TABLE OF POLICY BENEFITS

Insurance Company	:	**QLM Life & Medical Insurance Company Q.P.S.C.**
Insured	:	**QATAR FOUNDATION**
Policy No	:	**P2409000073-R1**
Period of Insurance	:	**From January 1, 2026, To December 31, 2026 "Both Days Inclusive"**

TABLE OF BENEFITS	
BENEFIT DETAILS	**BENEFITS LIMITS**
Plan	Premier
Geographical Area of cover (Elective and Emergency)	Worldwide
Annual maximum limit per person per year	QAR 1,000,000
Age	Members covered from date of joining up to last day of work. Age maximum, 99 years (applicable for Employee and Spouse only). Newborns to be covered date of birth within 3 months (i.e. 90 days back date).
Network category (Direct Billing, Cashless)	Prestige A group of Licensed Health care Providers as and when contracted by QLM where insured members are eligible to use their medical insurance card for availing the benefits covered in this policy on direct billing basis.
Al Ahli Hospital, Aman Hospital, The View Hospital, Al Fardan Hospital	100% Direct Billing access allowed for any eligible medical treatment and services, Out-patient deductible and co-payment for dental specified in this table are applicable
INPATIENT AND DAY CARE TREATMENT	
By in-patient treatment, we desire treatment at a hospital where the member has to stay in a hospital bed for one or more nights.	Covered
By Day-care treatment, we desire treatment at a hospital, day-care unit, or out-patient clinic where the member requires a procedure, eligible for benefit, necessitating admission to a hospital bed but not requiring an overnight stay.	Covered
Subject to the limits shown for your plan you are covered for hospital charges incurred for eligible treatment given between admission and discharge such as: charges for accommodation, diagnostic procedures and test, operating theatre charges, nursing care, drugs and dressings, surgical appliances used by the medical practitioner during surgery, surgeon's and anesthetist's charges including pre-and post-operative consultations and physiotherapy while admitted for treatment of a medical condition and when such treatment directly relates to it.	Covered

CT (computerized tomography), MRI (magnetic resonance imaging), X Ray and tests, and other such proven medical imaging techniques.	Covered
Prescribed drugs and consultation fees *Over-the-counter drugs are excluded.*	Covered
Reconstructive Surgery *It is carried out to restore function or appearance after an accident or following surgery for a medical condition, provided that the member has been continuously covered under a plan before the accident or original surgery occurred; and it is performed at a medically appropriate stage after the accident or surgery; and the cost of the treatment is pre-approved in writing before surgery performed*	Covered
Oncology and cancer treatment including radiotherapy and chemotherapy	Covered
Daily accommodation charges Hospital Accommodation	Private room *(Coverage does not include luxury rooms, VIP rooms and / or a private suite)*
Parent accommodation up to (per night) *Pays parent accommodation when the child member is under 18 years old and treatment is received within the area of cover*	QAR 500 per night
Cash benefit *A lump sum amount payable to the Insured Member who receives treatment as an inpatient for an eligible medical condition within area of coverage, absolutely free of charge to the Insured Member, no other benefit will be payable in respect of the period for which the cash benefit has been paid*	QAR 500 per night
In-patient Direct Billing	Provided
OUTPATIENT BENEFITS Out-patient treatment is a treatment given by a medical practitioner at an out-patient clinic, a medical practitioner's consulting room or in a hospital where the member is not admitted to a bed.	
Per visit deductible (excess) applicable to all Outpatient claims. This applies before any co- insurance.	QAR 50 per consultation *Nil deductible for the outpatient expenses incurred in Hamad Hosp & Primary Health Care Centers*
▪ Consultation charge for a licensed Medical practitioner (GP/ Specialist/ Consultant). ▪ Diagnostic procedures and tests such as x rays, MRI, PET, CT scan, angiography, ECG, gait scans, Stress tests, Echo, and Laboratory services including hormonal tests. ▪ Prescription drugs and dressings. ▪ Physiotherapy received an out-patient ▪ Oncology and cancer treatment including radiotherapy and chemotherapy, CT, MRI, x-rays & test, drugs & consultation fees. • Surgical procedures received as an out-patient.	Covered
GP and Specialist consultation charges	Covered
Out-Patient Home Visit	Covered

Complementary and Alternative therapy (Includes courses of chiropractic treatment, osteopathy, homeopathy, acupuncture, Ayurvedic, and Herbal Medicine)	QAR 20,000/PPPY
Courses of physiotherapy	Covered
Out-patient direct billing (only available within the A.G.C.C.)	Covered
Out-patient treatment received outside the network shown for your network plan	Covered on reimbursement basis (pay & claim)
MATERNITY CARE BENEFITS*: (One Delivery/ Lady/ PY) these benefits are available for married female staff and spouses of male staff members w/ no selection and No Waiting Period between 15 to 50 years (Childbearing age).	
Overall annual sub-limit per insured Lady per policy year:	QAR 36,000/ Lady/ PY
Maternity co-payment (Patient share)	Nil / 0%
Normal pregnancy and childbirth comprising normal pre- natal treatment and examinations, normal childbirth or caesarean section, normal postnatal treatments and Examinations as per Hamad Maternity protocol	Covered
Newborn accommodation: hospital accommodation costs for a healthy newborn child to accompany his/her mother while she is receiving treatment as an in-patient in a hospital for a medical condition covered under the complications of pregnancy and childbirth up to the mother discharge date or 14 days earlier from delivery date whichever is earlier Benefits includes physical examination, Vitamin K, Hepatitis B, BCG vaccine, Hearing Test, TFT & G6PD	Covered
Termination of pregnancy when medically necessary	Covered
Complications of pregnancy treatment of a medical condition which arises during the antenatal stages of pregnancy, or a medical condition which arises during childbirth	Covered up to Policy Annual Limit
DENTAL BENEFITS **Routine out-patient dental care: (with no selection)** ***Any dental treatment or dental service other than the treatment or services listed below is not eligible under this policy***	
Overall annual sub-limit per insured per policy year:	QAR 6,000/ PPPY
Dental co-payment (Patient share):	Nil / 0%
Examination, X-ray & Dental Medicine	Covered
Simple & Surgical Dental Extraction (includes wisdom tooth extraction)	Covered
Non cosmetic Dental Fillings (Composite Filling & Amalgam filling)	Covered
Root Canal Treatment	Covered
Gum treatment & Periodontal treatments (Whitening & Polishing not covered)	Covered
Orthodontic Treatment & Dental Prosthesis (including dentures, nightguards)	Covered with 50% coinsurance
Non-Precious Crown “Porcelain fused to Metal crowns”	Covered with 50% coinsurance

Emergency treatment for the immediate relief of dental pain.	Covered
OPTICAL BENEFITS *This benefit shall cover routine optical services carried out by a qualified and registered ophthalmologist or optometrist*	
Annual limit	QAR 1,000/ PPPY
Refraction & Vision Test, medical lenses, contact lenses and Frames.	Covered
The provision of tinted/reactive lenses, sunglasses, non-corrective contact lenses, laser eye surgery or other similar procedures for correction of refraction error.	Not covered
OTHER BENEFITS	
Extent of coverage (in patient / outpatient) applicable after applying deductible (if any)	Inside Qatar/ Inside Network: 100% of cost incurred (direct billing). Outside Qatar/ Outside network: 100% of the cost incurred in the country or area of treatment (cash reimbursement).
Pre-existing conditions (without waiting period) including consumable needles used for insulin injection	Covered
Chronic conditions, including their maintenance (without waiting period) including consumable needles used for insulin injection	Covered For long-term medications, you may use the refill service available directly through the designated pharmacies, provided your treating doctor has confirmed that the current dosage and treatment plan remain appropriate
Organ Transplant: Cost of the surgical procedures in performing an organ transplant of kidney, liver, heart, lung or heart and lung, Cornea & Bone marrow in respect of the insured person as recipient and not organ donor.	Covered
In-Patient Rehabilitation	Covered
Inpatient External Medical Appliance and Support	QAR 50,000/PPPY
Oral and maxillofacial surgery	Covered
Developmental Delays: Cover for nervous disorders including Treatment of Mental or nervous disorder, learning difficulties treatment, hyperactivity, autism, attention deficit disorder, and behavioral problems and Developmental disorder - treatment include related therapies such as speech, occupational and others.	QAR 25,000/PPPY
Health screen (Wellness Benefit) Examinations, tests, excluding consultation that are conducted for preventative or screening purposes and which are not related to any signs, symptoms or disease.	QAR 2,000/PPPY
Nursing at home	Covered
Ambulance transport	Covered
Psychiatric & Psychotherapy treatment (without waiting period)	Included up to Policy Limit for inpatient & day-care treatment. Up to QAR 30,000 for outpatient. No co-insurance.
Accidental damage to teeth	Covered
Pre-and post-natal complications	Covered
Vaccinations for children and circumcision for male babies	Covered up to the age of 6 years old

Ophthalmology and eye care	Covered
Post hospitalization treatment	Covered
Treatment of Allergies including allergen tests	Covered
Vitamins (upon deficiency)	Covered *Covered when prescribed by a Medical Practitioner for a deficiency*
Sport-Related Accident (Non-professional)	Covered
Aids / HIV Related Conditions	QAR 50,000/PPPY
Congenital abnormalities -Non-Life Threatening - including genetic disorders.	QAR 37,000/PPPY
Congenital abnormalities -Life Threatening - including genetic disorders.	Covered
Terminal Illness, Hospice and Palliative Care	QAR 500,000 per insured per policy year
External Prosthesis	QAR 50,000/PPPY
Outpatient External Medical Appliance and Support (Gluco-meter and/or hearing aids). Strips and Lancets for diabetic patients' sugar testing to be excluded from this benefit but included under main coverage.	QAR 1,000/PPPY
Medical Care of Addictive Conditions (Alcoholism/Drug Addictions)	QAR 6,000/PPPY
Passive War & Terrorism Cover	Covered
Legal Expenses	QAR 7,500/PPPY
Work related injuries including accidents related to labs and illness (for employees only)	Covered
Immunotherapy and Immunomodulatory	Covered
INTERNATIONAL EMERGENCY ASSISTANCE*: (Services are only applicable on Direct Billing Basis)	
MEDICAL REPATRIATION: When our consulting physician and the Eligible Insured's attending physician determines that transportation is medically necessary, we will arrange for transportation under medical supervision to the Eligible Insured's residence or to a medical or rehabilitation facility near the Eligible Insured's residence, at such time as the Eligible Insured is medically cleared for travel.	Covered
REPATRIATION OF MORTAL REMAINS: In the case of an Eligible Participant's death, we will arrange and pay for the return of mortal remains to an authorized funeral home proximate to the Eligible Participant's legal residence** and if applicable, arrange and pay for one way economy common carrier transportation for a family member to accompany the remains to the Eligible Participant's legal residence.	Covered

COMPASSIONATE VISIT: When an Eligible Insured will be hospitalized for more than seven (7) consecutive days and is traveling alone, we will arrange for a family member or personal friend to travel to visit the Eligible Insured by providing an appropriate means of transportation as determined by us. The family member or the friend is responsible to meet all visa and travel document requirements, if applicable.	Covered
CARE OF MINOR CHILD(REN): One-way economy common carrier transportation, with attendants if required, will be provided to the place of residence of minor children or to the Eligible Participant's legal residence when they are left unattended as a result of medical emergency or death of an Eligible Participant.	Covered
EMERGENCY MEDICAL EVACUATION: When an adequate medical facility is not available proximate to the Eligible Insured, as determined by our consulting physician and the Eligible Insured's attending physician, we will arrange transportation under appropriate medical supervision, by an appropriate mode of transport to the nearest medical facility capable of providing the required care. A provision of 2-way economy air ticket will be allowed for the treatment in a country where the total cost inclusive of the air ticket is lower than Qatar (pre- approval required).	Covered
PRESCRIPTION ASSISTANCE: If an Eligible Insured needs replacement prescription medicine while travelling, we will help with replacing the prescription, when possible and legally permissible and upon consulting with the attending physician.	Covered
OTHER SERVICES	
AT HOME SERVICES: Members can access professional healthcare service based on physician scheduling and subject to insurance plan coverage.	Available
EUTELMED is a 24/7 multilingual digital platform providing employee medical support and assessment through online.	Available

*Available through QLMLM Emergency International Assistance according to the Quotation Terms and Conditions. All benefits shall be subject to travel distance requirements. Cover from country of residence is not applicable (except for repatriation of mortal remains).

**Legal residence shall mean the permanent place or residence of the Eligible Participant in the Nationality registered in Qatari ID or in his/her home country

** /PPPY means , Per person per policy year

SECTION E: POLICY EXCLUSIONS

The items procedures and medical conditions listed below and their related or consequential expenses are excluded from the coverage provided under this Policy unless specifically stated to be included in the Table of Benefits or Endorsement(s) to this Policy.

1. Services, accommodation or treatment charges incurred in health hydrous, spas, rejuvenation cures, massage, exercise, long term rehabilitative therapy, nature cure clinics, isolation, rest homes or any similar place even if it is registered as a hospital. Residential stay in a hospital or any similar institution arranged wholly or partly for domestic reasons and which is not directly related to treatment, or beyond the period required for recovery from treatment.
2. Routine medical check-ups, screening tests, preventive and prophylactic services including but not limited to, vaccinations (Except for children up to the school age "age of 6 years"), inoculations, medical certificates and examination for residence, employment or travel.
3. Elective/Cosmetic treatment or circumcision unless medically necessary and pre-authorized by the Insurers
4. Tests or treatment related to contraception, or sterilization, infertility, impotence, sexual dysfunction, contraceptive measures, Ovulation induction, IVF, or any similar condition.
5. Birth defects, congenital illness, genetic disorders, chromosomal disorders, hereditary conditions, maternity examinations/complications and any treatment/condition related to or caused by pregnancy and childbirth, unless listed in the Table of Benefits.
6. Treatment of Mental or nervous disorder, learning difficulties treatment, hyperactivity, autism, attention deficit disorder, and behavioural problems.
7. Developmental disorder.
8. Supply or fitting of eye glasses or hearing aids, correction of refraction errors, and vision tests, unless listed in the Table of Benefits.
9. Prosthesis, Corrective devices and medical appliances that are not surgically required, including hearing aids and/or any substance not considered a medicine such as, but not limited to tonics, slimming pills, scalp and hair lotions and shampoos.
10. Treatments resulting from professional sports, racing, and hazardous Sports activities.
11. All dental related services or treatment other than those covered under the eligible expenses, dental charges relating to prosthesis and false teeth are excluded howsoever caused,
12. All Maternity related benefits unless provided for under the plan and listed in the Table of Benefits.
13. Treatment for any illnesses, diseases or injuries resulting from Active Participation in war, riots, civil disturbances, terrorism, acts against any foreign hostility, whether war has been declared or not treatment for any medical conditions arising directly or indirectly from chemical contamination, Radioactivity or any Nuclear Material whatsoever, including the combustion of Nuclear Fuel.
14. Treatment received outside the territorial limits described in the Table of Benefits and/or expenses incurred where the Insured has traveled against medical advice.
15. Costs incurred in connection with locating or the acquisition of a replacement organ/tissues or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs, unless agreed otherwise in your Schedule of benefits.
16. Desensitization and allergen tests.
17. Complementary medicine applications such as Chiropractic and Osteopathy, unless recommended by a medical practitioner and subject to prior approval of the Insurers. Menopausal related Hormone treatment therapy (HRT), unless carried out as part of, or immediately after a surgical procedure which is covered under the Table of Benefits to this plan.
18. Any treatment or test, second or subsequent opinion for which the required Insurer's pre- authorization is not obtained.
19. Any treatment or test for Acquired Immune Deficiency Syndrome (AIDS) and AIDS / HIV related conditions; or sexually transmitted diseases.
20. Benefits recoverable under Workmen's Compensation Act Insurance, and/or any work related injury and/or illness.
21. Claims directly or indirectly, occasioned by, happening through, or in consequence of, aviation, other than as a fare paying passenger in a fully certified passenger carrying aircraft, flown in the course of licensed operation for the transportation of passengers by properly licensed crew.
22. Treatment of speech, voice problems and cochlear Implantation.
23. Any medical prescription relative to a special diet, weight control, children's food, or baby supplies , medically unnecessary vitamins & minerals, supplements such as but not limited to (GLUCOSAMINE, Chondroitin ,omega 3), oils, dietary supplements, enzyme, oral hygiene products and smoking related services
24. Experimental unproven treatment or drug therapy and stem cell therapy.
25. Durable medical appliances (e.g. Nebulizer), unless provided for under the plan and listed in the Table of Benefits.
26. Pap smear and mammogram unless carried out as part of treatment of an ailment which is covered under this plan or unless provided for under the plan and listed in the Table of Benefits.
27. Anorexia, Obesity, insomnia, and baldness.
28. Medical Practitioner fees for the completion of a claim form or other administration charges.
29. Sex change operations and related treatments.
30. Expenses incurred as a result of alcoholism or drug addiction/drug abuse.
31. Investigations into and treatment of Acne, Acne form eruptions, Alopecia, and wigs / toupee.
32. Expenses incurred because of complications directly caused by an illness, injury or treatment for which cover is excluded or limited under your plan.
33. Over the counter medicine and the medicine purchased without a licensed physician's prescription including but not limited to cold remedies, etc…

34. Transportation expenses for out of country treatment (Transportation for emergency medical evacuation shall subjected to the Emergency Medical Evacuation clause specified in Table of Benefits)
35. Epidemic diseases (officially recognized by WHO and national law)
36. Home help, Family help, or similar household assistance.
37. Transportation other than local licensed ambulance services or for emergency medical evacuation specified in Table of Benefits). No reimbursement for transportation expenses to travel out of Qatar for medical treatment.
38. Suicide or attempted suicide, willfully self-inflicted bodily injury or illness or injury sustained directly or indirectly as a result of the Insured Person committing a criminal offence.
39. Treatment of sleep related breathing disorders, including snoring, sleep apnea, jet lag or work related stress and any related condition.