Coverages

ALRIAYA

Scope of coverage : Lebanon
Travel Coverage : not covered

A- IN HOSPITAL	
Aggregate Limit per Year حدود التغطية المرضية في السنة	No limit in term of amounts. Class A / B : 30 days per case per year (60 for cancer patients)
Network شبكة التغطيات الإستشفائية	Full Network
Morgue and burial expenses contribution provided the death of an Adherent تكاليف المشرحة والدفن	Not covered
Motor related accident حوادث السير	Covered if legal standards respected (Police & Expert reports should be available), including ATV accident

Open heart surgery	
Open heart surgery عملية القلب المفتوح	Covered starting second year (refer to list of approved hospitals on the website) for the coverage plan IN+OUT. Contribution to the open heart surgery during the first year for the coverage plan In+Out : - up to 5000$ - prosthesis up to 50% in case of AVR (aortic valve replacement) Contribution to the open heart surgery up to 3000$ as long as the coverage plan is only "In".

Pace maker / defibrillator	
Pacemaker / defibrillator جهاز تنظيم ضربات القلب	Covered starting second year (refer to list of approved hospitals on the website) for the coverage plan IN+OUT. Contribution to 50% during the first year, up to 5000$ for the coverage plan In+Out. Contribution up to 3000$ as long as the coverage plan is only "In".

Annexe coverages	
Palliative Care	Not Covered
Home Care العناية المنزلية	Covered if medically indicated as per medical advice
Laparoscopic procedures العمليات الجراحية بالمنظار	Covered if medically indicated

Maternity	
Normal delivery ولادة طبيعية	Covered
Cesarean delivery ولادة قيصرية	Covered
Medically mandated abortion and miscarriage اجهاض قانوني	Covered
Illegal abortion إجهاض غير قانوني	Not Covered
Maternity complications مضاعفات الحمل والولادة	Covered
Epidural تخدير للولادة	Covered

AlRiaya's newborn baby	
Baby Born coverage تغطية المولود الجديد	Since day 0 if part of a family file dating back 10 months
Nursery الحضانة	Covered
Incubator الحاضنة	Covered
Tests & treatment الفحوصات والعلاج	No Limit
Neonatal Circumcision ختان المولود الجديد	Covered
Transient neonatal jaundice يرقان المولود الجديد	Covered

Congenital cases	
General conditions **Congenital cases are defined as follows: diseases, anomalies, birth defects and deficiencies present at birth, either in an evident manner or in a potential manner triggered at a later stage (from day 0)**	
All Congenital cases for ALRIAYA babies الحالات الخلقية للأطفال الذين ولدوا في الرعاية	Covered
Prematurity الولادة المبكرة	30 days per year
Congenital cases for babies not born at ALRIAYA الحالات الولادية للأطفال الذين لم يولدوا في الرعاية	Not Covered
Hereditary diseases (Genetic) الأمراض الوراثية	Not Covered
Growth, development disorders ضطرابات النمو	Covered

Prosthesis	
Internal Prosthesis : all kinds of prosthesis replacing an organ, limb, tissue, cell or any function of the human body including resorbable prosthesis, limbs or tissues	
Stents (Ressort) دعائم شراين القلب Mesh related to hernia surgery الرقع المستعملة بجراحة الفتق Lens related to cataract surgery عدسة جراحة الماء الزرقاء Valves related to heart surgery صمامات جراحة القلب	Class A/B : Covered up to USD 25,000 per year
Internal Prosthesis post accident المغروسات و المستلزمات الطبية	Post Traumatic: up to USD 25,000 per year
All kinds of organ transplantation procedures for the adherent receiver جميع أنواع عمليات زرع الأعضاء	Not Covered
Infertility, impotence, sterility and all screening tests and medication and treatments related thereto and their consequences. الضعف الجنسي، العقم، وجميع الفحوصات والأدوية والعلاجات المتعلقة بها ونتائجها	Not Covered
Polycystic ovaries التكيس المبيضي	Covered
Endometriosis بطانة الرحم	Covered if not related to infertility
Varicocele دوالي الخصية	Covered if not related to infertility

B-OTHER	
Hazardous sports رياضات خطرة	Not Covered
Passive war and terrorism الحرب و الارهاب	Not Covered
Psychiatry, Mental disorders طب نفسي، اضطرابات عقلية	Not Covered
Dental طب أسنان	Not Covered
Reconstructive Surgery الجراحة الترميمية	Covered following an accident covered by ALRIAYA
Genetic tests including genetic engineering and cloning اختبارات جينية بما في ذلك الهندسة الوراثية والاستنساخ	Not Covered
Bariatric surgery جراحة السمنة	Contribution up to 50% during the first year if medically indicated Covered starting second year if medically indicated
Cardio-vascular system diseases أمراض القلب و الشرايين	Covered
Varicose veins (stripping) الأوردة المتصلبة (تسحيب)	If medically indicated and not related to plastic surgery
Digestive system الجهاز الهضمي	Covered
Anal fissure or fistula شق أو ناسور شرجي	Covered
Gallbladder المرارة	Covered
Hemorrhoids بواسير	Covered
Ulcer قرحة	Covered
Nasal Septal Deviation انحراف الحاجز الأنفي	Covered
Blood transfusion preparation tests & procedures اختبارات وإجراءات تحضير نقل الدم	Covered

C- ENDOCRINE GLAND DISEASES / ENDOCRINOLOGIC SYSTEM	
Thyroid الغدة الدرقية	Covered
Hemic and Lymphatic system	Covered
Kidney and Urinary System Diseases أمراض الكلى والمسالك البولية	Covered

D- KIDNEY AND URINARY TRACT STONES OR LITHIASIS OR LITHOTRIPSY OR SURGICAL STONE REMOVAL	
Kidney and Urinary Tract tumors أورام الكلى والمسالك البولية	Covered
Cystocele هبوط المثانة	Covered
Prostate البروستات	Covered
Circumcision الختان	Covered including neonatal
Dialysis for acute renal failure غسيل الكلى للفشل الكلوي الحاد	First 3 sessions
Arteriovenostomy توصيل الشريان بالوريد	Covered

E- MUSCULATORY/MUSCULOSKELETAL SYSTEM DISEASES	
Ligament and Meniscus diseases or surgery عملية الغضروف و الرباط	Covered
Coblation .تقنية توجيه الحرارة	Covered
Disc, intervertebral disc فتق الفقرات	Covered
Carpal tunnel تحرير عصب الرسغ	Covered
Scoliosis التواء العمود الفقري	Covered (idiopathic)

F- NEOPLASMS	
Any kind of cyst or tumor أي نوع من التكيسات أو الأورام	Covered
Cancer or oncologic disease الاورام السرطانية	Covered
Chemotherapy العلاج الكيميائي	Covered (medication covered up to USD 30,000 as per Ministry of Health tariff, starting second year for the coverage plan IN+OUT)
Radiotherapy العلاج الشعاعي	Covered for the coverage plan in+out

G- NERVOUS SYSTEM DISEASES / CEREBROSPINAL DISEASES	
Epilepsy الصرع	Covered
Multiple sclerosis تالتصلب اللويحي	Covered (I V immunosuppressant medication covered up to USD 15,000 as per Minisitry of Healh tariff, starting second year for the coverage plan IN+OUT)
Parkinson الرعاش	Covered

G- NERVOUS SYSTEM DISEASES / CEREBROSPINAL DISEASES	
Epilepsy الصرع	Covered
Multiple sclerosis تالتصلب اللويحي	Covered (I V immunosuppressant medication covered up to USD 15,000 as per Minisitry of Healh tariff, starting second year for the coverage plan IN+OUT)
Parkinson الرعاش	Covered
Asthma الربو	Covered

I- POLYSOMNOGRAPHY	
Test for sleep related breathing disorders including snoring and sleep apnea, polysomnography and related procedures اختبار لاضطرابات التنفس المتعلقة بالنوم	Covered for the coverage plan in+out

J- WOMAN GENITAL ORGANS DISEASES / FEMALE GENITAL SYSTEM	
Uterus fibroma ورم الرحم	Covered
Hysterectomy استئصال الرحم	Covered
Ovarian Cyst كيس مبيضي	Covered
Breast reconstruction following partial or complete mastectomy due to a breast cancer ترميم الثدي بعد استئصال جزئي أو كامل بسبب سرطان	Covered 100% starting second year for the coverage plan IN+OUT

K- EPIDEMIC/PANDEMIC	
Covid 19 hospitalisation and complications فيروس كورونا	For the coverage plan in+out: Covered up to USD 10,000 For the coverage plan in: Covered up to 7000$ including non vaccinated people

L- EYE DISEASES	
Intravitreal injection ex : Avastin, eylea, lucentis... حقن داخل العين	Covered 100% up to USD 10,000 starting second year for the coverage plan IN+ER+OUT

M- AMBULATORY PLAN - DIAGNOSTIC TESTS	
OP Annual Limit	No Limitation
Network	Full Network
Territory الاراضي اللبنانية	Lebanon
Territory outside network	Reimbursement as per AlRiaya tariff

Laboratory Tests	
All laboratory tests	Covered
Sexually transmitted diseases tests (HIV,...) فحوصات الامراض المنتقلة جنسيا	Not Covered

Miscellaneous	
Allergy tests اختبارات الحساسية	Covered
Spermogram, hysterosalpingography, spermoculture, testicular pelvic echo doppler فحص السائل المنوي، التصوير الشعاعي للرحم والأنابيب الداخلية	Spermogram, hysterosalpingography, spermoculture, testicular pelvic echo doppler covered

Imaging	
Radiology الصور الشعاعية	Covered if medically indicated
Panoramic X-Ray بانوراما الاسنان	Covered if medically indicated
Osteodensitometry (Bone mineral density) صور ترقرق العظام	Covered if medically indicated
Mammography صورة الثدي	Covered if medically indicated
Ultrasonography, echography صورة صوتية الثدي	Covered if medically indicated
CT-Scan تصوير طبقي محوري	Covered if medically indicated
Calcium score قياس نسبة تكلس شرايين العين	Covered if medically indicated
PET Scan	Covered if medically indicated
MRI الرنين المغنطيسي	Covered if medically indicated
Ocular Coherence Tomography (OCT) تصوير طبقي للعين	Covered if medically indicated
Thallium myocardial scintigraphy تصوير القلب بالذرة	Covered if medically indicated
Scintigraphy: Thyroid, renal, bone,... تصوير الغدة و الكلى بالذرة	Covered if medically indicated
Ocular Angiography تلوين شراين العين	Covered if medically indicated

Explorations	
Electrocardiogram (ECG) تخطيط القلب	Covered if medically indicated
Electroencephalogram (EEG) تخطيط الدماغ	Covered if medically indicated
Electromyogram (EMG) تخطيط العضم	Covered if medically indicated
Holter monitoring	Covered if medically indicated
Audiogram تخطيط السمع	Covered if medically indicated
Stress Test فحص المجهود	Covered if medically indicated
Pre-Marital tests فحوصات ما قبل الزواج	Covered if medically indicated

Maternity	
Maternity Lab tests اختبارات الحمل	Covered
Double test	Covered
Triple test	Covered
Maternity obstetrical US التصوير الصوتي للجنين	Up to 3 per pregnancy
Morphological US التصوير الصوتي المورفولوجي	Once per pregnancy
Amniocentesis استخراج السائل الامنيوسي	Not Covered

Treatment	
Physiotherapy العلاج الفيزيائي	Covered up to 24 sessions

Epidemic/Pandemic	
Covid 19 related tests	Covered

Date : Aug 16, 2024