

**MEDICAL INSURANCE TABLE OF BENEFITS VARIES DEPENDING ON THE PLAN**

Benefit Description	Basic Plan	Classic Plan	Executive Plan	VIP Plan
Territorial Limit	Qatar	Qatar, Arab Countries* & South East Asia**	World Wide, excluding USA & Canada	World Wide
Annual Maximum Limit per person	QR. 25,000 to QR 100,000	QR 50,000 to QR 250,000	QR 250,000 / 500,000 / 1M	QR 500,000 / 1M / 2M
<b>INPATIENT &amp; DAYCARE</b>				
Parent Accommodation for accompanying an Insured Child under 14 years of age  - maximum per day	Not Covered	QR 100	QR 100	QR 200
Hospital Cash Benefit if Inpatient Treatment is received free of charge in a Government Hospital for - maximum per day	QAR 200 per night up to 180 days for all inpatient hospitalizations that are not submitted to the Insurance Company	QAR 200 per night up to 180 days for all inpatient hospitalizations that are not submitted to the Insurance Company	QAR 200 per night up to 180 days for all inpatient hospitalizations that are not submitted to the Insurance Company	QAR 200 per night up to 180 days for all inpatient hospitalizations that are not submitted to the Insurance Company
Accommodation Type	Shared Room (see note 2)	Private Room (see note 2)	Private Room (see note 2)	Suite Room (see note 2)
Coinsurance for inpatient treatments	0% (see note 2)	0% (see note 2)	0% (see note 2)	0% (see note 2)
<b>OUTPATIENT</b>				
Consultation				
- maximum per visit benefit at non-Designated Providers	80 % of customary charge (UCR)	80 % of customary charge (UCR)	80 % of customary charge (UCR)	80 % of customary charge (UCR)
Physiotherapy:				

- maximum fee per session at Designated Providers	Covered up to 18 sessions	Covered up to 18 sessions	Covered up to 18 sessions	Covered up to 18 sessions
- maximum fee per session at non-Designated Providers	80 % of customary charge (UCR)	80 % of customary charge (UCR)	80 % of customary charge (UCR)	80 % of customary charge (UCR)
<b>Emergency Treatment Abroad During Business Trips and Holidays:</b>  - maximum period of 60 days duration per annum	World Wide cover, subject to the actual cost or reasonable & customary charges of the country of residence, whichever is less	World Wide cover, subject to full refund of the incurred cost within the territorial limit and up to 100% of reasonable & customary charges the country of residence for outside territorial limits.	World Wide cover, subject to Full Refund of the incurred cost within the territorial limit and reasonable & customary charges of the country of residence for emergency treatments USA & Canada	World Wide cover, subject to Full Refund of the incurred cost
<b>Treatment Outside Country of Residence other than Emergency</b>  -cover available within the territorial limit only a) with prior approval	NIL	80% of actual cost	80% of actual cost	80% of actual cost
b) without prior approval	NIL	80% of actual cost up to a maximum of 80% of the usual common costs as per Qatari Network tariff for same or similar treatment	80% of actual cost up to a maximum of 80% of the usual common costs as per Qatari Network tariff for same or similar treatment	80% of actual cost up to a maximum of 80% of the usual common costs as per Qatari Network tariff for same or similar treatment
<b>Deductible</b> (per outpatient consultation)	QR NIL / 25 / 50 / 75 / 100	QR NIL / 25 / 50 / 75 / 100	QR NIL / 25 / 50 / 75 / 100	QR NIL / 25 / 50 / 75 / 100
Coinsurance for Treatment at Non-	20%	20%	20%	20%

designated Providers, excluding Government Hospitals & Health Centers				
Repatriation of Mortal Remains to the Country of Domicile:  - maximum limit per person	QR 5,000/-	QR 7,500/-	QR 7,500/-	QR 10,000/-
Vaccination for Children  - Maximum limit per children below 6 years old.	QR 750/-	QR 750/-	QR 750/-	QR 750/-
<b>OPTIONAL BENEFITS</b>				
<b>Maternity</b>  - maximum limit per person per year (limited to 1 delivery/abortion per person per year):	up to QAR 25,000	up to QAR 25,000	up to QAR 25,000	up to QAR 25,000
Waiting Period	NIL	NIL	NIL	NIL
<b>Coinsurance for maternity treatments</b>	up to 20%	up to 20%	up to 20%	up to 20%
<b>Dental</b> - Consultations, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer, Root Canal Treatment & Gum Treatment (see note 3)  - maximum limit per person per year:	QR 2,000/ 3,000/5,000/ 7,500/ 10,000	QR 2,000/ 3,000/5,000/ 7,500/ 10,000	QR 2,000/ 3,000/ 5,000/ 7,500/ 10,000	QR 2,000/ 3,000/ 5,000/ 7,500/ 10,000
Coinsurance for Dental Treatments	up to 20%	up to 20%	up to 20%	up to 20%

Enhanced Dental covering Crown and Cleaning and Polishing	QR. 500 to QR 5,000	QR. 500 to QR 5,000	QR. 500 to QR 5,000	QR. 500 to QR 5,000
Coinsurance for Dental Treatments	50%	50%	50%	50%
<b>Optical</b> - This benefit will cover Optical examinations conducted for the purpose of obtaining eye glasses or upgrading existing lenses, excluding the cost of lenses or glasses (per person per year) (see note 3)  - maximum limit per person per year):	QR 1,000 to QR 2,500	QR 1,000 to QR 2,500	QR 1,000 to QR 2,500	QR 1,000 to QR 2,500
Inclusion of Frames	QR. 300 to QR 2,000	QR. 300 to QR 2,000	QR. 300 to QR 2,000	QR. 300 to QR 2,000
Coinsurance for Optical Treatments	up to 20%	up to 20%	up to 20%	up to 20%
Death Any Cause Coverage (see note 11)	QR 30,000 or QR 50,000	QR 30,000 or QR 50,000	QR 30,000 or QR 50,000	QR 30,000 or QR 50,000
Alternative Medicine (Homeopathic, Chiropractic, Herbal medicine, Osteopathy, Specialist herbal Treatment)	QR 1,600 to QR. 5,000	QR 1,600 to QR. 5,000	QR 1,600 to QR. 5,000	QR 1,600 to QR. 5,000
Emergency Dental treatment due to accident	Covered	Covered	Covered	Covered
Outpatient Oncology tests and drugs.	Covered	Covered	Covered	Covered
<b>Pre-existing Conditions for</b>	up to annual maximum limit	up to annual maximum limit	up to annual maximum limit	up to annual maximum limit

<b>Inpatient &amp; Outpatient</b> (see note 3 )  - maximum limit per person per year  (covered for Compulsory Groups Having 20 employees or more)				
Repatriation	QR 20,000 or QR 50,000	QR 20,000 or QR 50,000	QR 20,000 or QR 50,000	QR 20,000 or QR 50,000
Psychiatric Treatment	QR 2,500/ 5,000/ 10,000	QR 2,500/ 5,000/ 10,000	QR 2,500/ 5,000/ 10,000	QR 2,500/ 5,000/ 10,000

**Notes:**

1. Covered means is subject to annual maximum limit and sub-limits per person
2. Various options can be chosen to achieve better rate
3. This benefit is available as an option, subject to payment of an additional premium for immediate cover for all group business in excess of 50 insured or if the number of eligible females within a group exceeds 20% of total.
4. 20% coinsurance for treatment abroad at non-designated providers (emergency or other than emergency)
5. Treatment for emergency conditions shall not require pre-authorization, but such cases are to be notified to the company within 48 hours of the emergency treatment
6. Terms and conditions are as per policy wording
7. GN+ (General Network+): All Providers
8. GN (General Network): All Providers excluding Al Ahli Hospital
9. RN (Restricted Network): All Providers excluding Al Ahli Hospital, Al Emadi Hospital and Magrabi
10. DAC (Death Any Cause) Compulsory for entire group