

SECTION A: BENEFITS / COVER

This Policy covers all expenses reasonably, customarily and necessarily incurred by the Insured during the period of insurance for the sole purpose of treating and curing a medical condition or injury as defined in the Policy and subject to the terms, exclusions, provisions and conditions, of this Policy, Your Table of Benefits, Insurance Schedule, the Company Agreement as well as any other legal requirement that determines the extent of your cover.

TABLE OF POLICY BENEFITS

Insurance Company	:	Q Life & Medical Insurance Company
Insured	:	QATAR FOUNDATION
Policy No	:	P1809000174
Period of Insurance	:	From January 1, 2019 To December 31, 2024
		“Both Days Inclusive”
Premium	:	Annual

TABLE OF BENEFITS

REF	BENEFIT DETAILS	BENEFITS LIMITS
PLAN		PREMIER PLUS PLAN
	Geographical Area of cover (Elective and Emergency)	WORLDWIDE
	ANNUAL MAXIMUM LIMIT PER PERSON PER YEAR	QAR 1,000,000
1.	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 from date of birth.
	NETWORK CATEGORY	EMERALD PLUS
INPATIENT AND DAY CARE TREATMENT		
2.	<p>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. By Daycare treatment, we desire treatment at a hospital, daycare 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. 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 anesthetists' 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; Oncology and cancer treatment including radiotherapy and chemotherapy, CT, MRI, X Ray and tests, drugs and consultation fees, Reconstructive Surgery, computerized tomography, magnetic resonance imaging, x-rays and other such proven medical imaging techniques.</p>	
3.	Daily accommodation charges Hospital Accommodation (private room)	Covered
4.	Parent accommodation up to (per night)	QAR 500 per night
5.	Cash benefit	QAR 500 per night
6.	In-patient Direct Billing	Covered
OUT PATIENT BENEFITS		

7.	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. Members are covered, subject to the limits shown, for:	Medical practitioner charges for consultations – 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
8.	GP and Specialist consultation charges	Covered
9.	Out-Patient Home Visit	Covered
10.	Complementary and Alternative therapy (Includes courses of chiropractic treatment, osteopathy, homeopathy acupuncture, and Herbal Medicine)	QAR 20,000/PPPY
11.	Courses of physiotherapy up to	Covered
12.	PER VISIT DEDUCTIBLE (EXCESS) APPLICABLE TO ALL OUTPATIENT CLAIMS. THIS APPLIES BEFORE ANY CO-INSURANCE.	QAR 50
13.	Out-patient direct billing (only available within the A.G.C.C.)	Covered
14.	Out-patient treatment received outside the network shown for your plan	Covered
OTHER BENEFITS		
15.	Health screen	QAR 1,500/PPPY
16.	Pre-existing conditions (without waiting period) including consumable needles used for insulin injection	Covered
17.	Chronic conditions, including their maintenance (without waiting period) including consumable needles used for insulin injection	Covered
18.	Organ Transplant	Covered
19.	Oral and maxillofacial surgery	Covered
20.	Nursing at home	Covered
21.	Ambulance transport	Covered
22.	International Emergency Medical Assistance (Evacuation and Repatriation services (includes cost of an accompanying adult). Services to include repatriation of mortal remains, compassion and emergency home visits	Covered
23.	Psychiatric treatment (without waiting period)	Included up to Policy Limit for inpatient & daycare treatment. Up to QAR 30,000 for outpatient. No co-insurance.
24.	Accidental damage to teeth	Covered
25.	Pre-and post-natal complications	Covered
26.	NORMAL PREGNANCY AND CHILDBIRTH (DELIVERY) UP TO	QAR 35,000 NIL waiting period
27.	Vaccinations for children and circumcision for male babies	Covered Up to the Age of 6 years
28.	ROUTINE DENTAL AND ORTHODONTIC CARE UP TO	QAR 6,000 Co-insurance: 20% on all Except for Non-

		precious porcelain crown, orthodontics treatment and dental prosthesis where 50% coinsurance applies.
29.	Ophthalmology and eye care	Covered
30.	In-Patient Rehabilitation	Covered
31.	Post hospitalization treatment	Covered
32.	Allergies including allergen tests	Covered
33.	Vitamins (upon deficiency)	Covered
34.	Sport-Related Accident (Non-professional)	Covered
35.	Aids / HIV Related Conditions	QAR 50,000/PPPY
36.	Congenital abnormalities -Non Life Threatening	QAR 37,000/PPPY
37.	Congenital abnormalities -Life Threatening	Covered
38.	Terminal Illness, Hospice and Palliative Care	QAR 500,000 per insured per policy year
39.	External Prosthesis	QAR 50,000/PPPY
40.	Inpatient External Medical Appliance and Support	QAR 50,000/PPPY
41.	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
42.	Medical Care of Addictive Conditions (Alcoholism/Drug Addictions)	QAR 6,000/PPPY
43.	Passive War & Terrorism Cover	Covered
44.	Legal Expenses	QAR 7,500/PPPY
45.	Work related injuries and illness (for employees only)	Covered
46.	Wellness Benefit(Personal Support line)	Covered
47.	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)
48.	AL AHLI HOSPITAL CO-INSURANCE	0% of the total incurred claim amount

*Available through QLM 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

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.
- 18-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.
- 19-Any treatment or test, second or subsequent opinion for which the required Insurer's pre-authorization is not obtained.

- 20-Any treatment or test for Acquired Immune Deficiency Syndrome (AIDS) and AIDS / HIV related conditions; or sexually transmitted diseases.
- 21-Benefits recoverable under Workmen's Compensation Act Insurance, and/or any work related injury and/or illness.
- 22-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.
- 23-Treatment of speech, voice problems and cochlear Implantation.
- 24-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
- 25-Experimental unproven treatment or drug therapy and stem cell therapy.
- 26-Durable medical appliances (e.g. Nebulizer), unless provided for under the plan and listed in the Table of Benefits.
- 27-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.
- 28-Anorexia, Obesity, insomnia, and baldness.
- 29-Medical Practitioner fees for the completion of a claim form or other administration charges.
- 30-Sex change operations and related treatments.
- 31-Expenses incurred as a result of alcoholism or drug addiction/drug abuse.
- 32-Investigations into and treatment of Acne, Acne form eruptions, Alopecia, and wigs / toupee.
- 33-Expenses incurred because of complications directly caused by an illness, injury or treatment for which cover is excluded or limited under your plan.
- 34-Over the counter medicine and the medicine purchased without a licensed physician's prescription including but not limited to cold remedies, etc...
- 35-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)
- 36-Epidemic diseases (officially recognized by WHO and national law)
- 37-Home help, Family help, or similar household assistance.
- 38-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.
- 39-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.
- 40-Treatment of sleep related breathing disorders, including snoring, sleep apnea, jet lag or work related stress and any related condition.