



QATAR GENERAL

INSURANCE & REINSURANCE CO. PJSC.
Licensed by the Qatar Central Bank

Table of Benefits

	PLAN A
GEOGRAPHICAL COVER	
Qatar - Inside Appointed Network	100%
Qatar - Outside appointed network or cash reimbursement,	100%
GEOGRAPHICAL EXTENSION	
Elective Treatment	State of Qatar only
Network Selection	GN+
BENEFITS & LIMITS	QRs 3,650,000



INPATIENT BENEFITS	
Medical costs including intensive care, theatre, hospital accommodation, medical practitioners, specialists, anaesthetists, nursing, appliances and prescribed drugs and dressings.	Covered
Kidney dialysis	
MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures.	
Reconstructive surgery to restore natural function or appearance within 12 months of an accident or surgery	
Speech and language therapy and occupational therapy as part of your inpatient treatment.	
Medical services of a nurse that would have been part of your inpatient or daycare treatment when these are received in your home instead of in hospital	
Costs of terminating a pregnancy when medically necessary	
All inpatient treatment needed for acute medical conditions that begin before the participant is eight days old, if the participant was conceived by natural conception. Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section Parent accommodation, it will be paid under this section instead	
All inpatient treatment needed for acute medical conditions that begin before the participant is eight days old, if the participant was conceived by assisted conception Where we agree that parent accommodation is needed in relation to this benefit and would normally be paid under section Parent accommodation, it will be paid under this section instead.	



Parent accommodation	
	Hospital accommodation costs for a parent or legal guardian to stay with the participant if they aged 17 or under and receiving inpatient treatment
	Hospital accommodation costs for a companion to stay with the participant if they're aged 18 or over, their condition is critical and they're receiving inpatient treatment QRs 110 for each night
Outpatient post-hospitalization treatment	
	Outpatient treatment for 90 days after you're discharged following inpatient or daycare treatment for the same acute medical condition. This benefit covers medical practitioners' and specialists' fees, surgical procedures, prescribed drugs and dressings, MRI, PET and CT scans, X-rays, pathology and other diagnostic tests and procedures
Rehabilitation	
	<p>This benefit is only available if:</p> <ul style="list-style-type: none">•you've received inpatient treatment for three or more consecutive days for the same medical condition,•you've stayed in hospital for three or more consecutive nights for the same medical condition,•your inpatient treatment was covered under Inpatient and daycare treatment,•a medical practitioner or specialist has referred you for rehabilitation, and•your rehabilitation starts:<ul style="list-style-type: none">–after you're discharged from hospital following your inpatient treatment, or–when you're transferred to a rehabilitation unit following your inpatient treatment. <p>Your first session must be no more than 14 days after you're discharged or transferred.</p> <p>This benefit covers inpatient, daycare and outpatient physiotherapy, speech and language therapy and occupational</p>

Covered up to 120 days after your discharge or transfer



	therapy. We'll also pay for accommodation costs at the rehabilitation unit when medically necessary.	
Cancer care		
	All treatment for, or related to, diagnosed cancer. This includes palliative treatment and care.	Covered
Outpatient treatment		
	Surgical procedure	
	Outpatient pre-operative tests up to 72 hours before inpatient or daycare treatment covered	
	Medical practitioners' and specialists' fees, prescribed drugs and dressings, MRI scans, X-rays, pathology and diagnostic tests and procedures.	Covered
	Kidney dialysis.	
	PET and CT scans.	
Physiotherapy and complementary medicine		
	Physiotherapy as part of inpatient or daycare treatment	
	Post-hospitalization outpatient physiotherapy. This benefit is available for 90 days after each inpatient or daycare admission	Covered
	Outpatient physiotherapy when a medical practitioner or specialist	
	Outpatient podiatry, osteopathic and chiropractic treatment when a medical practitioner or specialist refers you.	QRs 14,600
	Outpatient traditional Chinese medicine and acupuncture.	QRs 1,825



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	<p>Outpatient homeopathic treatment, and ayurvedic medicine including ayurvedic herbal preparations and therapies</p>	<p>QRs 2,500</p>
<p>Mental health</p>		
	<p>Up to 30 days inpatient psychiatric treatment and psychotherapy in the plan year.</p>	
	<p>Outpatient psychiatric treatment and psychotherapy. This benefit covers treatment provided by a psychiatrist, qualified and registered psychotherapist or psychoanalyst and MOPH registered social worker.</p>	<p>Covered</p>
	<p>Inpatient and outpatient psychiatric treatment and psychotherapy when your medical condition is an emergency. This benefit covers treatment provided by a psychiatrist, qualified and registered psychotherapist or psychoanalyst and MOPH registered social worker.</p>	
<p>Durable medical equipment including prosthetic and orthotic supplies</p>		
	<p>We'll cover costs for:</p> <ul style="list-style-type: none"> •Items a medical practitioner or specialist prescribes which are needed to deliver prescribed drugs and apply dressings •Buying and fitting of devices or items medically necessary for treatment including spinal supports, orthopaedic braces and air cast boots •The rental or initial purchase of crutches or a wheelchair if medically necessary •The initial buying and fitting of external prostheses needed after surgery, including artificial eyes and limbs •The buying and fitting of medically necessary orthotic supplies, including insoles and orthotic supports <p>This benefit does not extend to sight or hearing aids, personal protective equipment, furniture or any modifications to your personal or work environment.</p>	<p>Covered</p>



Congenital abnormalities		
	<p>All treatment for diagnosed congenital abnormalities and any related medical conditions. This includes palliative treatment and care for a congenital abnormality or any related medical condition. All treatment for diagnosed congenital abnormalities and any related medical conditions that are diagnosed before an insured participant is 31 days old:</p> <ul style="list-style-type: none">•if the pregnancy is the result of natural conception,•if they are added to the plan before they are 31 days old, and• the treatment would normally be covered under the section above. <p>Once the participant reaches five years of age, cover will only be available under the section above. Any costs paid under this section will not be deducted from the limit if applicable, shown in the above section. If the pregnancy is the result of assisted conception, cover will only be available under the section above.</p>	Covered
HIV or AIDS		
	<p>All treatment, including palliative treatment and care, for diagnosed HIV or AIDS and all related medical conditions.</p>	Covered
Terminal care		
	<p>Kidney, pancreas, liver, heart or lung transplants and any related treatment.</p>	Covered
Organ transplants		
	<p>Palliative treatment and care for a medical condition which is diagnosed as terminal.</p>	Covered
Local ambulance		
	<p>Costs of the appropriate type of ambulance needed to transport you to the nearest available and appropriate local hospital because of an emergency.</p>	Covered



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Dental treatment	
<p>Outpatient dental treatment for damage to natural teeth caused by an accident when:</p> <ul style="list-style-type: none">•the treatment can only be provided after you've received inpatient treatment related to the accident, and•you receive treatment within 90 days after you're discharged from hospital for your related inpatient treatment. <p>This benefit includes the cost to supply and fit dental implants.</p>	Covered
<p>Outpatient dental treatment for accidental damage to natural teeth, except when the damage is caused by eating. Cover is only available when you receive treatment for accidental damage within 10 days of the accident. This benefit also includes one follow-up consultation within 30 days of the accident.</p>	QRs 5,500
<p>Routine outpatient dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers dental examinations, scraping, cleaning and polishing, X-rays, composite fillings and simple non-surgical extractions only.</p>	
<p>Major restorative dental treatment, including treatment for accidental damage to natural teeth when the damage is caused by eating. This benefit covers:</p> <ul style="list-style-type: none">•Surgical extractions, including wisdom teeth•Root canal treatment•The cost to supply, fit and repair crowns, bridges and dentures•X-rays needed to support major restorative dental treatment•Gum treatment	QRs 11,000
<p>Dental coinsurance</p>	Nor Applicable
<p>Outpatient dental treatment when your dental condition is an emergency</p>	Covered
<p>Orthodontic treatment including:</p> <ul style="list-style-type: none">•Orthodontic examinations	QRs 3,650



	<ul style="list-style-type: none"> •Costs to supply, fit and repair orthodontic devices or items •X-rays needed to support orthodontic treatment •Surgical and non-surgical extractions needed as part of your orthodontic treatment 	
	Orthodontic co-payment	50%
	Dental implants including: <ul style="list-style-type: none"> •Dental examinations needed for dental implants •Costs to supply, fit and repair dental implants •X-rays needed to support the fitting or repair of dental implants 	Not Covered
	Dental implants co-payment	Nor Applicable
Hearing and Optical care		
	Prescription costs for: <ul style="list-style-type: none"> •Contact lenses •Spectacles •Spectacle lenses •Spectacle frames You're also covered for one consultation and sight examination for the signs or symptoms, or management of, natural or non-medical degenerative sight disorders. This includes, but isn't limited to, myopia, hypermetropia and astigmatism.	QRs 1,850
	Hearing aids when your medical condition is not an emergency.	QRs 3,650
	Hearing aids and optical care coinsurance	Nor Applicable
	Vision aids, vision correction by surgery and hearing aids, when treatment is needed for a medical condition that is an emergency.	Covered
Wellness		
	Vaccinations.	QRs 3,650



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	<p>Routine health checks for non-communicable diseases. This includes allergy testing, cancer screening, cardiovascular examinations, neurological examinations and vital sign tests. This benefit extends to an annual health assessment.</p>	
	<p>Outpatient tests and diagnostic procedures for communicable diseases when you do not have signs or symptoms, and they are not received in relation to a diagnosed medical condition. This benefit extends to outpatient antibody tests.</p>	<p>QRs 1,850</p>
	<p>Participant aged 17 or under: essential vaccinations as per MOPH.</p>	<p>Covered</p>
	<p>One sight examination and one hearing examination in the plan year.</p>	<p>QRs 900</p>
<p>Pregnancy and childbirth</p>		
	<ul style="list-style-type: none"> •Antenatal checkups for an uncomplicated pregnancy and 2D/ 3D ultrasound scans •Antenatal vitamins •Delivery costs, nursing fees and hospital accommodation costs for uncomplicated childbirth •Treatment for medical complications of maternity that happen due to a medical condition during pregnancy or childbirth •Postnatal checkups •Hospital accommodation costs for your newborn to stay with you for up to four nights immediately after his or her birth <p>We'll also pay the following routine costs for the newborn for the first 30 days after his or her birth, even if you do not add the newborn to your plan:</p> <ul style="list-style-type: none"> •One physical examination •Vitamin K, hepatitis B and BCG vaccinations •Screening tests for PKU, congenital hypothyroidism and G6PD •One hearing examination <p>This benefit also extends to the cost of elective circumcision for newborn males. Cover is available for up to 30 days from birth, and paid up to QRs 1,850.</p>	<p>Covered</p>



	Routine costs of newborns are only covered for the first 30 days from birth. Where the newborn is an insured participant, cover for routine costs within the first 30 days will still be provided under the insured mother’s plan.	
	Treatment needed for uninsured newborns. This benefit is only available for the first 30 days from birth, and cover will be provided under the insured mother’s plan. This benefit extends to hospital accommodation costs for a companion to stay with the newborn. Costs will be limited to QRs 110 for each night.	
	Maternity co-payment	Nor Applicable
Hormone replacement therapy		
	Hormone replacement therapy for symptoms of the menopause.	QRs 1,850
Hospital cash		
	We’ll pay you for each night you stay in a hospital for inpatient treatment: <ul style="list-style-type: none"> •if the inpatient treatment and hospital accommodation you receive during your stay are provided free of charge, and •we would otherwise cover the treatment or services you receive during your stay under this plan. We’ll pay for a maximum of 20 nights in the plan year.	QRs 500
Sleep apnea		
	All treatment for sleep apnea, including diagnostic tests and procedures, and the purchase of devices or items medically necessary for treatment.	Covered
	Developmental disorders	
	Developmental disorders of the brain. All investigations and treatment for developmental disorders of the brain and any related medical conditions including, but not limited to autism,	



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	learning difficulties and developmental, social or behavioral problems. This benefit extends to cover speech and language therapy and occupational therapy.	
Dietician services/ Nutritional counselling		
	This benefit covers nutritional counselling delivered by a licensed nutritionist or dietician when a medical practitioner or specialist refers you.	QRs 730 per session and up to 6 session
Health management services		
	Access to our CARE team to receive tailored information and discuss any chronic condition and disease management.	Include

Plan Exclusions:

plan doesn't cover claims for, arising from or connected to the exclusions in this section unless shown otherwise in your Benefits Schedule or we've agreed separately in writing, and we'll seek to recover from you any payments we've made if we determine an exclusion applies to a claim we've already paid.

1) Acting against medical advice Any journey, activity, action, or pursuit you carry out (or omit to carry out) against medical advice or general advice.

2) Addictions and abuse Treatment for alcohol, drug, or substance abuse or any kind of addictive condition and any injury or illness associated with it. We define drug abuse as the use of any drug:

- in a manner or in quantities other than directed or prescribed by a medical professional, or
- for any reason other than what it was prescribed for.

3) Administrative costs, fees, and charges

- completing claims forms,
- completing or obtaining other documents
- administration fees and surcharges,
- any registration fees,
- overdue invoice charges, or
- shipping, delivery and custom fees.

4) Altered and amended documents: Any invoice, claim form, medical report or other document that anyone has altered or amended.

5) Brain and learning disorders, and speech and voice problems: Developmental disorders of the brain, learning disorders, learning difficulties, speech problems and voice problems.

6) Cosmetic treatment: Any type of cosmetic treatment.

7) Certain costs you've incurred Costs you've incurred if:

- they exceed the relevant Benefits Schedule limit,
- you haven't completed the relevant waiting time shown in the Benefits Schedule, if applicable,
- they're less than your excess or co-payment,

- your plan doesn't cover them, including associated costs such as loss of earnings as a result of a medical condition,
- you've incurred them outside your area of cover,
- you received treatment or services before the start date or after the end date of your plan. Page 2 of 4

8) False and fraudulent claims: Any false or fraudulent claims.

9) Gender reassignment: Costs directly or indirectly associated with gender reassignment.

10) Harvesting, storage and organ transplants: The harvesting or storage of umbilical cord blood stem cells, sperm, mature oocytes and embryos. Costs of:

- locating a replacement organ,
- removing an organ from a donor,
- transporting an organ, or
- any associated administration.

11) Illegal activities: You act illegally or committing or helping to commit a criminal offence.

12) Active participant Conflict or civil unrest if, in our reasonable opinion,

- you're actively participating,
- you're a member of any armed force or security service, including personal protection,
- you've knowingly entered or remained in a location where there is conflict or civil unrest, or
- you've intentionally put yourself at risk of injury.
- A natural disaster if, in our reasonable opinion:
 - you've knowingly entered or remained in a location where there is a natural disaster, or
 - you've intentionally put yourself at risk of injury. Contamination or injury from any biological, chemical or nuclear materials, including combustion of nuclear fuel if, in our reasonable opinion:
 - you've knowingly entered or remained in a location where there is contamination,
 - you're a member of a biological, chemical or nuclear contamination cleaning crew of any kind, or
 - you've intentionally put yourself at risk of contamination or injury.

13) Journeys and transportation

- any journey specifically made to receive treatment, unless you've requested preauthorization and we've given our approval,
- non-emergency transportation, or
- costs for medical evacuation if a local situation makes it impossible, dangerous, or not practical to enter or leave a specific location or country.

14) Professional sports and hazardous activities

- Playing professional sports (i.e., any sport or sports Page 3 of 4 for which you are paid as your main source of income), or taking part in any of the hazardous activities below whether on a professional or recreational basis:
 - Motor sports of any kind,
 - Using a weapon or firearm,
 - Mountaineering, potholing, spelunking, and caving,
 - Trekking at an altitude of more than 2,500 meters,
 - Scuba or free diving unless: – you are diving to a depth of less than 30 meters, and – you hold the appropriate PADI qualification, or you are accompanied by a PADI qualified instructor.
 - Off-piste winter sports,
 - Arctic and Antarctic expeditions,
 - Being the driver or passenger of any motorized vehicle, including but not limited to a motorcycle, motorized tri-cycle or quad-cycle: o not on a public road, or o on a public road, unless you are wearing a seatbelt, if there is one, and the driver (whether you or somebody else) has the license and insurance required by law to drive the motorized vehicle. o Being the driver or passenger of any motorcycle, motorized tricycle, or quad-cycle, unless you are wearing a crash helmet.

15) Self-inflicted medical conditions: Suicide, attempted suicide, or any deliberate self-inflicted medical condition.

16) Reproduction and newborns Costs of:

- contraception or sterilization,
- treatment for sexual problems including impotence,

- fertility or infertility tests or treatment,
- assisted reproduction,
- surrogacy,
- pregnancy, childbirth, and postnatal costs whether complicated or not, including termination of pregnancy on non-medical grounds, or
- any inpatient treatment for an acute medical condition that begins before the participant is eight days old if the pregnancy was achieved by assisted conception.

17) Sight, hearing and dental Myopia, hypermetropia, astigmatism, natural or non-medical degenerative sight or hearing disorders, aids to help with sight or hearing, contact lens solutions, eye drops, sunglasses, and prescription sunglasses. Orthodontic treatment which affects the structure, function, development, or appearance of the teeth, upper or lower jaw or the oral cavity and dental implants.

18) Sleep: Sleep apnea, sleep-related breathing disorders, snoring and insomnia. Page 4 of 4

19) Treatment provision and referral:

- Treatment you receive before your start date or that is ongoing at your start date.
- Treatment that we determine on general advice is experimental or not clinically proven.
- Drugs or dressings that: – the pharmaceutical regulator in your country of treatment doesn't recognize, – you obtain without prescription, or – a medical practitioner prescribes for a medical condition that's different to the one you're claiming for.
- Substances, personal products, and dietary supplements including vitamins, minerals, mouthwash, toothpaste, antiseptic lozenges and sprays, shampoo, sunscreen, sanitizer, gloves, masks, visors, thermometers, children's food, baby supplies and infant formula given orally,
- A medical professional visiting you at home or in any non-clinical environment, unless you've requested preauthorization and we've given our approval,
- Treatment in a spa, hydro spa, health farm or similar facility,
- Treatment at a nursing home or hospital that's become your permanent residence or where you've been admitted for domestic reasons,
- Treatment given, or referrals made, by a medical professional who is your spouse, partner, child, parent or sibling, or self-prescribed treatments or referrals if you're a medical professional,

- Health education programs and services including, but not limited to, family planning, antenatal classes, and parenting classes.

- Nutritionist or dietitian consultations or services unless you've requested preauthorization and we've given our approval.

20) Weight management Any treatment for weight loss or weight problems including bariatric procedures, diet pills or supplements, health club memberships, diet programs or residential eating disorder programs.

21) Durable medical equipment Sight or hearing aids, furniture, or any modifications to your personal or work environment.

22) Medical evacuations and local ambulance Air-sea rescue or any mountain rescue unless it's for a medical condition you suffer at a recognized ski resort or similar winter sports resort.

23) Mortal remains The purchase of a burial plot, or funeral costs, including, but not limited to, flowers and the funeral director's fees.

24) Quarantine and isolation

- unless it's medically necessary for you to be protected from communicable diseases due to your medical condition, or

- in any non-clinical environment for any reason