

# CHI GUIDE

FOR BENEFICIARIES

WE HAVE COLLECTED YOUR RIGHTS AS A CHI BENEFICIARIES  
IN ONE FILE, AND ALWAYS REMEMBER #INSURETOASSUREYOU

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**OUR VISION IS TO BE A GLOBALLY LEADING ENTITY IN PREVENTING AND PROMOTING THE QUALITY AND EFFICIENCY OF HEALTH SERVICES FOR ALL BENEFICIARIES OF CHI BENEFICIARIES BY ENHANCING THEIR HEALTH THROUGH A REGULATORY ENVIRONMENT THAT FOCUSES ON PREVENTION, ENABLES STAKEHOLDERS, AND ACHIEVES TRANSPARENCY, JUSTICE, QUALITY AND EFFICIENCY.**

# WE ARE HERE

TO GUARANTEE YOUR RIGHTS AS A  
BENEFICIARY AND PROVIDE COMPLETE  
HEALTHCARE TO YOU.



# YOUR GENERAL RIGHTS



**YOU AND YOUR DEPENDENTS HAVE THE RIGHT TO OBTAIN A HEALTH COVERAGE FROM THE EMPLOYER THAT IS NO LESS THAN THE BASIC HEALTH INSURANCE POLICY.**



**IF SAUDI, YOU HAVE THE RIGHT TO GET HEALTH COVERAGE FROM THE DATE OF STARTING YOUR WORK. FOR NON-SAUDIS, IT STARTS FROM THE DATE OF TRANSFER OF SERVICE OR FROM THE DATE OF ENTERING THE KINGDOM (WITHIN A PERIOD NOT EXCEEDING TEN WORKING DAYS FROM ENTERING THE KINGDOM).**



**YOU HAVE THE RIGHT TO EQUAL RIGHTS TO HEALTH CARE SERVICES ACCORDING TO THE POLICY WITHOUT ANY DISCRIMINATION OR PREJUDICE, DEPENDING ON THE INSURANCE CATEGORY.**



**YOU HAVE THE RIGHT TO RE-CONSULT THE DOCTOR FOR FREE WITHIN FOURTEEN (14) DAYS FOR THE SAME HEALTH PROBLEM DIAGNOSED IN THE INITIAL EXAMINATION.**



**YOU HAVE THE RIGHT TO KNOW THE DETAILS OF THE SERVICE BEFORE IT IS PROVIDED, INCLUDING COVERAGE LIMITS, EXPECTED COSTS OF EACH SERVICE AND DEDUCTIBLE PERCENTAGE, AND TO BE PROVIDED WITH AN INVOICE FOR THE HEALTH SERVICES PROVIDED AFTER TREATMENT.**

# YOUR GENERAL RIGHTS



IF YOUR HEALTH CONDITION IS URGENT, YOU HAVE THE RIGHT TO OBTAIN HEALTH CARE IMMEDIATELY WITHOUT CONSULTING THE CONCERNED ENTITY, PROVIDED THAT CONCERNED ENTITY IS NOTIFIED WITHIN A MAXIMUM OF 24 HOURS FROM THE TIME OF ADMISSION.



YOU HAVE THE RIGHT TO OBTAIN EMERGENCY MEDICAL TREATMENT OUTSIDE THE AGREED SERVICE PROVIDER NETWORK WITHOUT THE NEED TO CONSULT THE CONCERNED ENTITY AND WITHOUT OBLIGING YOU TO PAY ANY COSTS FOR THE SERVICES.



IF YOU NEED TO BE HOSPITALIZED AND THERE IS NO ROOM EQUAL TO THE ROOM YOU ARE ENTITLED TO UNDER THE POLICY, THE SERVICE PROVIDER MUST PROVIDE YOU WITH A ROOM AT A HIGHER ACCOMMODATION LEVEL BUT AT THE SAME COST, AND IF NO ROOMS ARE AVAILABLE, YOUR TRANSFER TO ANOTHER HEALTHCARE PROVIDER MUST BE REQUESTED.



THE HEALTHCARE PROVIDER MUST PROVIDE YOU WITH THE PRESCRIBED MEDICATIONS UPON DISCHARGE, AND IF THEY ARE NOT AVAILABLE, YOU HAVE THE RIGHT TO DISPENSE THE MEDICATIONS FROM EXTERNAL PHARMACIES WITHOUT PAYING ANY DEDUCTIBLES.

# YOUR GENERAL RIGHTS



**YOU ARE ENTITLED TO RECEIVE MEDICAL SERVICES FROM ALL DOCTORS WORKING IN HEALTHCARE FACILITIES, WHETHER THEY ARE PART-TIME OR FULL-TIME, WITHIN THE COVERED BENEFITS OUTLINED IN THE HEALTH INSURANCE POLICY, ACCORDING TO THE PRICES AGREED UPON BY BOTH PARTIES AND WITHOUT ANY DISCRIMINATION BETWEEN DOCTORS**



**YOU HAVE THE RIGHT NOT TO SIGN A COMMITMENT TO PAY THE CLAIM AMOUNT TO THE SERVICE PROVIDER IF IT IS NOT ACCEPTED BY THE RELEVANT AUTHORITY.**



**YOU ARE ENTITLED TO RECEIVE HEALTHCARE SERVICES AS AGREED UPON IN THE DOCUMENT ISSUED BY THE RELEVANT AUTHORITY FROM THE NETWORK OF APPROVED SERVICE PROVIDERS. THE SERVICE PROVIDER OR THE TREATING PHYSICIAN IS NOT ALLOWED TO REQUEST ANY CASH PAYMENTS OR ADDITIONAL FEES FOR PROVIDING MEDICAL SERVICES IN OUTPATIENT CLINICS OR FOR HOSPITALIZATION UNDER ANY HEADING, EXCEPT FOR REQUESTING CO-PAYMENT AMOUNTS, IF APPLICABLE, OR IF THE BENEFIT LIMIT HAS BEEN EXHAUSTED**



**THE MEDICAL APPROVAL MUST BE SENT BY THE SERVICE PROVIDER TO THE RELEVANT AUTHORITY WITHIN (15) MINUTES FROM THE REQUEST FOR SERVICE BY THE TREATING PHYSICIAN**



**YOU HAVE THE RIGHT TO RECEIVE MEDICAL SERVICES IF THE APPROVAL EXCEEDS (60) MINUTES FROM THE RELEVANT AUTHORITY, AND IT SHOULD BE TREATED BY THE SERVICE PROVIDER AS IF THE APPROVAL HAS BEEN GRANTED**



**THE SERVICE PROVIDER MUST RESPOND TO THE RELEVANT AUTHORITY'S REQUEST WITH DETAILS OF THE REQUIRED MEDICAL SERVICE WITHIN (30) MINUTES.**









**YOU ARE ENTITLED TO RECEIVE COVERED MEDICAL SERVICES WITHOUT NEEDING APPROVAL FROM THE RELEVANT AUTHORITY IF THE COST OF THE SERVICES IS LESS THAN 500 RIYALS**

A background image showing a hand holding a pen over a document, with a blue overlay. The text is centered in white.

**THE COMMITMENT OF YOUR DUTIES  
AS A BENEFICIARY IS THE FIRST STEP  
TO PROTECT YOU**

# BENEFICIARY DUTIES

-  **THE BENEFICIARY MUST PRESENT THEIR NATIONAL ID TO THE SERVICE PROVIDER WHEN REQUESTING MEDICAL SERVICES.**
-  **THE BENEFICIARY MUST PAY THE CO-PAYMENT AMOUNT BASED ON THE NET COST OF THE SERVICE AFTER THE SERVICE PROVIDER HAS APPLIED THE DISCOUNTS RECEIVED FROM THE CONCERNED ENTITY, NOT THE TOTAL AMOUNT**
-  **THE BENEFICIARY MUST NOTIFY THE EMPLOYER OF ANY UPDATES TO THEIR SOCIAL STATUS (INCLUDING DEPENDENTS) IMMEDIATELY**
-  **THE BENEFICIARY MUST INFORM THE EMPLOYER WITHIN (30) DAYS AFTER THE BIRTH OF A NEW CHILD TO ADD THEM TO A SEPARATE POLICY FROM THE MOTHER, WITH THE ADDITION EFFECTIVE FROM THE DATE OF BIRTH.**
-  **THE BENEFICIARY MUST WAIT FOR APPROVAL FOR A MAXIMUM OF (60) MINUTES. IF THEY CHOOSE TO PAY FOR THE SERVICE IN CASH, THEY ARE NOT ENTITLED TO A REFUND FROM THE SERVICE PROVIDER.**
-  **YOU ARE ENTITLED TO KNOW THE TREATMENT PLAN FROM THE SERVICE PROVIDER AND ITS COVERAGE UNDER THE POLICY. IF THERE ARE ANY ADDITIONAL AMOUNTS THAT THE BENEFICIARY WILL BE RESPONSIBLE FOR, THEY MUST SIGN THEIR CONSENT BEFORE ANY TREATMENT PROCEDURE IS DONE.**

ضمان

مجلس الضمان الصحي  
Council of Health Insurance

**THOSE MOST AWARE OF THEIR RIGHTS ARE  
LEAST LIKELY TO EXPERIENCE NEGLIGENCE AND FRAUD**

# SIGNS OF NEGLIGENCE AND FRAUD BY SERVICE PROVIDERS



REQUESTING HOSPITALIZATION WITHOUT MEDICAL JUSTIFICATION.



OVERUTILIZATION OF MEDICATIONS, MEDICAL PROCEDURES SUCH AS LAB TESTS AND IMAGING.



USING MORE EXPENSIVE TECHNIQUES WITHOUT MEDICAL NECESSITY.



ISSUING NEW CONSULTATION INVOICES DURING THE FREE RE-CONSULTATION PERIOD.



CONTINUED INCREASE IN YOUR OUTPATIENT AND EMERGENCY DEDUCTIBLE AMOUNTS.








REPEATED REJECTION OF MEDICAL APPROVALS FOR PRESCRIPTIONS.



# SIGNS

## OF NEGLIGENCE AND FRAUD BY SERVICE PROVIDERS



-  INCORRECT OR CONFLICTING DIAGNOSES FROM DIFFERENT HEALTHCARE PROVIDERS.
-  TREATMENT PROVIDED DOES NOT MATCH DIAGNOSIS OR MEDICAL HISTORY.
-  TREATING PHYSICIAN'S SPECIALTY DOES NOT MATCH THE DIAGNOSIS ISSUED.
-  LEAKING YOUR DATA.
-  CONTINUED DELAYS IN PROVIDING REQUIRED RECORDS.



# SIGNS

## OF NEGLIGENCE AND FRAUD BY HEALTHCARE PRACTITIONERS



**TREATING OR PRESCRIBING OUTSIDE THE SCOPE OF THE HEALTHCARE PRACTITIONER'S SPECIALTY.**



**PRESCRIBED MEDICATIONS DO NOT MATCH YOUR DIAGNOSIS.**



**EXAGGERATING THE AMOUNT OF TREATMENT YOU NEED FOR YOUR CONDITION.**



**INCREASE IN THE AMOUNT OF MEDICATIONS PRESCRIBED FOR YOU WITHOUT JUSTIFICATION.**

# SIGNS

## OF NEGLIGENCE AND FRAUD BY THE EMPLOYER



**NOT PROVIDING YOU WITH HEALTH COVERAGE AND NETWORK OF HEALTHCARE PROVIDERS.**



**NOT ADDING YOU AND SUBMITTING YOUR DATA IMMEDIATELY TO THE CHI ON THE DATE YOU BECOME ELIGIBLE FOR INSURANCE.**



EMAIL



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