

Group Health Insurance

For

**QATAR FOUNDATION**  
Group Health Solutions



Employees & Dependants

2008

**Qatar** Insurance Company, one of the leading insurers in the region, QIC provide peace of mind, and provide access to the best medical facilities through our network of health providers in State of Qatar.

**QIC** is rated **A** by Standard & Poor's (S&P),

**QIC** is an **ISO (9001: 2000)** compliant organization which reflects the high quality of services that we offer to our clients.



**QIC** provides access to the best medical facilities throughout our network of health providers in State of Qatar & World wide.

**We** assure delivery of high standard of services to all beneficiaries at every stage.

**We** are pleased to attach herewith a summary manual for your policy includes:

- Table of benefits
- List of preferred provider in State of Qatar
- Call Center
- Claim/ Complaint procedure
- Policy Exclusions

## 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:   | ▪ Qatar Insurance Company   |
| ▪ Insured:             | ▪ QATAR FOUNDATION  |
| ▪ Period of Insurance: | ▪ From: 1 <sup>st</sup> Jan, 2008 To: 31 <sup>st</sup> Dec, 2008<br>"Both days inclusive" |
| ▪ Premium              | ▪ Annual  |

### TABLE OF BENEFITS

BENEFITS DETAILS	BENEFITS LIMITS
PLAN	PREMIER - PLUS
SCOPE OF COVER	WORLDWIDE
Emergency & elective treatment outside area of cover including USA & Canada whilst the insured is in short visit not exceeding 120 days.	Covered
OVERALL ANNUAL LIMIT / PERSON / POLICY YEAR	USD 1,000,000
<b>IN- PATIENT &amp; DAY-CARE TREATMENT:</b>	
▪ Hospital accommodation,	Private Room
▪ Accidents and Emergencies, Intensive Care & Theatre Costs,	Covered
▪ Surgical Operations & procedures	Covered
▪ Second Medical Opinion	Covered
▪ Nursing fees, Medical Expenses & ancillary Charges	Covered
▪ Surgeons, Anaesthetists & Physicians fees.	Covered
▪ Prescribed Medicine & drugs & Dressings.	Covered
▪ Post hospitalisation treatment received within 90 days of being discharged from hospital	Covered
▪ Local Ambulance	Covered
▪ Reconstructive Surgery following an accident or surgery for an eligible medical condition.	Covered
▪ Artificial Limbs and Eyes, when necessitated by accidental bodily injuries or diseases occurring while under cover.	Covered

▪ Casts, Splints, Trusses, Braces and Crutches.	Covered
▪ Rental of Wheelchair, Hospital bed, or Iron lung	Covered
▪ Prostheses and Surgical Appliances.	Covered
▪ Diagnostic tests (X-rays, MRI, CT Scan, US, Angiography, ECG, Stress test, Echo and Lab. services including hormonal tests).	Covered
▪ Oncology Treatment. (Tests, Drugs, and Consultation fees)	Covered
▪ Radiotherapy & Chemotherapy.	Covered
▪ Sport Related Accident (Non professional)	Covered
▪ Medications to suppress opportunistic infections (such TB, Toxoplasmosis) for employee who have HIV/ AIDS.	Covered
▪ Treatment of injuries resulting from terrorism.	Covered
▪ Kidney Failure & Dialysis.	Covered
▪ Ophthalmology (Consultation, Eye test, medical & surgical therapy), Laser and optical expenses are not covered.	Covered
▪ Physiotherapy as requested by medical practitioner.	Covered
▪ Psychiatry & psychotherapy (w/out waiting period)	Covered
▪ Complementary therapy (Chiropractics, Osteopathy and Acupunctures), requested by medical practitioner.	Covered
▪ Accidental damage to natural teeth, immediately post an accident (Treatment as an in-patient or day care patient).	Covered
▪ Accommodation costs for one parent staying in hospital with insured child under 18.	Covered
<b>IN-PATIENT DEDUCTIBLE</b>	<b>Nil</b>
<b>OUT-PATIENT TREATMENT:</b>	
<i>Benefits Limit:</i>	<i>Up to the overall annual limit / person / policy year</i>
▪ Diagnostic tests (x-rays, MRI, CT scan, US, Angiogram, ECG, Stress test, Echo and Lab. services including hormonal tests & pathology diagnostic tests and procedures)	Covered
▪ Specialists, Consultants, General medical practitioner and Family physician fees.	Covered
▪ Out-Patient home visits for emergency conditions	Covered
▪ Vaccination for children up to the school age	Covered
▪ Oncology (tests, drugs and consultation fees)	Covered
▪ Radiotherapy & Chemotherapy	Covered
▪ Medicine & Dressings	Covered

▪ Day Care Treatment & Surgery.	Covered
▪ Vision Care (Except Optical services)	Covered
▪ Medical Care and addictive conditions	Up to USD 1,500
▪ Emergency Ambulance (to and/ or from point of treatment)	Covered
▪ Road Traffic Accident	Covered
▪ Palliative Ongoing Treatment & Medication.	Covered
▪ Physiotherapy as requested by medical practitioner.	Covered
▪ Complementary therapy (Chiropractics, Osteopathy and Acupunctures), requested by medical practitioner.	USD 3,500
▪ Ophthalmology (Consultation, Eye test and medical treatment), refraction and optical expenses related are not included.	Covered
▪ Aging illness (e.g. Parkinson)	Covered
▪ Psychiatric Treatment	USD 2,000
<b>DEDUCTIBLE PER EACH OU-PATIENT CLAIM:</b>	<b>NIL</b>
<b>DENTAL OU-PATIENT TREATMENT:</b>	
<i>Overall annual limit per insured</i>	USD 2,740
<i>Dental Benefits:</i>	
▪ Dental treatment	80% refund
▪ Dental surgery	80% refund
▪ Periodontics	80% refund
▪ Orthodontic treatment and dental prosthesis	50% refund
▪ Emergency treatment for the immediate relief of dental pain & accidental damage to natural teeth	Covered
<i>Accidental damage to natural teeth, immediately post an accident (Treatment as an in-patient or day care patient).</i>	Covered
<b>WELLNESS BENEFITS: (once per employee "45 yeas old and above" per policy year)</b>	
Medical check up: <ul style="list-style-type: none"> <li>▪ Primary care consultation&amp; Physical examination.</li> <li>▪ Ophthalmology Consultation.</li> <li>▪ Total Blood Analysis includes: (CBC, ESR, Fasting Blood Sugar, Kidney Function Tests, Liver Function Test, Lipid Profile, Routine Urine Analysis, Routine Stool Analysis, Occult Blood Test, Stool Helicobacter Pylori Test, C Reactive Protein</li> <li>▪ Chest X-ray, ECG.</li> </ul>	Up to USD 250 (At the Family Medical Center)
Cervical smear & Mammogram (for female)	
Prostate cancer test (for male)	

<b>MATERNITY CARE:</b>	
<ul style="list-style-type: none"> <li>Normal pregnancy and childbirth comprising normal pre-natal treatment and examinations, normal childbirth, normal post-natal treatments and examination. Available from the day one of cover</li> </ul>	Covered
<ul style="list-style-type: none"> <li>Complications of pregnancy treatment of a medical condition which arises during the antenatal stages of pregnancy, or a medical condition which arises during childbirth. Available after 12 months continuous cover by the plan</li> </ul>	Covered
<ul style="list-style-type: none"> <li>New born accommodation hospital accommodation costs for a new born child to accompany its 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 benefits</li> </ul>	Covered
<ul style="list-style-type: none"> <li>Termination of pregnancy when medically necessary</li> </ul>	Covered
<b>MATERNITY CO-PAYMENT:</b>	
	<b>NIL</b>
<p><b>CHRONIC MEDICAL CONDITIONS:</b> (In &amp; Out-patient):</p> <ul style="list-style-type: none"> <li>Maintenance includes palliative treatment and prescribed medicine.</li> <li>Stabilization of acute exacerbations/ episodes chronic medical conditions.</li> </ul>	Covered
<p><b>EMERGENCY LOCAL AMBULANCE:</b></p> <p>Cost of road ambulance transport required due to emergency or medical necessity to the nearest available and appropriate local hospital.</p>	Covered
<p><b>ORGAN TRANS PLANT:</b></p> <p>Cost of the surgical procedures in performing an organ transplant of kidney, liver, heart, lung or heart and lung, in respect of the insured person as recipient and not the organ donor.</p>	Covered
<p><b>NURSING AT HOME:</b></p> <p>Primary care services of a registered nurse in the insured's home immediately after or instead of in-patient or day-care treatment.</p>	Covered
<p><b>COMPASSIONATE EMERGENCY HOME VISIT:</b> Cost incurred by an insured employee for an economy class return airfare to travel to and from an insured employee's home country in the event of a medical condition of a close family member (Father, Mother, Daughter, Son or Spouse), up to the attained age 75 years, resulting in that close family member being placed on a critical list, or death of a close family member, limited to one journey per insured person per plan year.</p>	Covered
<p><b>HOSPITAL CASH BENEFITS:</b></p> <p>Cash payment payable for each night where the service is received by an insured person as a non-paying patient</p>	USD 150/Night
<p><b>LEGAL EXPENSES:</b></p> <p>Legal expenses incurred by an insured person with our prior written consent in pursuit of a claim against a 3<sup>rd</sup> party who has caused bodily injury to, or the death of, an insured person.</p>	Covered
<p><b>REPATRIATION, BURIAL OR CREMATION MORTAL REMAINS:</b></p> <p>In the event of death, the costs of preparation and air transportation of the body, mortal remains or the ashes of an insured person, from the place of death to the home country, or the preparation and local burial or cremation of the mortal remains of the insured person, who dies outside home country.</p>	Covered
<p>Expenses for one person accompanying an evacuated or repatriated person.</p>	USD 3,000

<b>EMERGENCY MEDICAL EVACUATION:</b>	Covered
<b>CO-INSURANCE :</b>	
▪ For expenses inside the network provider	100%
▪ For expenses outside the network provider	85%

**QATAR INSURANCE COMPANY**



**PREFERRED PROVIDER NETWORK**  
FOR HEALTH CARE SERVICES

**QIC**  
**PREFERRED PROVIDERS**  
ORGANIZATION/ NETWORK  
**(PPO)**

**QIC QATAR PREFERRED PROVIDER NETWORK**

You can choose from the listed provider which can meet with your members' requirements within the area of cover of your selected plan:

PROVIDER NAME	CONTACT DETAILS		
	TELEPHONE No.	FAX No.	SPECIALITY
<b>HOSPITAL</b>			
▪ DOHA CLINIC HOSPITAL	4384232	4384395	IN/ OUT-PATIENT
▪ AL-EMADI HOSPITAL	4666009	4678340	IN/ OUT-PATIENT
▪ AMERICAN HOSPITAL	4421999	4424888	IN/ OUT-PATIENT
▪ AL-MAGHRABI EYE, ENT CENTER - QATAR	4864948	4870259	IN/ OUT-PATIENT
▪ HAMAD HOSPITAL & PRIMARY HEALTH CARE CENTERS	On Re-imburement Basis with (NO) co-insurance		
<b>POLYCLINICS</b>			
▪ QATAR MEDICAL CENTER	4440606	4353281	OUT-PATIENT/ DAY CARE
▪ FAMILY MEDICAL CLINICS	5834529		OUT-PATIENT/ DAY CARE
▪ AL-JAZEERA MEDICAL CENTRE	4351153	4351128	OUT-PATIENT/ DAY CARE
▪ APOLLO CLINIC QATAR	4418441	4418442	OUT-PATIENT/ DAY CARE
▪ AL-SHEFA POLYCLINIC	4660330	4660990	OUT-PATIENT/ DAY CARE
▪ AL-RAFA POLYCLINIC	4440499	4424305	OUT-PATIENT/ DAY CARE
▪ EURO CLINIC	4440156	4352355	OUT-PATIENT/ DAY CARE
▪ Dr. YOUSEF ABUALFAIN EYE CENTER	4311112	4311115	EYE CENTER
▪ ELAJ MEDICAL CENTER	4430055	4315119	OUT-PATIENT/ DAY CARE
▪ AL-MANSOUR MEDICAL CENTER	4883377	4883037	OUT-PATIENT/ DAY CARE
▪ WAJBA MEDICAL CENTER	4823213	4823211	OUT-PATIENT/ DAY CARE
<b>PRIVATE CLINICS</b>			
▪ Dr. MAHER ABBAS	4363397	4363397	Pediatrician
▪ Dr. MOHD AMEEN ZABIB CLINIC	4685444	4685544	Cardiologist / Internist
▪ Dr. SAHAR HEBI	4673043	4672416	Pediatrician
▪ Dr. ANJUMAN ARA	4324076	4425727	General Practitioner
▪ Dr. SAMEER KALANDAN	4428222	4326093	General Practitioner
▪ Dr. ATEF RIZK	4449356	4449357	General Practitioner
▪ Dr. MOHD SALIM	4370599	4370599	General Practitioner
▪ Dr. MAMMEN	4353204	4353204	General Practitioner
▪ Dr. RAMESH	4320553	4320553	General Practitioner
▪ Dr. JAGAN	4447879	4447879	General Practitioner
<b>DENTAL CENTERS</b>			
▪ Dr HASSAN AI-ABDULLA SPECIALISED DENTAL MEDICAL CENTER	4323900	4661291	DENTAL CENTER
▪ QATARI LEBANESE DENTAL SPECIALITY COMPLEX	4869933	4874945	DENTAL CENTER
▪ CLEOPATRA DENTAL CENTER	4642546	4645856	DENTAL CENTER
▪ AL AQSA DENTAL CENTER	4353944	4446010	DENTAL CENTER
▪ DOHA SPECIALISED DENTAL CENTER	4568585	4568585	DENTAL CENTER
▪ MARWAN DENTAL CENTER	4429186	4420820	DENTAL CENTER
▪ Dr. MAHMOUD ABBAS	4411699	4310669	Dentist
▪ Dr. GHASSAN AL-KAHLOUT	4424284	4424284	Dentist
▪ Dr. SUSAN'S DENTAL CLINIC		4313775	Dentist
▪ ARAK DENTAL POLYCLINIC	4810410	4476135	DENTAL CENTER
<b>PHARMACIES</b>			

▪ IBN AL HAITHAM PHARMACY*	4384232	4384395	Pharmacy Provider
▪ KHALED PHARMACY	4644866	4644864	Pharmacy Provider
▪ AMEERA PHARMACY	4328202	4328202	Pharmacy Provider
▪ AL-SALAM PHARMACY	4665551	4665551	Pharmacy Provider
▪ HAYAT PHARMACY	4351165	4369971	Pharmacy Provider
▪ AL-AFIFA PHARMACY	4440567	4440567	Pharmacy Provider
▪ KHULOOD PHARMACY	4877784	4877784	Pharmacy Provider
▪ AL-DOHA PHARMACY	4135035	4135035	Pharmacy Provider
▪ BAITUL HIKMA PHARMACY	4368900	4368900	Pharmacy Provider
▪ MECCA PHARMACY	4131533	4131533	Pharmacy Provider
▪ FAMILY PHARMACY	4434100	4434100	Pharmacy Provider
▪ AL-KAZIM PHARMACY	4435900	4435900	Pharmacy Provider
▪ AL-QADISYA PHARMACY	4412511	4412511	Pharmacy Provider
▪ AL-OUSRA PHARMACY	4320567	4320567	Pharmacy Provider
▪ QATAR PHARMACY	4421554	4421554	Pharmacy Provider
▪ IBN KHALDOON PHARMACY	4429112	4429112	Pharmacy Provider
▪ IBN HAYYAN PHARMACY	4325033	4325033	Pharmacy Provider
▪ DIPLOMATE PHARMACY	4839566	4839566	Pharmacy Provider
▪ AL-FARABY PHARMACY	4872377	4872377	Pharmacy Provider
▪ FUTURE PHARMACY			Pharmacy Provider
▪ QUEEN PHARMACY	4654520	4654520	Pharmacy Provider
▪ COUNTRY PHARMACY	4372908	4372908	Pharmacy Provider
▪ AL-MANSOOR PHARMACY*	4883377	4883377	Pharmacy Provider
▪ AL NOOR PHARMACY	4505625	4505625	Pharmacy Provider
▪ APOLLO CLINIC PHARMACY*	4418441	4418442	Pharmacy Provider
▪ AL-FAJER PHARMACY*	4440606	4353281	Pharmacy Provider
▪ AL-BATEEL PHARMACY*	4440606	4353281	Pharmacy Provider
▪ AL-JAZEERA MEDICAL CENTRE PHARMACY*	4351153	4351128	Pharmacy Provider
▪ ARAFA PHARMACY	462 2334	462 1749	Pharmacy Provider
▪ MINA PHARMACY	481 1896	463 1749	Pharmacy Provider
▪ HIJRAH PHARMACY	483 3006	464 1749	Pharmacy Provider
▪ MEEQAT PHARMACY	464 0552	465 1749	Pharmacy Provider
▪ RAWDAH PHARMACY	432 5410	466 1749	Pharmacy Provider
▪ WELL CARE PHARMACY	468 7331	467 1749	Pharmacy Provider
▪ ARAFA AIRPORT PHARMACY	467 1300	468 1749	Pharmacy Provider
<b>DIAGNOSTIC CENTERS</b>			
▪ MADINOVA DIAGNOSTIC CENTER	4440499	4424305	Diagnostic Provider
▪ AL BORG LAB CENTER	4472224	4475553	Diagnostic Provider
▪ Dr. NAWAL ABDUL KADER	4356492	4353950	Diagnostic Provider
<b>OPTICAL PROVIDERS</b>			
▪ GULF OPTICS - Abdullah Bin Thani Branch	4325655	4324343	Optical Provider
▪ GULF OPTICS – Al Sadd Branch	4441553	4324343	Optical Provider
▪ GULF OPTICS – City Center Branch	4835350	4324343	Optical Provider
▪ GULF OPTICS – Souq Hamad, Musheireb Branch	4376510	4324343	Optical Provider
<b>DIRECT REGIONAL PROVIDERS</b>			
▪ BANKOK INTERNATIONAL HOSPITAL	+66 2310 3107	+66 2310 3105	IN-OUT PATIENT
▪ CAPITOL MEDICAL CENTER MANILA	+632 372 2825	+632 374 2568	IN-OUT PATIENT
▪ BAHRAIN SPECIALIST HOSPITAL	+973 17812077	+973 17812012	IN-OUT PATIENT
▪ AMERICAN MISSION HOSPITAL BAHRAIN	+973 17253447	+973 17234194	IN-OUT PATIENT
▪ IBN AL-NAFEES HOSPITAL , BAHRAIN	+973 17828282	+973 17828232	IN-OUT PATIENT
▪ AL-MAGHRABI EYE, ENT CENTER - MUSCAT	+968 24568870	+968 24568874	IN-OUT PATIENT
▪ KIMIS MEDICAL CENTER BAHRAIN	+973 17822123	+973 17822127	OUT PATIENT

▪ SHIFA AL-JAZEERA MEDICAL BAHRAIN	+973 17288000	+973 17280404	OUT PATIENT
▪ AL HEKMA PHARMACY, BAHRAIN	+973 17 550188	+973 17 551651	Pharmacy Provider
▪ HAMAD TOWN PHARMACY, BAHRAIN	+973 17 410114	+973 17 551651	Pharmacy Provider
▪ MODERN PHARMACY, BAHRAIN	+973 17 440822	+973 17 551651	Pharmacy Provider
▪ IBN AL-NAFEES HOSPITAL PHARMACY, BAHRAIN	+973 1782 8282	+973 1782 8232	Pharmacy Provider
▪ SALAM PHARMACY, BAHRAIN	+973 17 686115	+973 17 551651	Pharmacy Provider
▪ AL-AMAL HOSPITAL PHARMACY, BAHRAIN	+973 17642250	+973 17551651	Pharmacy Provider
▪ AL QUDS PHARMACY, BAHRAIN	+973 17470080	+973 17 470080	Pharmacy Provider
▪ AL-KINDI HOSPITAL PHARMACY, BAHRAIN	+973 1 7240424	+973 17 240043	Pharmacy Provider

Notice:

- QIC shall guarantee the addition, whenever it is necessary the new contracted providers to the list of **QIC CLIENTS** network providers.
- Pharmacies with remark (✳) didn't dispense the medicine without their own clinic practitioner prescription.

## CALL/ ALARM CENTER

- We are always happy to know our valued customers' views on the service we provide under our medical insurance policies. We are also eager to deal with their problems and concerns as quickly and effectively as possible. With this in mind we have established a Local Call Centre/ International Help Center operating 24 hours a day, 365 days a year on the following phone numbers.
- Local Call Center, is a medical help line inside Qatar. You can contact us with your comments and/or complaints on any of these numbers:

+974 5839260

+974 5839625

+974 4962343

+974 4962342

- Or by fax to: +974 4839188
- Or by e-mail to:

[Qic\\_medical@qic.com.qa](mailto:Qic_medical@qic.com.qa)

[qatarins@qic.com.qa](mailto:qatarins@qic.com.qa)

- Outside Qatar please contact our [International Help Center](#), as soon as reasonably possible prior to hospital admission, giving full details of the medical condition, proposed treatment details along with the health provider details. The International Help Center will advise you if they have sufficient information to confirm your cover. If not, they will advise you what further information is required. When sufficient information has been made available to appraise your claim, they will verbally confirm the basis of cover and will dispatch written confirmation to you.



- The Local Call Centre/ International Help Center facility is an essential part of our service under your Group Health Insurance Policy. It is always managed by members of our friendly customer service team waiting to answer your employees/providers' queries and organize and authorize treatment within the QIC network inside Qatar and assist in any way they can.

## MAKING CLAIM / COMPLAINT PROCEDURES

### MAKING A CLAIM:

#### How to make a claim?

#### A – INSIDE QATAR:

##### ▪ AT PREFERRED PROVIDER NETWORK:

We have an arrangement for direct settlement of eligible expenses with certain medical providers listed in QIC list of participating hospitals, clinics, pharmacies and polyclinics please contact us if you would like a copy of the list that we have direct settlement arrangements with, on a direct billing basis.

- Please present your insurance health card to the provider's authorized personnel.
- Sign all invoices, claim forms and the documents related to the expenses of the services incurred.
- You will be responsible for payment of any Co-Insurance and/or excess that mentioned in the benefits table of your policy net the provider discount.
- You will be responsible for any expenses of ineligible treatment and/or expenses of treatment for medical conditions that are ineligible
- QIC grant special discount for the ineligible medical expenses

##### ▪ AT NON-PREFERRED PROVIDERS:

Where you receive treatment outside the preferred provider network, all expenses must be paid for in full at the point of services and re-claimed from QIC. In such instances please ensure that:

- Any non-emergency Inpatient and day-patient treatment, are notified to QIC local call center in writing "fax/ e-mail/ letter" before any planned treatment is undertaken.
- Claim form is completed by you and the medical provider. If you do not have a claim form please call us on +974 4962434/ 4962342 and we will send you one.
- Remit the claim to QIC with all substantiating documents/proof of your claim including but not limited to, the original itemized invoices and proof of payment, prescription and if necessary a written medical report, investigation's report and clear diagnosis
- Failure to fully substantiate your claim will result in delayed processing and settlement or may invalidate your claim.
- We will deal with the claim within 2 weeks. However, we reserve the right to change the procedure for making a claim. We will notify your sponsor at least one month prior to making such a change.
- All Claims should be sent to: QIC representative office at your premises or to QIC, Taamen Street, west bay, QIC building, or P.O. Box 666.

#### B- OUTSIDE QATAR:

- Please ensure that any expenses for non-emergency inpatient and day-patient treatment, are agreed by QIC local/ international call center in writing "fax/ e-mail/ letter" before any planned treatment is undertaken.
- Pre-authorization of any Elective Treatment or non-emergency treatment should be submitted in writing to QIC local/ international call center as soon as reasonable and at least 48 hours prior to admission.
- Planned Treatment under taken without pre-authorization from QIC may not be eligible for a full refund in accordance with the policy terms and conditions, unless Help Line response delayed more than the due time.
- Verbal confirmation does not constitute pre-authorization. If in doubt, please contact the medical helpline, as shown on your membership card.
- QIC will grant 24 hours a day, 365 days of the year medical helpline staffed by multi-lingual operators.
- We have arranged a direct settlement network within certain medical providers in certain countries where you can receive treatment for eligible medical conditions on a direct billing basis. Please note you will still be responsible for payment of any Co-Insurance or Excess at the time of your appointment.
- QIC will timely grant the following options for the expenses incurred out of the network providers:
  - 1- A grantee letter to the provider
  - 2- Made an interim payment/ deposits amount to enable our client to meet the initial medical expenses
  - 3- Bank grantee,Please note that **QATAR FOUNDATION** still responsible for payment of any exceeding limit and/or ineligible expenses as a result of utilization of these options.
- Where you receive Treatment out of the network providers and not utilized the above mentioned options all expenses must paid in full by your beneficiary at the time of the appointment and re-claimed from QIC. In such instances please ensure that a claim form is completed by the beneficiary and the medical provider. Please remit it to QIC with all

substantiating proof of the claim, including but not limited to, the original invoices and proof of payment, prescription and a written diagnosis from the medical practitioner. Failure to fully substantiate your claim will result in delayed settlement.

#### C- REPATRIATION BENEFIT CLAIM:

- This policy extends to include the cost of repatriation of remains or local burial expenses of an assured person, following a fatal ailment covered by the policy, to his country of origin or State of Qatar.
- The additional benefit provided by this claim shall be limited to the amount per person as set forth in the schedule, it covers the cost of one other person to travel with the insured person as escort and shall form part of the maximum benefit stated in the schedule.
- This option is not operative where travel to the country of residence, country of nationality, or country for your choice is against the advise of our medical advisors.

#### D- EMERGENCY MEDICAL EVACUATION BENEFIT CLAIM:

- This policy extends to include the cost the Emergency Medical Evacuation expenses of an Insured Person, in the event of treatment not being readily available at the place of incident to the nearest appropriate medical facility.
- The additional benefit provided by this claim shall be subject to written agreement from QIC prior to travel, certified instructions from the attending medical practitioner or specialist including confirmation that the required treatment is unavailable at the place of incident.
- It covers the cost of one other person to travel with the insured person as escort (this benefit is limited to the amount set forth in the schedule and shall form part of the maximum benefit stated in the schedule).
- QIC medical advisors will decide the most appropriate method of transportation for the emergency evacuation
- This option is not operative where travel to the country of residence, country of nationality, or country for your choice is against the advise of our medical advisors or when the nominated country does not have the appropriate facility to treat the medical condition.

#### E- COMPASSIONATE EMERGENCY HOME VISIT:

- This policy extends to include the costs of a return economy class ticket fares to home country of an insured employee in the event of critical illness or death of a close family member (father, mother, spouse, daughter or son).
- A compassionate emergency home visit benefit is subject to written agreement from QIC prior to travel.
- This option is not operative where travel to the Home Country, on holiday or business trip.
- The additional benefit provided by this Extension shall be limited to the amount per employee as set forth in the schedule and shall form part of the maximum benefit stated in the schedule.



#### COMPLAINTS PROCEDURE

- If you have a complaint about our practices or performance, please write with the details of your complaint to:

Vice President – Medical Insurance  
Qatar Insurance Company  
P.O. Box 666  
Tel. No: 4962340  
Fax No: 4839188  
E-mail: [galal.rashwan@qic.com.qa](mailto:galal.rashwan@qic.com.qa)

We will acknowledge we have received your complaint within 24 hours. Where possible, we will outline the steps we proposed to take to sort out your complaint.

- If for any reason you are still not satisfied, you should write to:

President & CEO  
Qatar Insurance Company  
P.O. Box 666  
Tel. No: 4962222  
Fax No: 4831569

## 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, 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, optometric examinations (vision tests) spectacles, contact lenses and correction of vision, vaccinations (except for children up to school age), inoculations, medical certificates and examination for residence, employment or travel, unless provided for under the plan and listed in the Table of Benefits.
- 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 /hereditary illness or conditions.
- 6- Treatment of Mental, and Developmental disorder.
- 7- Loss of hearing and hearing aids unless caused by a medical condition covered under the policy.
- 8- Corrective devices and medical appliances that are not surgically required, and/or any substance not considered a medicine such as, but not limited to tonics, slimming pills, scalp and hair lotions and shampoos.
- 9- Treatments resulting from racing and professional participation in hazardous Sports.
- 10- Treatment for any illnesses, diseases or injuries resulting from Active Participation in war, riots, civil disturbances, 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.
- 11- Treatment received outside the territorial limits described in the Table of Benefits and/or expenses incurred where the Insured has traveled against medical advice.
- 12- 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.
- 13- Desensitization and allergen tests. unless carried out as part of treatment of an ailment which is covered under this plan.

- 14- Complementary medicine applications such as Chiropractic and Osteopathy, unless recommended by a medical practitioner and subject to prior approval of the Insurers.
- 15- 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.
- 16- Any treatment or test, second or subsequent opinion for which the required Insurer's pre-authorization is not obtained.
- 17- Benefits recoverable under Workmen's Compensation Act Insurance, and/or any work related injury and/or illness.
- 18- 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.
- 19- All Maternity related benefits unless provided for under the plan and listed in the Table of Benefits.
- 20- 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,
- 21- Treatment of speech, voice problems and cochlear Implantation.
- 22- Any medical prescription relative to a special diet, weight control, children's food, or baby supplies.
- 23- Experimental unproven treatment or drug therapy, and Herbal medicines.
- 24- Durable medical appliances (e.g. Nebulaizer).
- 25- Pap smear and mammogram unless carried out as part of treatment of an ailment which is covered under this plan.
- 26- Anorexia, Obesity, insomnia, and baldness.
- 27- Medical Practitioner fees for the completion of a claim form or other administration charges.
- 28- Sex change operations and related treatments.
- 29- Expenses incurred as a result of chronic alcoholism or drug addiction.
- 30- Investigations into and treatment of Acne, Acne form eruptions, Alopecia, and wigs / toupee.
- 31- Over the counter medicine and the medicine purchased without a physician's prescription (e.g. vitamins, cold remedies, etc....).
- 32- Transportation expenses for out of country treatment.
- 33- Home help, Family help, or similar household assistance.
- 34- Herbal medicines unless prescribed by a licensed medical practitioner to treat an illness covered by the policy.
- 35- Any disability that originated prior to the effective date of the insured's coverage hereunder; this exclusion will cease to apply, however, after 90 days of continuous coverage under the plan without medical care/ treatment having been incurred

anywhere or symptoms present which have caused a prudent person to seek medical care/ treatment. This includes but not limited to use medicines for the condition.

- 36- Transportation other than local licensed ambulance services.
- 37- 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.
- 38- Treatment of sleep related breathing disorders, including snoring, sleep apnea, jet lag or work related stress and any related condition.