADJUSTMENT (BEGGS)	Cosmetic	Not covered
10705	FIXED ORTHODONTIC APPLIANCE (ST. WIRE)	Cosmetic	Not covered
10706	SUBSEQUENT MONTHLY ADJUSTMENT (ST. WIRE)	Cosmetic	Not covered
10707	HAWLEY'S APPLIANCE WITH SPRING	Cosmetic	Not covered
10708	INCLINED PLANE	Cosmetic	Not covered
10709	REPLACEMENT OF BROKEN WIRE BRACKETS	Cosmetic	Not covered
10801	SCALING (NORMAL)	Cosmetic	Not covered
10802	SCALING (MEDIUM)	Cosmetic	Not covered
10803	SCALING (HARD)	Cosmetic	Not covered
10804	POLISHING	Cosmetic	Not covered
10905	TOOTH REDUCTION	Both	Not covered
11001	TOOTH REIMPLANTATION	Both	Not covered
11002	OPELESCENCE	Cosmetic	Not covered

CONDITIONS

This Policy and the contract shall be read together as one contract and any words or expressions to which a specific meaning has been attached in any part of this Policy or of the Schedules shall bear such specific meaning wherever it may appear.

NOTICE

Every notice or communication to the NSPA shall be in writing and sent to the NSPA. No alteration in the terms of this Policy or any endorsement thereon will be held valid unless the same is signed or initiated by an authorized representative of the NSPA.

CONDITION PRECEDENT TO LIABILITY

The due observance and the fulfillment of the terms, provisions and conditions of this Policy by the service provider shall be conditions precedent to any liability of the NSPA.

MISREPRESENTATION/FRAUD

If any benefit of this policy shall have been obtained through any misstatement, misrepresentation or suppression, or if any billing be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then in any of these cases, this Policy shall be cancelled at the discretion of NSPA and or legal action filed against the person(s) responsible for such act.

CLAIM PROCEDURES

The service provider shall within thirty (30) days of provision of services provide bills to NSPA with that incurs claimable expenses, give full Physician's report stipulating the diagnosis of the condition treated and the commencement date of disability and the Physician's summary of the cost of treatment including medicines and services rendered.

APPLICABLE LAW

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed, determined and enforced in accordance with the laws of Maldives and the Maldivian courts shall have exclusive jurisdiction hereto.

ARBITRATION

All differences arising out of this Policy shall be referred to the appointed Arbitration panel. . However this is provided that any disclaimer of liability by the NSPA for any claim hereunder must be referred to an Arbitrator within six (6) calendar months from the date of such disclaimer.

COINSURANCE

The claim cost will be shared between the member and the NSPA. The insurer will pay the specified percentage of the claim cost stated in the policy and/or annexure(s), subject to other terms, exceptions and conditions of the policy.

OVERLAPPING INSURANCE POLICIES

If the eligible person has already in force an insurance from another provider other than NSPA covering same treatment, the person is not eligible to the benefit under NSPA policy if the benefit has been taken by the other insurance policy and NSPA reserves the right to take legal action against members who attempt to take or have taken benefits from both policies.

TERMINATION OF INSURANCE

The insurance of an Insured Person shall terminate on the earliest happening of the following events:-

- (a) on the death of the Insured Person; or when the person ceases to be an eligible person; or
- (b) on the date on which the Insured Person enters full-time military, naval or air services

ALTERATIONS

The NSPA reserves the right to amend the terms and provisions of this Policy. No alteration to this Policy shall be valid unless authorized by the NSPA and such approval is endorsed thereon.

IMPORTANT

The Policyholder shall read this Policy together with agreement and annexure(s) carefully, and if any error or mis-description be found herein, or if the cover were not in accordance with the wishes of the Policyholder, advice should at once be given to the NSPA and the Policy returned for attention.

DEFINITIONS

ACCIDENT shall mean an event of violent, accidental, external and visible nature, which shall independently of any other cause be the sole cause of bodily injury.

INJURY shall mean bodily injury caused solely and directly by accident.

DISABILITY shall mean all disabilities resulting from disease, sickness or accidental bodily injury arising from the same cause, including any and all complications arising there from or closely related thereto except that after thirty (30) days following the latest discharge from Authorized Medical Centre any subsequent disability from the same cause shall be considered as a new disability.

ANYONE DISABILITY shall mean all disabilities arising from the same cause including any and all complications there from, except that after thirty (30) days following the latest discharge from an Authorized Medical Centre or a clinic, a subsequent disability arising from the same original cause shall be considered as a new disability.

ILLNESS OR DISEASE shall mean physical/mental condition marked by a pathological/psychological deviation from the normal healthy state.

INSURED PERSON shall mean an Eligible Person having accepted by the **National Social Protection Agency (NSPA)** to participate in the Plan.

ELIGIBLE PERSON shall mean the persons in the defined groups as categorized by NSPA.

AUTHORISED MEDICAL CENTRE shall mean an establishment duly constituted and registered allopathic health care facility for the diagnosis and treatment of sick and injured persons, and which

- (a) has organized facilities for diagnosis, treatment and surgery; and/or
- (b) provides nursing services by registered graduate nurses; and/or

(c) is under the supervision of a Medical Practitioner; and
(d) is not a place for custodial care for alcoholics or drug addicts, a nursing or rest for convalescent home or a home for the aged and similar establishment.

Medical Practitioner shall mean a medical doctor or health worker qualified and duly licensed or registered to practice western medicine and who, in rendering such treatment, is practicing within the scope of his/her licensing and training in the geographical area of practice. This definition shall exclude a health professional who is the Insured Person himself or the Spouse or lineal relative of the Insured Person.

HEALTH WORKERS licensed by the Ministry of Health are also covered under the scheme.

AUTHORISED MEDICAL CENTRE CONFINEMENT shall mean the Insured Person being duly registered and admitted as an in-patient in a Authorized Medical Centre for more than twelve (12) hours.

INTENSIVE CARE UNIT shall mean a section within an authorized medical centre which is designated as an Intensive Care Unit by the authorized medical centre and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the authorized medical centre.

DAY shall mean the definition of a charging day adopted by the authorized medical centre concerned.

DAY SURGERY a patient who needs the use of a recovery facility on being admitted to an authorized medical centre for a surgical procedure on a pre-planned basis (but not for an overnight stay)

SURGERY shall mean any of the following medical procedures:

- (a) To incise, excise or electro cauterize any organ or body part, except for dental services.
- (b) To repair, revise, or reconstruct any organ or body part.
- (c) To reduce by manipulation a fracture or dislocation.
- (d) Use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder, or urethra.

POLICY shall mean this document and its schedules together with any endorsements therein, signed by the NSPA, which shall constitute the entire contract between the parties.

POLICY YEAR shall mean a period of twelve (12) months from the commencement date or renewal date of the Policy.