

SCARSTORIES · A LITTLE COMPANY ON THE WAY

Navigating private insurance in Saudi Arabia

Private health insurance covers a large share of cardiac care in Saudi Arabia — understanding your coverage, pre-approvals, and your right to appeal reduces surprises when you need treatment.

Faith, travel and local services

Educational draft. Clinical review pending. Quotations retained from the original text are not verified member testimonials.

Many people in Saudi Arabia get their health care through private insurance — through an employer or an individual policy. Insurance is a practical tool: understand it well before you need it, and you save yourself unpleasant surprises at a moment when you need to focus on your health, not on paperwork.

Understand your coverage

Every policy has its limits, and they are written clearly in your policy document — rely on what is written, not on what “people say”. These questions open up the picture:

- What is basic versus enhanced coverage in my plan?
- Is the hospital or centre where I receive care within the insurance network — and what portion of the cost will I pay?
- How much do I pay from my own pocket (co-payment)?
- Is there an annual cap on coverage? Does a waiting period apply to some services?
- Does the policy cover chronic conditions such as heart disease, heart medications, and cardiac tests?

Pre-authorisation for procedures

Some services — especially surgery, expensive imaging, and procedures that require hospital admission — need pre-approval from the insurer before they can be done. The common practical sequence looks like this:

1. The hospital submits the approval request with the doctor's report and supporting tests
2. The insurer reviews the request — days to weeks depending on the case
3. You receive the decision: approved, or a request for more information, or declined
4. If declined: ask for the written reason, and ask your doctor's clinic to support an appeal

Keep two important numbers for every request: the reference number and the name of the person you spoke to. Pre-approval does not replace confirming that the service itself is covered in your policy.

Appealing is your right

If a request or a claim is declined, there is usually an appeal path: ask for the reason in writing, provide supporting evidence from your doctor's report, and escalate within the insurer. If it is not resolved, you can go to the body that regulates insurance in Saudi Arabia (the Council of Health Insurance) through its official channels. These steps are available to every policyholder — don't hesitate to use them.

Practical tips

- Keep a copy of your policy and coverage summary on your phone
- Document every call with the insurer: date, staff member's name, reference number
- Before any scheduled procedure, ask: does this need pre-approval, and how long will it take?
- Don't sign to pay “temporary” amounts from your pocket without confirming the service is covered

Call for help if

A necessary procedure — surgery or an important test — is delayed because approval is stuck and your condition is getting worse, or you are asked to pay out of pocket for a covered service, or you face a refusal with no written reason. Contact the insurer immediately, ask for escalation, and tell your medical team what is happening.

Take it to your team

Your team is not only doctors — it includes the insurance staff and the hospital's financial office. Make them part of every step: ask them to verify coverage before a procedure, review the approval request before it is submitted, and support an appeal with a detailed report when needed.

Decisions about your treatment stay with your own team, and insurance's role is to make access easier. If coverage issues clash with your treatment, discuss your options with your team rather than making a rushed decision.

Questions to take to my team

☐ What is basic versus enhanced coverage in my plan?

☐ Is the hospital or centre where I receive care within the insurance network — and what portion of the cost will I pay?

☐ How much do I pay from my own pocket (co-payment)?

☐ Is there an annual cap on coverage? Does a waiting period apply to some services?

☐ Does the policy cover chronic conditions such as heart disease, heart medications, and cardiac tests?

☐ Before any scheduled procedure, ask: does this need pre-approval, and how long will it take?

For discussion and personal reference. Your care team's individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.