



MC-04-2021 Health Insurance for National Staff Attachment 3b- Health Insurance Coverage	
Health Insurance Coverage	
Benefits	Comments / Restrictions / additional benefits
<b>Maternity</b>	
Coverage of newborn babies from day one under mother's card and adding them to the medical insurance with a maximum period of 1 month from the birth date.	
Coverage of congenital & hereditary diseases for newborn babies a minimum of 2000 JOD per case	
Coverage of neonates' incubator for newborn babies subject to adding them to the medical insurance from day one from birth date and to be covered from the annual limit of 3000 JOD	
Coverage of all members including maternity related vitamins & mineral supplements (including medications subject to 16% sales tax).	
Coverage of vitamins, calcium and iron supplements for maternity cases.	
Grant 9 extra forms for pregnant females for maternity visits with a flexibility to request extra forms at the end of maternity and can use her outpatient forms after consuming her pregnancy forms.	
Coverage of 4D scans for maternity cases one time per year.	
Coverage of Epidural needle for normal and caesarean delivery cases.	
Coverage of children vaccines according to Ministry of Health National Program.	
Coverage of newborn circumcision within the maternity limits.	
Coverage of maternity-related complications from the annual case limit and not from the maternity limits specified in the table of benefits.	
<b>Dental</b>	
Coverage of dental benefit with an annual limit a minimum of JD 275 for each member, including the following benefits (crowns and bridges, amalgam & composite fillings, root canal treatment, polishing twice a year, surgical and non-surgical extraction, small & panorama X-rays & dental medications). With no reimbursement outside medical network	
<b>Optical</b>	
Coverage of optical benefit with an annual limit JD 125 for each member. With no reimbursement outside medical network	
Coverage of vision test.	
<b>Chronic</b>	
Submit the chronic cases for the old and new members as follows: - In Patient: JD3000, Out Patient: JD1500(limit is for medication only) without using out of hospitals forms.	
<b>Cancer</b>	
Coverage of cancer cases	
<b>Ophthalmology</b>	
Coverage of eye diseases not related to acuteness of vision, optical refractory errors, keratoconus and age related visual disorders.	
Coverage of eye refreshing drops including the drops that are subjected to 16% tax.	
<b>Hormones &amp; Vitamins</b>	
Coverage of Hormones (tests & medications) not related to fertility.	
Coverage of all vitamins and medications regardless of whether they are registered or not and according to the doctor's prescription.	
Coverage of vitamin D subject to specialist recommendations	
Coverage of vitamin B12 test and treatment specialist recommendations	
<b>Other Benefits</b>	
Grant minimum 120 extra forms for the whole contract.	
Coverage of rubella, chicken pox and Hepatitis cases (A, B & C) for the whole contract.	
Coverage of the uncovered cases with an annual limit JD 3,000 for the whole contract.	
Coverage of osteoporosis cases (tests and treatments including medications subject to 16% sales tax).	

Coverage of tranquilizers related to covered cases.	
Coverage of laser lithotripsy.	
Coverage of mammogram test related to covered cases.	
Coverage of benign tumor cases and the related treatments.	
Coverage of non-cosmetic dermatological diseases (including medications subject to 16% sales tax).	
Coverage of medical devices (e.g.: Stent, heart valves, pace maker, artificial knee) with a minimum limit of 1000 JD for the whole contract.	
Coverage of pre-existing (declared and included) cases after studying the company.	
Coverage of medical supplies (e.g. wheel chair, hearing aids, walkers, etc.) with a minimum limit of 1000 JD for the whole contract.	
Coverage of therapeutic medical supplies (e.g. intra-articular knee injection, etc.) with a minimum limit of JOD 1,500 for the whole contract.	
Coverage of Epilepsy and its medications with a minimum limit of JD 5,000 for all contract period	
Dispense more than on medicine box in the same month.	
In case there is a medicine box containing 28 tablets, the insured is allowed to dispense a compensatory box at the beginning of the contract.	
Approve the re-declaration for the additions within the first one month from the date of addition.	
To cover in-patient and out-patient uncovered cases and debit the amount on your account subject to formal letter, excluding the difference in the prices of the medical providers, co-payment, or exceeding the limits.	
Possibility upon the written request of Mercy corps to cover non-covered cases and debit its cost to MC account so that the beneficiary can make use of the MOH prices	
Coverage of parents up to 70 years (only for scenario 1 & 2 in the attachment 2 - Price Offer Sheet)	
Non plastic deviated Septum	
<b>Reimbursement</b>	
Form should be attached to each reimbursement claim.	
The max medical coverage outside Jordan is subject to the minimum rate of the 2008 official tariffs and MOH local tariffs.	
70% reimbursement coverage for Outside network, In-Hospital & Out-Hospital providers subject to the minimum rate of the 2008 official tariffs & MOH local tariffs, an out-hospital form should attach to each reimbursement claim.	