

# Summit for Bahrain

International healthcare plans  
for small and medium corporate groups  
Available for corporate groups of three employees or more.

# Table of Benefits

Valid from 1st August 2025



Licensed by Central Bank of Bahrain as Branch of a Foreign General Insurance and Reinsurance Company



## Policy terms and conditions

This Table of Benefits was designed for promotional purposes and offers an overview of the cover we provide under each plan. All amounts are per person, per Insurance Year, unless otherwise specified. Cover is subject to our policy terms and conditions, as detailed in our Employee Benefit Guide.

### Key to Table of Benefits

-  Covered in full, up to the maximum plan limit.
-  Not available.
-  Waiting period applies (unless you have a non-underwritten policy).
-  Treatments/costs require pre-authorisation through submission of a Pre-authorisation Form. Details of our pre-authorisation process can also be found in the Employee Benefit Guide.

## Summit Plans

Our Summit Plans cover you for in-patient, out-patient, wellness and maternity benefits. You can add optional plans (Dental, Optical and Repatriation Plans, appearing further in this document) to extend your cover.

	Bahrain Summit 1750	Bahrain Summit 2500	Bahrain Summit 4000	Bahrain Summit 5000
Maximum plan limit	US\$ 1,750,000	US\$ 2,500,000	US\$ 4,000,000	US\$ 5,000,000
<p>Co-payment options</p> <p>Co-payments apply to all benefits included in both the Out-patient Plan and the Core Plan (for treatment received on an out-patient basis), with the exception of:</p> <ul style="list-style-type: none"> <li>• Oncology</li> <li>• Video consultation services (when accessed via TeleHealth Hub)</li> <li>• Psychiatry and psychotherapy</li> </ul> <p>A separate co-payment may apply to the Maternity Plan, as well as the Dental Plan and Optical Plan (if included).</p>		<p>No co-payment</p> <p><b>or</b></p> <p>10% up to max. US\$ 14 per visit</p> <p><b>or</b></p> <p>20% up to max. US\$ 28 per visit</p>	<p>No co-payment</p> <p><b>or</b></p> <p>10% up to max. US\$ 14 per visit</p> <p><b>or</b></p> <p>20% up to max. US\$ 28 per visit</p>	<p>No co-payment</p> <p><b>or</b></p> <p>10% up to max. US\$ 14 per visit</p> <p><b>or</b></p> <p>20% up to max. US\$ 28 per visit</p>
<b>Core Plan benefits</b>				
Hospital accommodation	Private room	Private room	Private room	Private room
Intensive care				
Prescribed drugs and dressings In-patient and day-care treatment only				
Surgical fees, including anaesthesia and theatre charges				

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Physician and therapist fees In-patient and day-care treatment only	✓	✓	✓	✓
Surgical appliances and materials	✓	✓	✓	✓
Diagnostic tests In-patient and day-care treatment only	✓	✓	✓	✓
Organ transplant In-patient treatment only	✓	✓	✓	✓
Psychiatry and psychotherapy In-patient and day-care treatment only	Max. 30 days, up to US\$ 5,000	Max. 30 days, up to US\$ 5,000	Max. 30 days, up to US\$ 10,000	✓
Accommodation costs for one parent staying in hospital with an insured child under 18	✓	✓	✓	✓
Reconstructive surgery To restore natural function or appearance after a disfiguring accident or surgery for cancer Where treatment for the accident or initial surgery is covered by this policy	✓	✓	✓	✓
CT and MRI scans In-patient and day-care treatment only	✓	✓	✓	✓
PET and CT-PET scans In-patient and day-care treatment only	✓	✓	✓	✓
Emergency in-patient dental treatment	✓	✓	✓	✓
Day-care treatment	✓	✓	✓	✓
Kidney dialysis In-patient, day-care and out-patient treatment	✓	✓	✓	✓
Out-patient surgery	✓	✓	✓	✓
Nursing at home or in a convalescent home Immediately after or instead of hospitalisation	✓	✓	✓	✓
Rehabilitation treatment In-patient, day-care and out-patient treatment; must commence within 14 days of discharge after the acute medical and/or surgical treatment ceases Covered only if you've received in-patient treatment for three or more consecutive days/nights for the same medical condition	Max. 30 days per discharge	Max. 60 days per discharge	Max. 90 days per discharge	Max. 120 days per discharge
Local ambulance	✓	✓	✓	✓
Post-hospitalisation treatment Covered when it is needed in the 90 days following discharge from in-patient or day-care treatment for the same acute medical condition	✓	✓	✓	✓

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Emergency treatment outside area of cover For trips of a maximum period of six weeks	US\$ 13,500, max. 42 days	US\$ 13,500, max. 42 days	✔ max. 42 days	✔ max. 42 days
Medical evacuation In the event of <b>emergency</b> treatment				
• Where necessary treatment is not available locally, we will evacuate the insured person to the nearest appropriate medical centre.	✔	✔	✔	✔
• Where ongoing treatment is required, we will cover hotel accommodation costs.	✔	✔	✔	✔
• Evacuation in the event of unavailability of adequately screened blood.	✔	✔	✔	✔
• If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs.	Max. 14 days	Max. 14 days	Max. 14 days	Max. 14 days
Medical evacuation In the event of <b>non-emergency</b> treatment				
				
			Available to add to your plan if you want to upgrade your medical evacuation cover – talk to us for more information.	
Travel costs for one person accompanying an evacuated person	✔	✔	✔	✔
Travel costs of insured family members in the event of an evacuation	✘	US\$ 2,700 per event	US\$ 2,700 per event	US\$ 2,700 per event
Repatriation of mortal remains or burial expenses	✔	✔	✔	✔
Travel costs of insured family members in the event of the repatriation of mortal remains	✘	US\$ 2,700 per event	US\$ 2,700 per event	US\$ 2,700 per event
Travel costs of insured members to be with a close relative who is at peril of death or who has died One round trip per insured member per Insurance Year	✘	✘	✔	✔
Oncology In-patient, day-care and out-patient treatment	✔	✔	✔	✔
• Purchase of a wig, prosthetic bra or other external prosthetic device for cosmetic purposes	US\$ 270	US\$ 270	US\$ 675	US\$ 675
Preventive surgery In-patient, day-care and out-patient treatment	✘	✘	US\$ 40,500	US\$ 40,500
Bariatric surgery In-patient, day-care and out-patient treatment	✘	✘	✘  Upgrade available – you can add this benefit to your plan	US\$ 20,000

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In-patient cash benefit (per night) Where treatment has been received free of charge	US\$ 125, max. 20 nights			
Congenital conditions In-patient and day-care treatment	✘	US\$ 25,000 per lifetime	US\$ 50,000 per lifetime	US\$ 100,000 per lifetime
Out-patient dental treatment Required as follow-up to an in-patient stay for accidental damage to natural teeth Covered when required in the 90 days following discharge from in-patient treatment	✔	✔	✔	✔
Emergency out-patient dental treatment Can also be reimbursed within the terms of any separate Dental Plan	✘	US\$ 500	US\$ 750	US\$ 1,500
Palliative care In-patient, day-care and out-patient treatment	✘	✔	✔	✔
Long term care In-patient, day-care and out-patient treatment	Max. 90 days per lifetime			
HIV/AIDS treatment In-patient, day-care and out-patient treatment	✘	US\$ 5,000	US\$ 10,000	US\$ 15,000
Accidental death Insured members aged 18 to 70	✘	✘	✘	US\$ 13,500
<b>Additional Core Plan services</b>				
Employee Assistance Programme** Offers access to a range of 24/7 multilingual support services as follows: <ul style="list-style-type: none"> <li>Confidential and professional counselling up to 5 sessions per issue, per calendar year (in-person, phone and video)</li> <li>Legal and financial referral services</li> <li>Wellness website access</li> </ul>	✔	✔	✔	✔
Travel Security Services** Offers 24/7 access to personal security information and advice for all your travel safety queries. This includes: <ul style="list-style-type: none"> <li>Emergency Security Assistance Hotline (not a free phone number)</li> <li>Country intelligence and security advice</li> <li>Daily security news updates and travel safety alerts</li> </ul>	✔	✔	✔	✔
Olive** Our Health & Wellness support program includes, for example: <ul style="list-style-type: none"> <li>Fitness app</li> <li>Access to wellness resources</li> </ul>	✔	✔	✔	✔
Second Medical Opinion Service** Offers access to expert help on the best treatment options available, if you have been diagnosed with a serious illness or had surgery recommended	✔	✔	✔	✔

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<b>Out-patient Plan benefits</b>				
Pre-hospitalisation tests Covered when they are needed in the 72 hours before in-patient or day-care treatment	US\$ 1,000			
Video consultation services** Accessed via our TeleHealth Hub	⊗			
Medical practitioner fees	⊗			
Prescribed drugs and dressings	⊗	US\$ 5,000  Or ask us for other options available	US\$ 15,000  Or ask us for other options available	  Or ask us for other options available
Specialist fees	⊗			
Diagnostic tests	⊗			
MRI scans	⊗			
Emergency out-patient treatment	⊗			
PET scans and CT-PET scans	⊗			
CT scans	⊗			
Post-hospitalisation physiotherapy Covered when required in the 90 days following in-patient or day-care discharge	US\$ 750			
Prescribed physiotherapy Referral from doctor required Initially limited to 12 sessions per condition	⊗			
Prescribed speech therapy and occupational therapy	⊗	US\$ 1,500	US\$ 2,000	
Chiropractic treatment, osteopathy and podiatry Max. 12 sessions per condition for chiropractic treatment and max. 12 sessions per condition for osteopathic treatment, subject to the benefit limit	⊗			US\$ 4,000
Homeopathy, Chinese herbal medicine, Tui na, cupping, bone setting, acupuncture and ayurvedic treatment	⊗	US\$ 300	US\$ 750	US\$ 1,500
Fertility treatment <b>12 month waiting period applies</b> 	⊗	⊗	⊗	US\$ 16,200 per lifetime

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Psychiatry and psychotherapy Referral from doctor required for psychotherapy and initially limited to 10 sessions per condition	⊗	US\$ 1,000	US\$ 2,000	US\$ 10,000
Developmental delay	⊗	⊗	⊗	US\$ 5,000
Prescribed medical aids	US\$ 1,000	US\$ 1,000	US\$ 1,000	US\$ 2,000
Prescribed vitamins, minerals and supplements	⊗	⊗  Upgrade available – you can add this benefit to your plan	⊗  Upgrade available – you can add this benefit to your plan	⊗  Upgrade available – you can add this benefit to your plan
Hormone replacement therapy	⊗	⊗	✓	✓
Dietician fees	⊗	⊗	⊗	4 visits
<b>Wellness Plan benefits</b>				
Vaccinations	US\$ 150	US\$ 150	US\$ 250  Or ask us for other options available	US\$ 250  Or ask us for other options available
Health and wellbeing checks including screening for the early detection of illness or disease	⊗	⊗	US\$ 500  Or ask us for other options available	US\$ 1,000  Or ask us for other options available
Cancer screening	 Upgrade available – you can add this benefit to your plan	 Upgrade available – you can add this benefit to your plan	Or ask us for other options available	Or ask us for other options available
Annual hearing examination	⊗	⊗	⊗	US\$ 250
Annual eye examination	⊗	⊗	⊗	US\$ 250

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<b>Maternity Plan benefits</b>				
Co-payment		10%	10%	10%
Routine maternity In-patient and out-patient treatment <b>12 month waiting period applies</b>		  Upgrade available – you can add this benefit to your plan	  Upgrade available – you can add this benefit to your plan	  Upgrade available – you can add this benefit to your plan
Complications of pregnancy and childbirth <b>12 month waiting period applies</b>		US\$ 15,000 per pregnancy	US\$ 15,000 per pregnancy	US\$ 50,000 per pregnancy
Elective circumcision for newborn males		US\$ 500	US\$ 500	US\$ 500

## Our optional plans

The following plans are optional. You can select them to extend the cover of your Summit Plan, but you can't buy them separately. Optional plans are subject to the maximum plan limit on your Summit plan.

### Dental Plans

Please note that we offer various co-payment options for the Dental Plans: contact us to explore what's available to you. We also offer you the opportunity to tailor some of your benefit limits. To further tune your cover, talk to us about the options available.

	Bahrain Summit 1750	Bahrain Summit 2500	Bahrain Summit 4000	Bahrain Summit 5000
<b>Dental Plan benefits</b>				
Dental treatment <b>6 month waiting period applies</b>				
Dental surgery <b>6 month waiting period applies</b>				
Periodontics <b>6 month waiting period applies</b>				
Dental prostheses <b>6 month waiting period applies</b>				
		US\$ 750  Or ask us for other options available	US\$ 1,000  Or ask us for other options available	US\$ 1,500  Or ask us for other options available

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Orthodontic treatment Please contact us and submit the details we will require before starting treatment, so we can verify if you are covered	⊗	⊗	US\$ 500  Or ask us for other options available	US\$ 1,000  Or ask us for other options available
Dental implants	⊗	⊗	⊗	US\$ 500  Or ask us for other options available

### Optical Plans

We offer you the opportunity to tailor some of your benefit limits. To further tune your cover, talk to us about the options available.

	Bahrain Summit 1750	Bahrain Summit 2500	Bahrain Summit 4000	Bahrain Summit 5000
<b>Optical Plan benefits</b>				
Prescribed glasses and contact lenses including eye examination	⊗	80% refund, up to US\$ 250  Or ask us for other options available	80% refund, up to US\$ 250  Or ask us for other options available	80% refund, up to US\$ 500  Or ask us for other options available
Laser eye treatment	⊗	⊗	US\$ 675	US\$ 1,350

## Repatriation Plan

### Repatriation Plan benefits

Medical repatriation	✓
<ul style="list-style-type: none"><li>Where the necessary treatment is not available locally, you can choose to be medically repatriated to your home country instead of to the nearest appropriate medical centre. This benefit only applies when your home country is within your area of cover.</li></ul>	✓
<ul style="list-style-type: none"><li>Where ongoing treatment is required, we will cover hotel accommodation costs.</li></ul>	✓
<ul style="list-style-type: none"><li>Repatriation in the event of unavailability of adequately screened blood.</li></ul>	✓
<ul style="list-style-type: none"><li>If medical necessity prevents an immediate return trip following discharge from an in-patient episode of care, we will cover hotel accommodation costs.</li></ul>	Max. 14 days
Travel costs for one person accompanying a repatriated person	US\$ 4,050
Travel costs of insured family members in the event of a repatriation	US\$ 2,700 per event

\*\* Certain services which may be included in your plan are provided by third party providers, such as the Employee Assistance Programme, Travel Security services, fitness app, Second Medical Opinion and tele-medicine services. If included in your plan, these services will show in your Table of Benefits. These services are made available to you subject to your acceptance of the terms and conditions of your policy and the terms and conditions of the third parties. These services may be subject to geographical restrictions. The fitness app does not provide medical or health advice and the wellness resources contained within Olive are for informational purposes only. The fitness app and the wellness resources contained within Olive shouldn't be regarded as a substitute for professional advice (medical, physical or psychological). They are also not a substitute for the diagnosis, treatment, assessment or care that you may need from your own doctor. You understand and agree that the insurer, its reinsurers and administrators are not responsible or liable for any claim, loss or damage, directly or indirectly resulting from your use of any of these third party services.

## Area of cover

We offer two options for geographical cover, which can be customised to suit the needs of large group schemes.



Worldwide



Worldwide  
excluding USA

The areas of cover are subject to our terms and conditions.

# Talk to us, **we love to help!**

If you have any queries, please do not hesitate to contact:

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