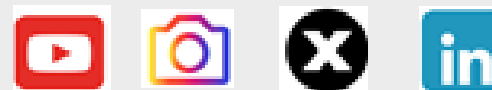




# SALAMA+

Medical Insurance for individuals



@Alkootinsurance



## VISION

To be the premier insurance and reinsurance provider by leveraging our capabilities and strategic assets to serve our customers' needs and expectations through world-class and innovative solutions



## MISSION

To provide world-class and innovative insurance and reinsurance solutions to our customers and create value for our stakeholders through a focus on commercial success



## VALUES

Integrity  
Innovation  
Customer Service  
Reliability

About this offer

# Understanding Terms & Conditions

**Who is eligible?** Citizens and/or Residents of the State of Qatar.

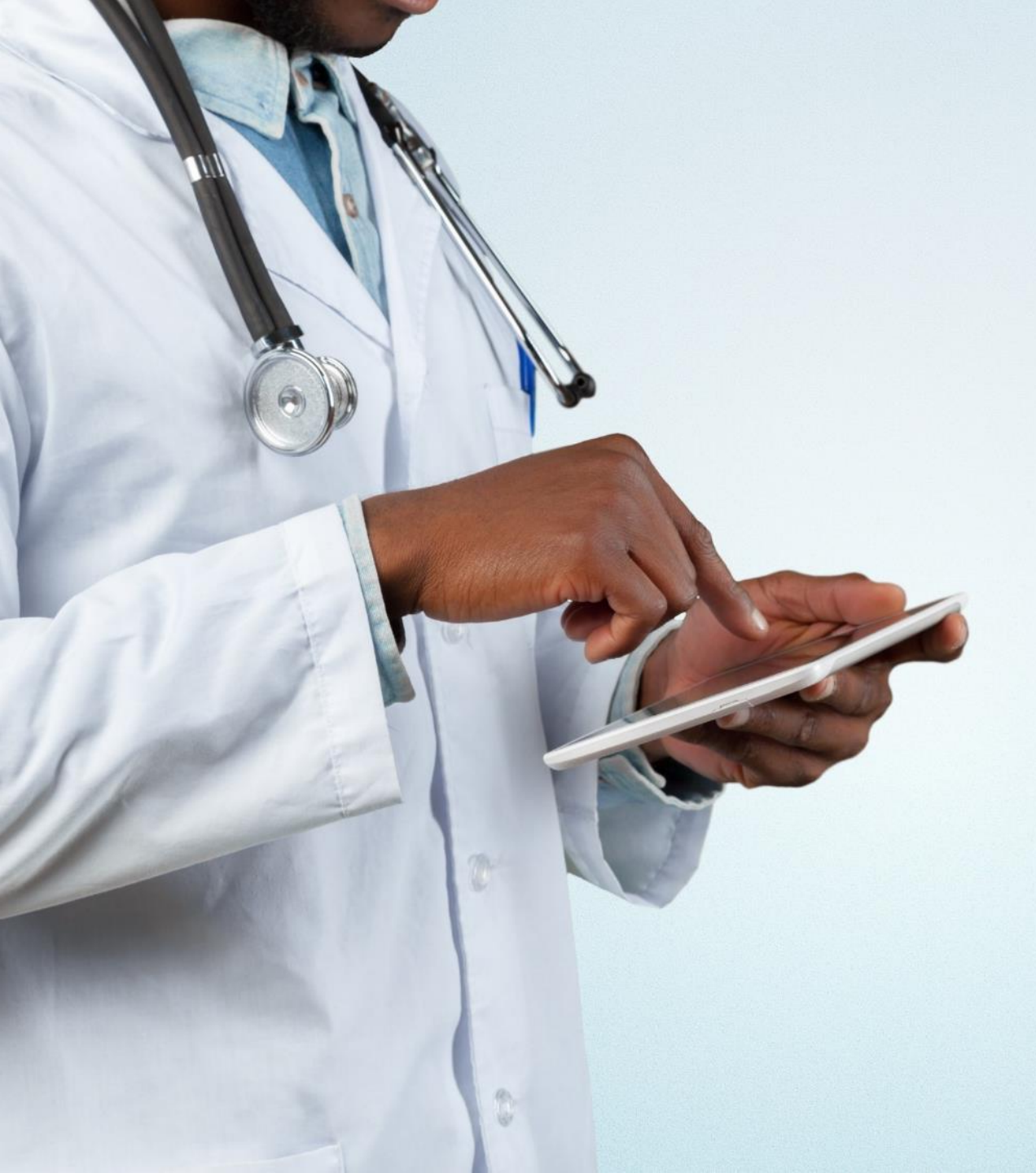
**Mid-term additions.** All family members must be enrolled at the same time. Exceptions are provided for newborns, newly married and family members who received residency in the State of Qatar after the initial enrollment date. Such additions will be subject to pro-rata benefit limits.

**Coverage period.** You and your dependents are covered for one calendar year from the date of enrollment. Family members who are added mid-term will cease cover when the Principal member ceases cover.

**Payment terms.** Full annual premium payments are required in advance. Payments can be done via online payment link or by debit/credit card in our office. We do not accept cash, wire transfers or cheques.

**Cancellations.** You may cancel your or your dependents' insurance policy at any time, however, there are no refunds of paid premiums irrespective of any cause.

**Individual underwriting.** All applications are subject to medical questionnaire review and individual underwriting. We may deny or restrict the cover based on the underwriting results which will be communicated to you before enrolling.



# Understanding Your Cover

You and your dependents are covered for medically necessary treatments and services as per the scope of cover mentioned in your Table of Benefits. These are subject to:

- **TABLE OF BENEFITS** (available in this document)
- **POLICY DEFINITIONS** (available in this document)
- **EXCLUSIONS & LIMITATIONS** (available in this document)
- **SPECIAL TERMS & CONDITIONS** based on individual medical underwriting and medical questionnaire assessment
- **REASONABLE AND CUSTOMARY COSTS** the average negotiated cost of the treatment within the network applicable to the plan in the State of Qatar

# Understanding Your Cover

**TABLE OF BENEFITS.** The table applicable to the plan showing the maximum benefits payable for each member and the area of cover.

**BENEFIT LIMITS.** A maximum payable amount for a specific benefit per policy year. Benefit limits may be 'per policy year', 'per lifetime' or 'per event' such as per trip, per visit.

**PRE-EXISTING CONDITIONS.** All declared pre-existing and pre-existing chronic conditions are generally covered within applicable limit as stated in the Table of Benefits unless specified otherwise during individual medical underwriting. If you are not sure whether your condition or planned treatment is covered under your plan, please contact our 24/7 Customer Support for guidance.

**GENERAL EXCLUSIONS.** Although AlKoot Insurance covers most illnesses, expenses incurred for the treatments, medical conditions and procedures included in General Exclusion list are not covered under the Policy unless confirmed otherwise in the Table of Benefits or by way of a policy endorsement.

**DEFINITIONS.** Specific definitions apply to benefits included your cover. Please refer to your Table of Benefits to understand benefits that apply. Wherever the defined words and phrases appear in the Table of Benefits, they will always have the special meanings as defined. If any unique benefits apply to the plan, those definitions will also appear in Table of Benefits.

**CO-INSURANCE.** A co-insurance is a cost-sharing arrangement under your policy which provides that you will bear a specified percentage of the eligible costs. Co-insurance are specified in your Table of Benefits.

**DEDUCTIBLES.** A fixed amount of money stated in your Table of Benefits which you are required to pay before insurance company start paying. Deductible is per person per visit and it applied before any co-insurance.

# Understanding other Terms & Conditions

**APPLICABLE LAW.** This policy is governed by, construed, interpreted and enforced in accordance with the laws of the State of Qatar.

**SANCTION LIMITATION.** Under no circumstances shall this policy be deemed to provide cover, pay any claim or provide any benefit if such cover or payment would expose AlKoot Insurance to any sanction, prohibition, or restriction under the Anti-Money Laundering Regulations issued by the Qatar Central Bank, and Anti-Money Laundering and Combating Terrorism Financing Law No. 4 of 2010 (as amended), and Anti-corruption and Anti-bribery provisions existing in the laws of Qatar.

**FORCE MAJEURE.** We may be affected by an outside, unforeseeable, irresistible event beyond our control which delays, interrupts or prevents the complete or partial performance of our obligations. AlKoot Insurance shall not be responsible in law or equity for such failures. If as a result of any such event or circumstance, we may make the delivery within a reasonable time after the cause of the delay has been removed.

**FRAUD.** In the event that the insured member commits an act of fraud, abuse, misrepresentation, attempts to make a dishonest claim or knowingly provide AlKoot Insurance with false material information under the Policy or material violation of the terms and conditions of the Policy, AlKoot Insurance reserves the right to deny cover for any such claims and/or cancel the insurance policy. This includes your application form & medical questionnaire where you are required to declare all medical conditions which started prior to your application.

**UNRECOGNIZED PROVIDERS.** AlKoot Insurance reserves the right not to entertain claims of any kind including reimbursement claims from the list of providers not recognized by AlKoot Insurance. Please note that this list is not exclusive and is subject to amendment by AlKoot Insurance without prior notice. The latest list of unrecognized providers is available at [www.alkoot.com.qa](http://www.alkoot.com.qa).



**TABLE OF  
BENEFITS  
SUMMARY**

# BENEFITS SUMMARY

This Table of Benefits was designed for a promotional purpose and offers a summary of the cover provided under each plan. All limits mentioned are per person per policy year, unless otherwise specified. All cover is subject to policy **terms and conditions** as included in this document.

AREA OF COVER	State of Qatar
YEARLY MAXIMUM	QAR 50,000
OUTSIDE AREA OF COVER	Not covered
NETWORK LEVEL	Prime Smart
REIMBURSEMENT LEVEL	Actual or 60% of R&C of Qatar network rates, whichever is lower
IN-PATIENT CO-INSURANCE	40% co-insurance on all in-patient services
OUT-PATIENT CO-INSURANCE	40% co-insurance on all out-patient services
DEDUCTIBLE ON OUT-PATIENT CONSULTATION	QAR 75 per consultation

Please refer to Individual Plans Definitions to understand each benefit coverage and definition in detail

# BENEFITS SUMMARY

DENTAL BENEFITS	Not covered
OPTICAL BENEFITS	Not covered
MATERNITY BENEFITS	Not covered
PRE-EXISTING AND CHRONIC CONDITIONS	Not covered
ACUTE PHASE OF CHRONIC CONDITIONS	Not covered
CONGENITAL CONDITIONS AND BIRTH DEFECTS	Not covered
ONCOLOGY	Not covered
ACUTE REVERSIBLE KIDNEY FAILURE	Covered
VITAMINS	Covered

Please refer to Individual Plans Definitions to understand each benefit coverage and definition in detail

# IN-PATIENT BENEFITS

IN-PATIENT AND DAY CARE	Covered
ROOM TYPE	Standard Private Room
SURGICAL PROSTHESIS AND APPLIANCES	Covered
NURSING AND ANCILLIARY CHARGES	Covered
ACCIDENTS, EMERGENCIES AND ICU	Covered
DIAGNOSTICS AND LABORATORY	Covered
PRESCRIBED DRUGS AND DRESSINGS	Covered
PHYSIOTHERAPY	Covered
IN-PATIENT REHABILITATION	Covered

Please refer to Individual Plans Definitions to understand each benefit coverage and definition in detail

# OUT-PATIENT BENEFITS

DOCTORS CONSULTATIONS	Covered
DIAGNOSTICS AND LABORATORY	Covered
PRESCRIBED DRUGS AND DRESSINGS	Covered
PHYSIOTHERAPY	Not covered
ALTERNATIVE/COMPLEMENTARY	Not covered
HEALTH CHECK-UP	Not covered
EXTERNAL PROSTHESIS AND APPLIANCES	Not covered
PSYCHIATRIC TREATMENT	Not covered

Please refer to Individual Plans Definitions to understand each benefit coverage and definition in detail

• • •

PREMIUM

**QAR 450**

per person per year



# Standard Policy Exclusions and Limitations

1. Health Services, which are not medically necessary.
2. All expenses relating to dental treatment, dental prostheses and orthodontics, dental veneers, precious crowns, teeth whitening, dental implants unless otherwise covered in Table of Benefits.
3. Custodial care; domiciliary care; private nursing care; special nursing in hospital, care for the sake of travelling. Custodial care means:
  1. Non-medical treatment services, such as assistance in activities of daily living, or
  2. Health-related services which do not tend to improve or which do not result in a change in the medical condition of the patient such as but not limited to comas not responding to treatment for a reasonable period, clinical death, etc.
4. Services which do not require continuous administration by specialized medical personnel.
5. Personal comfort and convenience items (television, barber or beauty service, guest service and similar incidental services and supplies).
6. All cosmetic healthcare services and services associated with replacement of an existing breast implant are not covered. Any treatment carried out by a plastic surgeon, whether or not for medical/psychological purposes, and any cosmetic and aesthetic treatment to enhance appearance, even when medically prescribed. The only exception is Reconstructive Surgery necessary to restore function or appearance after a disfiguring accident, or as a result of surgery for cancer if the accident or surgery occurs during the membership of the policy. Cosmetic operations which are related to an injury, sickness or congenital anomaly when the primary purpose is to improve physiological (not cosmetic) functioning of the involved part of the body and breast reconstruction following a mastectomy for cancer may be covered subject to Table of Benefits and provided that it is done at a medically appropriate stage after the accident or surgery.
7. Health services and associated expenses for the surgical and non-surgical treatment for obesity (including morbid obesity), and any other weight control programs, services, diet programs or consultations or supplies; unless otherwise covered in Table of Benefits.
8. Treatment which has not been established as being effective or which is experimental, medically non-approved experiments and investigations and pharmacological weight reduction regimens including stem cell therapies. Medical, surgical, diagnostic, or other health care service technologies, supplies, treatments, procedures, drug therapies or devices that has not been approved by FDA and/or MOPH in Qatar.
9. Healthcare services and associated expenses for the treatment of alopecia, baldness, hair falling, dandruff or wigs unless otherwise specified in the Table of Benefits.
10. Health services and supplies for smoking cessation programs and the treatment of nicotine addiction.
11. Treatment and services for sex transformation, sterilization or intended to correct a state of sterility, impotence or infertility or sexual dysfunction.
12. Treatment and services for contraception or treatment directly related to surrogacy whether acting as surrogate or as intended parent.
13. The costs of providing or fitting any external prosthesis or appliance including external medical appliances unless otherwise specified in the Table of Benefits.
14. Treatments and services arising as a result of hazardous sports activities, including but not limited to, any form of aerial flight (other than on a commercial licensed flights), any kind of power-vehicle race, hot-air ballooning and parachuting, water sports, scuba-diving, horse riding activities, mountaineering activities, violent sports such as judo, boxing, and wrestling, base/bungee jumping, skiing, snow mobiles, dune bashing and any professional sports activities.
15. Hormone replacement therapy, including menopausal related, growth hormone, except when it is medically indicated (rather than for the relief of physiological symptoms). Benefit includes consultations and the cost of the implants or patches. Payable for a maximum of eighteen months (18) from the date of the first consultation if the treatment falls within the policy period.
16. Costs associated with hearing tests, vision corrections, prosthetic devices or hearing and vision aids, unless otherwise specified in the Table of Benefits.
17. Treatment or international emergency medical assistance, if they are needed as a result of nuclear contamination, biological contamination or chemical contamination, or whilst engaging in or taking part in war, act of foreign enemy, invasion, civil war, riot, rebellion, insurrection, revolution, overthrow of a legally constituted government, explosions of war weapons, military operations, acts of terror, or any event similar to one of those listed. The cover for treatment required as a result of a terrorist act is available, provided that terrorist act does not result in nuclear, biological or chemical contamination.
18. Injuries resulting from natural disasters, including but not limited to earthquakes, tornados and any other type of natural disaster.
19. Injuries resulting from criminal acts or resisting authority by the Insured Person
20. Mental health diseases, in-patient and out-patient treatments, unless the condition is a transient mental disorder or an acute reaction to stress.
21. Outpatient medical supplies (as example: elastic stockings, ace bandages, gauze, syringes, diabetic test strips, and like products; non-prescription drugs (over-the-counter medication) and treatments, excluding supplies required as a result of Healthcare Services rendered during a Medical Emergency.
22. Allergy testing and desensitization (except testing for allergy towards medication and supplies used in treatment). Any physical, psychiatric, or psychological examinations or investigations during these examinations. Preventive services, including vaccinations, immunizations, other than those covered as per Qatar MOH Protocols and provided Table of Benefits covers Vaccinations.
23. Services rendered by any medical provider who is a relative of the patient, for example the Insured person himself or first-degree relatives.
24. Enteral feedings (via a tube) and other nutritional and electrolyte supplements, unless medically necessary during inpatient treatment.
25. Healthcare services for adjustment of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure, by any means, except treatment of fractures and dislocations of the extremities.
26. Healthcare services and treatments by acupuncture, acupressure, hypnotism, rolfing, massage therapy, ayurvedic treatment, aromatherapy, homeopathic treatments, chiropractic, osteopathy and all forms of treatment by alternative medicine unless otherwise specified in the Table of Benefits.
27. All Healthcare services & treatments for in-vitro fertilization (IVF), embryo transfer, ovum and sperm transfer, ovulation induction whether medical or surgical or any similar services.
28. Elective diagnostic services and medical treatment for correction of vision.
29. Nasal septum deviation and nasal concha resection unless non-cosmetic medical necessity.

# Standard Policy Exclusions and Limitations

30. Healthcare services for patients suffering from (and related to the diagnosis and treatment of) HIV - AIDS and its complications; treatment of sexually transmitted diseases resulting from HIV-AIDS unless otherwise covered in Table of Benefits.
31. Any charges for treatment related to birth defects or birth injuries, congenital diseases and deformities, genetic disorders, chromosomal disorders, hereditary conditions, unless it represents a direct threat to member's life leading to immediate emergency hospitalization.
32. All cases resulting from the use of alcohol, drugs and hallucinatory substances.
33. Healthcare services for senile dementia and Alzheimer's disease.
34. Travel costs and unauthorized transportation services unless approved by Al Koot Insurance.
35. Circumcision healthcare services; unless otherwise specified in the Table of Benefits.
36. All cases related to maternity in respect of unmarried females.
37. Any in-patient treatment, tests and other procedures, which can be carried out on out-patient basis without jeopardizing the Insured Person's health.
38. Any investigation or health services conducted for non-medical purpose such as tests related to employment, travel, licensing or insurance purposes, fees for obtaining medical reports and/or medical practitioner fees for completing of a claim form and other administrative charges including taxes.
39. Any test, or treatment, or pharmaceutical which is not considered as specific treatment for a particular disease and/or not prescribed by the treating medical practitioner.
40. All supplies which are not considered as medical treatments including but not limited to: mouthwash, toothpaste, lozenges, antiseptics, milk formulas, food supplements, skin care products, shampoos, soaps, contraceptive, vitamins and multivitamins (unless prescribed as replacement therapy for known vitamin deficiency conditions), minerals, nutritional or dietary consultations and supplements, oils, oral hygiene products, and all equipment not primarily intended to improve a medical condition or injury, including but not limited to: air conditioners or air purifying systems, arch supports, exercise equipment and sanitary supplies.
41. More than one consultation or follow up with a medical specialist (for the same medical condition) in a single day unless referred by the treating medical practitioner, and it is required by international medical protocol.
42. Treatment which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempted suicide.
43. All healthcare services for internationally and locally recognized epidemics and pandemics.
44. Diagnosis and treatment services for complications arising out of any of the listed exclusions or form part of treatment for which cover is excluded or limited under Table of Benefits.
45. Treatment and services including various therapies such as speech or occupational therapy directed towards developmental delays and disorders in children whether physical or psychological or learning difficulties or any other educational program for special needs including but not limited to conduct disorders, attention deficit hyperactivity disorders, autism spectrum disorder, oppositional defiant disorder, anti-social behavior, adjustment disorders, learning difficulties and behavioral problems.
46. Health services that are not performed by authorized health service providers.
47. Any costs relating to acquisition, storage, administration, and/or any expenses associated with the organ will be excluded; even if such transplants are allowed by the terms of this plan.
48. Work-related injuries and illness unless otherwise specified in the Table of Benefits.
49. Expenses of transporting the insured by transport means other than local licensed ambulances.
50. Any expenses related to assisted conception and complication which is direct result of assisted pregnancy. Any delivery as a result of assisted pregnancy is covered if maternity benefit is covered under the Table of Benefits.
51. Termination of pregnancy or any consequences of it unless medically necessary.
52. Claims in respect of treatment received outside the Area of Cover and/or where insured has travelled against medical advice.
53. Any expenses related to immunomodulatory and immunotherapy; genetic testing, DNA testing including genetic receptor of tumors.
54. Any expenses related to treatment of sleep related disorders, sleep related breathing disorders, including snoring, sleep apnea, CPAP/BPAP machines, insomnia due to stress or any related condition.
55. All sexual transmitted diseases (STDs) and complications arising from STDs.
56. Lipoma (soft masses of adipose (fat) cells whether it is located subcutaneously or attached to muscle fascia or located in internal organs) unless otherwise specified in the Table of Benefits.
57. Preventive medical services & treatment (practices that are designed to avoid and avert diseases). An example of such treatment is removal of a pre-cancerous growth or annual screening due to family history. Preventative treatment is not covered by the policy unless otherwise specified in the Table of Benefits.
58. Online purchases and services including phone/Skype consultations.
59. Treatments required as a result of medical error and/or medical malpractice; treatment as a result of failure to follow medical advice
60. Pre-existing conditions (any illness, sickness, disease or other physical, medical, mental or other condition, disorder or ailment where, signs or symptoms of the condition existed at any time in the period prior to the Insured Member becoming insured under the Policy) unless otherwise specified in the Table of Benefits.

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# NETWORK

Cashless access to Prime Smart network

# Network

DOHA CLINIC HOSPITAL (in-patient only)	ASTER MEDICAL CENTER – Industrial Area
ABEER MEDICAL CENTER – Abu Hamour	ASTER MEDICAL CENTER – Old Ghanim
AL HEKMA MEDICAL - Muaiter	DR. ATEF H. RIZK – Al Sadd
AL SALAM MEDICAL POLYCLINIC - Sailiya	DR. JEGAN CHACKO CLINIC - Musheirib
AL SHAMI MEDICAL CENTER – Ain Khaled	FOCUS MEDICAL CENTER – Hilal
AL SHOROOK MEDICAL CENTER – Al Kharitiyat	IMARA HEALTHCARE MEDICAL CENTER - Mesaimmer
AL ZAEEM POLYCLINIC – Industrial Area	KIMS QATAR MEDICAL CENTER – Al Wakra
AL MANSOOR POLYCLINIC -	ASTER MEDICAL CENTER – Industrial Area
ALSAFWA MEDICAL CENTER -	ASTER MEDICAL CENTER – Old Ghanim
ASIAN MEDICAL CENTER -	LIFE LINE MEDICAL CENTER – Al Khor
ASTER MEDICAL – Al Khor	NASEEM AL RABEEH MEDICAL CENTER – C-ring

Pre-approval

# Understanding Pre-approval process

You choose to visit a provider within our network, simply present your ALKoot membership card and the provider will contact us directly for necessary pre-approvals. Once your treatment or service has been approved, you will receive the treatment on cashless basis and we will settle all eligible bills to the provider directly. You may be required to pay deductibles, co-insurances and/or uncovered part of the bill.

If you choose to visit a provider outside of our network, you may simply proceed with settling all the bills and submitting the required documents for reimbursement. The claim will be assessed based on your Table of Benefits, policy terms & conditions, general exclusions & limitations. Your choice of a provider outside of our network can result in you contributing towards the cost of the treatment. We, therefore, encourage our members to use the designated provider network to avoid any potential shortfalls in treatment costs.

If you are not sure whether your condition or planned treatment is covered under your plan, please contact our 24/7 Customer Support for guidance.

## In case of Emergency

We understand that in a real emergency you may not be able to contact us for pre-approval. Please get emergency treatment and contact us as soon as it is safe to do so. You may get assistance of your dependents, colleagues or the treating doctor to contact as soon as your condition has been stabilized.



Medical Providers

# Unrecognized Providers

**Unrecognized providers.** We reserve the right not to entertain claims of any kind including reimbursement claims from the list of providers not recognized by AlKoot Insurance. Please note that this list is not exclusive and is subject to amendment without prior notice. The latest list of unrecognized providers is available at [www.alkoot.com.qa](http://www.alkoot.com.qa)

Where do I find  
full network list?

1

AlKoot Global Care app

2

[www.alkoot.com.qa](http://www.alkoot.com.qa)

Reimbursement

# How to submit A CLAIM

Submit your claim via  
*AlKoot Global Care* app or  
Member Portal

Claims must be submitted within 90 days from the date of treatment. Any claims above QAR 10,000 or equivalent require originals

## Quick processing

Your claim will be processed within 10 working days. Payment for eligible expenses will be wire transferred to nominated bank account of the Principal member



## Mandatory Documents

Before submitting any claim it is very important to ensure that all of the sections of the claim form have been completed and all the below supporting documents attached:



**ORIGINAL INVOICES**  
Itemized breakdown



**PROOF OF PAYMENT**  
Receipts and slips



**MEDICAL REPORTS**  
Prescriptions, referrals



**INVESTIGATION RESULTS**  
Test results



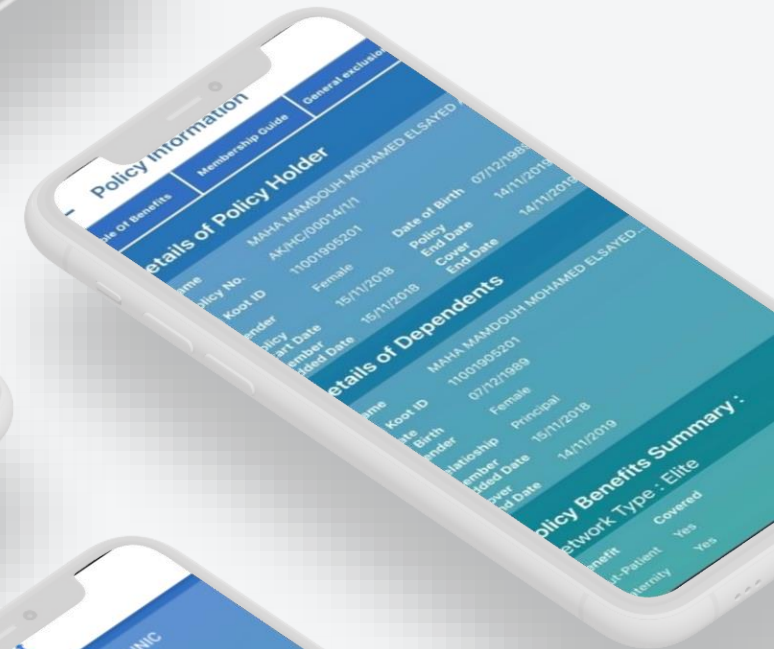
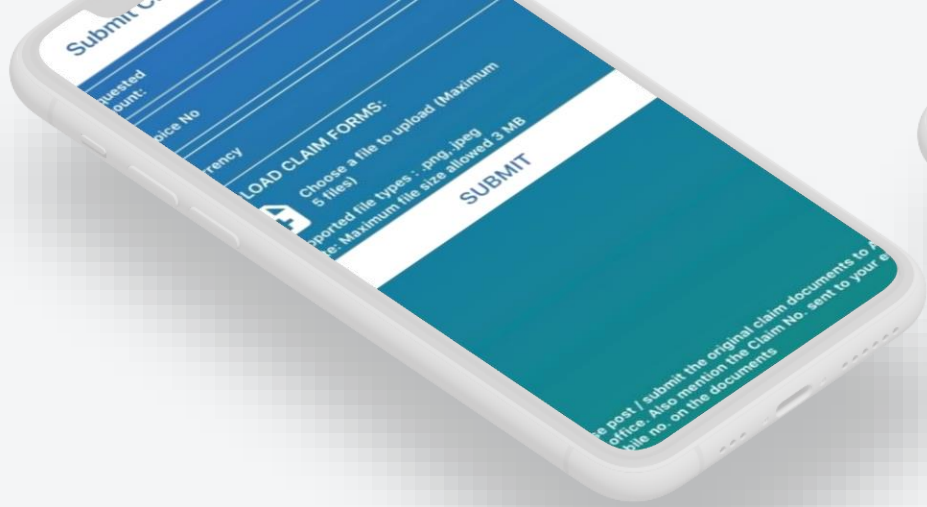
**DISCHARGE SUMMARY**  
For hospitalization



**OTHER DOCUMENTS**  
For any services paid

## AlKoot Global Care

**Download** our mobile application to access all your insurance needs at your fingertips: policy information, table of benefits, remaining limits, medical providers network worldwide, claim submission and tracking, pre-approval tracking, E-card generation, medicine delivery and more



# How to register for Mobile App?

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- Step 1:** Click on “Login” button
- Step 2:** Select your preferred language
- Step 3:** Click on “New User”
- Step 4:** Enter your AlKoot ID / QID / Email address
- Step 5:** Create a password
- Step 6:** Receive OTP via SMS and/or Email
- Step 7:** Enter OTP
- Step 8:** Create a 6-digit PIN

**Step by Step instructions at:**



@Alkootinsurance



# At Home Doc

Exclusive service for AlKoot members



## Doctor at home

Exclusive service of doctor home visit for non-emergency conditions on cashless basis across Qatar



## Laboratory at home

Collection of samples at the convenience of your home and interpretation of results over the phone



## Medication delivery

Prescription, dispense and delivery of your medication post doctor's home visit without needing to leave your house



## Teleconsultation

Exclusive teleconsultation arrangements for non-emergency conditions in the convenience of your home

## Medication Delivery

Exclusive service for AlKoot members

Avoid long queues and waiting time in pharmacy – prescribed medication delivered to your door! Simply WhatsApp your prescription, AlKoot ID and claim form to our partner Khulud Group - share your location and receive your prescribed medication delivered to your door.

You can also use this service for chronic medication refills and dispense with free home delivery.

+974 6695 4547



Special offer

# Healthy Rewards For Healthier Life

Special offers and discounts for AlKoot members for uncovered services such as Diet and Nutrition, Cosmetology and Dermatology, Dental and Optical, Laboratory, Family planning, Mental Health and much more

DISCOUNTS



# Complaints and Dispute Resolution

It is often possible to resolve a complaint through our 24/7 Customer Care:

**800 2000**

**+974 4040 2000**

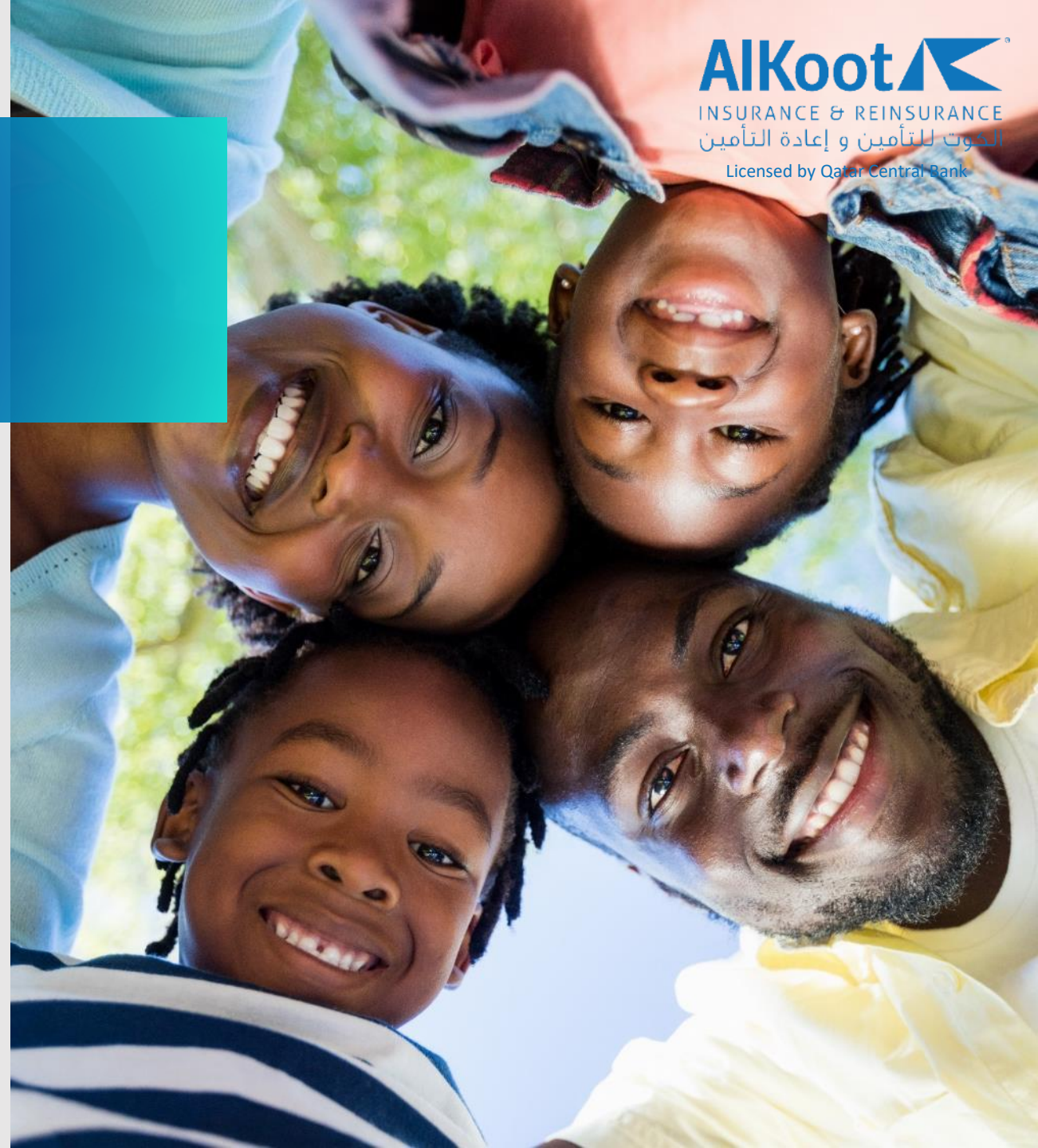
[customercare@alkoot-medical.com](mailto:customercare@alkoot-medical.com)

Your complaint will be handled in accordance to our complaints policy and procedure. For details please visit: [www.alkoot.com.qa](http://www.alkoot.com.qa)

If your complaint is not resolved, you may raise it officially to our Complaints Department at: [complaints@alkoot-medical.com](mailto:complaints@alkoot-medical.com). If we can't resolve the matter and you wish to take it further, you can refer your complaint to Qatar Central Bank, Banking Services Consumer Protection Department:

**+974 4422 2450**

**Qatar Central Bank, C-ring Road**



Enrollment

## How to SIGN UP?

Submit your application form along with all the required documents either via email or visit our office in person. Your application will be reviewed by our underwriting panel and the results will be communicated to you via Email. Payment can be processed via payment link online or by debit/credit card in our office. We do not accept cash, wire transfer or cheques. Required documents:

- Application form for each member
- Copies of QIDs (front and back) for each member
- Duly filled and signed Medical Declaration Form. One form must be completed for each enrolling dependent individually
- Proof of relationship for mid-term additions such as birth certificate, marriage certificate, adoption certificate

# Contact Us

1 Toll Free in Qatar: 800 2000

2 Outside Qatar: +974 4040 2000

3 Email: [customercare@alkoot-medical.com](mailto:customercare@alkoot-medical.com)

4 Visit us:  
AlKoot Insurance Building  
Al Rawabi St., Al Mutazah Bld. 44, Street 840, Zone 24  
Sunday to Thursday 6.30am – 2.30pm  
<https://maps.app.goo.gl/1sVXzdiyAPrgyj1x8>



@Alkootinsurance





# DEFINITIONS

# Understanding Definitions

**Area of cover.** Geographical Area of Coverage where an insured member is allowed to avail medical treatment under the terms of the Policy

**Accident.** A sudden, unforeseen, unexpected, violent or unintended event causing a physical bodily injury, which is identifiable and is documented by a competent authority such as Police or Physician and is not a result of gradual or consequential sickness, disease or gradual physical or mental deterioration process

**Accidental damage to teeth.** Emergency medical treatment necessary to restore or replace sound natural teeth lost or damaged in an accident that is violent and external. This would not include teeth being damaged because of organic nature. These benefits cover injuries which occurred during the validity of the policy. Medical treatment should be provided within 24 hours following the accident. This benefit covers treatment received in emergency room for the immediate relief of dental pain caused by an accident or an injury to a sound natural tooth. This does not include any form of dental prosthesis, permanent restorations or the continuation of root canal treatment. There is no cover for treatment required as a result of the consumption of food or drink or any foreign bodies contained in such food or drink and does not cover routine dental care

**Accompanying person travel costs in the event of evacuation.** Cost of one person traveling with the evacuated person. If this cannot take place in the same transportation vehicle, transport at economy rates will be covered. It also covers cost of the return trip, at economy rates, to return to the country from where the evacuation originated. Cover does not extend to hotel accommodation or other related expenses

**Accompanying person travel costs in the event of repatriation of mortal remains.** Reasonable transportation costs of any insured family member who had

been residing abroad with the deceased insured person, to return to the home country/chosen country of burial of the deceased. Cover does not extend to hotel accommodation or other related expenses

**Agreement/Policy.** The insurance Agreement/Contract between the Company and Al Koot Insurance

**Alternative and Complementary treatment.** Therapeutic and diagnostic services that exist outside the Medical institutions where conventional allopathic medicine is provided. Alternative/Complementary health services and treatment shall be limited only to the treatment specified in the Table of Benefits. If no specific treatments and services are mentioned in the Table of Benefits, the following shall apply: Chiropractic, Osteopathy, Acupuncture, and Ayurveda treatment.

This form of treatment must be pre-approved by Al Koot Insurance in writing and be given by a qualified practitioner and must be recognized and licensed by respective authority in a country where treatment is taken. A medical report specifying diagnosis is required to avail Chiropractic and Osteopathy services. A maximum of five (5) sessions shall be authorized in each authorization after which a progress report will be required to assess medical necessity for further sessions

**Ambulance.** A licensed vehicle designed for transportation of sick or injured people to/from or between places for emergency treatment

**Company.** The employer, who is legally the constituted group to whom the Policy is issued. Company is the Policyholder under whose name Policy is issued

**Chronic Condition.** A disease, illness, or injury that has one or more of the following characteristics:

- a) it needs ongoing or long-term monitoring through consultations, examinations, and /or tests;
- b) it needs ongoing or long-term control or relief of symptoms;
- c) it may require rehabilitation or the patient to be trained to cope up with it;
- d) it continues indefinitely; or
- e) it comes back or is likely to come back

**Companion Accommodation.** Accommodation costs of a person accompanying an insured member not exceeding 15 years of age for the duration of the insured's member admission for eligible treatment within the area of cover. This will be in the same room and only in cases of medical necessity at the recommendation of the treating doctor for a maximum of 30 days. The coverage includes an extra charge for room/bed in same premises while accompanying the child up to the limit specified in table of benefits. If a suitable bed is not available at the hospital, this benefit shall cover an equivalent of three-star hotel daily room rate for a maximum of 30 days. This does not cover convenience items or meals

**Compassionate Visit.** Reasonable transportation costs (up to the amount specified in the Table of Benefits) so that insured family members can travel to the location of a first degree relative who is at peril of death or who has died. A first-degree relative is a spouse, parent, or children. Claims are to be accompanied by a death certificate or doctor's certificate supporting the reason for travel as well as copies of the flight tickets, and cover will be limited to one claim per lifetime of the policy. Cover does not extend to hotel accommodation or other related expenses

**Co-payment/Co-insurance.** A co-payment is a cost-sharing arrangement under a health insurance policy which provides that the insured will bear a specified percentage of the admissible costs

**Congenital Conditions/Birth defects and injuries.** A condition existing at/from birth or as a result of birth injury that constitutes a significant deviation from the common form or normal function. This includes visible and latent structural deviations as well as anatomical, physiological and chromosomal abnormalities, defects or malformation. Congenital coverage refers to any charges for treatment related to and/or the correction of congenital conditions and/or deformities whether or not manifest and/or diagnosed or known about at birth

**Cosmetic/Plastic surgery.** Any operative procedure performed to improve physical appearance and/or treat a mental condition through change in bodily form. Any treatment carried out by a plastic surgeon, whether or not for medical/psychological purposes and any cosmetic or aesthetic treatment to enhance appearance, even when medically prescribed. The only exception is reconstructive surgery necessary to restore function or appearance after a disfiguring accident, or as a result of surgery for cancer, if the accident or surgery occurs during your membership of the scheme

**Consumables.** Non-durable medical supplies prescribed or order by Physicians that are usually disposable in nature, cannot withstand repeated use, are used to serve medical purpose and are generally not useful to a person in the absence of illness or injury

**Country of Residence.** Country of residence is where Insured member resides for the purpose of employment or education and consider being a second 'home'. For example; Qatar will be considered the country of residence if Policy is issued in Qatar to Qatar resident visa holder. If the insured member has shifted to another country for purposes of education or short-term employment, this will not change the country of residence, unless declared to AlKoot Insurance and agreed by AlKoot Insurance in writing

**Daily Room and Board.** Charges for standard private room with a single bed and single fully accessible bathroom. This does not cover Deluxe, VIP, and/or Suite rooms

**Daycare treatment.** Planned treatment received in a hospital, daycare unit or out-patient clinic during the day where the member is admitted to a hospital bed but does not medically require an overnight stay.

**Deductible.** A fixed amount of money stated in Table of Benefits which insured member is required to pay to providers in direct billing when receiving health services under Table of Benefits before insurance company start paying. Deductible amount is deducted from total payable claims in case of reimbursement. Deductible is applied before any co-insurance

**Dental treatment.** This benefit provides for dental consultation, extraction, composite and amalgam fillings, root canal treatment, scaling, bridgework, non-precious crowns (ceramic or metallic only) and the treatment of gum disease. A co-insurance charge may apply as per the Table of Benefits. This amount will be payable by the member. Note: orthodontic treatment does not form part of this benefit unless otherwise specified in the Table of Benefits. Dentures and dental implants form part of General Exclusions and are not covered by this benefit. This form of treatment must be pre-approved by Al Koot Insurance in writing.

**Dental Prescribed Drugs.** Drugs prescribed by a dentist for the treatment of a dental inflammation or infection. The prescription drugs must be proven to be effective for the condition and recognized by the pharmaceutical regulator in a given country.

This does not include mouthwash, fluoride products, antiseptic gels and toothpastes. Costs of dental drugs will be taken from Dental Benefit. This form of treatment must be pre-approved by Al Koot Insurance in writing.

**Dependent.** The Dependent defined as

- a) unmarried child/ren of the Employee, natural or legally adopted, under the age of 25 years;
- b) living with the Employee in the principal Country of Residence and in Qatar for most of the year or in full time education; and
- c) declared to and accepted by Al Koot in writing.

**Deviated Nasal Septum.** Nasal septum deviation is covered for severe deviation and only if medically necessary and not for cosmetic reasons

**Diagnostic procedures.** Consultations and investigations needed to establish a diagnosis

**Elective treatment.** Planned treatment, which is medically necessary, but which is not required as an emergency

**Emergency.** A sudden sickness or injury whose acute symptoms raised a legitimate concern including but not limited to severe pain that is of such severity that absence of immediate treatment at medical facility is medically expected to constitute a threat to:

- a) Life;
- b) Health;
- c) Body function; and/or
- d) Organ of the patient.

Only treatment commencing within 24 hours of the emergency event is covered. This benefit does not provide cover for treatment for any condition if The Member have travelled outside the area of cover to get treatment (whether or not that was the only reason) or for any treatment which was, or may have reasonably been known about, before travel commenced. Under no circumstances will benefit be payable for any aspect of pregnancy or childbirth outside the area-of-cover

**External medical appliances/prosthesis.** Medical equipment used externally from the human body. Coverage limited only to the below unless otherwise mentioned in the Table of Benefits:

- a) Biochemical aids such as insulin pumps, glucose meters and peritoneal dialysis machines
- b) Motion aids such as crutches and non-electric wheelchairs, orthopedic supports/braces, artificial limbs
- c) Hearing and speaking aids such electronic larynx
- d) Medically graduated compression stockings
- e) Long term wound aids such as dressings and stoma supplies
- f) Blood pressure monitoring devices.

Costs of medical aids that form part of palliative care or long-term care are not covered. This benefit must be pre-approved by Al Koot Insurance in writing.

**Experimental, investigational and/or unproven medical services or equipment.** Medical, surgical, diagnostic, or other health care service technologies, supplies, treatments, procedures, drug therapies or devices that has not been approved by FDA and/or MOPH in Qatar

**General Exclusions.** Health services and benefits excluded from coverage as listed in Section 4 of this Agreement and apply to all Eligible members

**Group.** The employees of the Company provided they are not paying the premium for the policy and only they are benefiting from cover under the plan with their family as may the Company decides

**Health Screening.** Examinations, tests, consultations or other medical services that are conducted for preventative or screening reasons and which are not related to any symptom or disease. Any eligible consultation, diagnostic procedures and/or assessment costs not directly related to the treatment of a medical condition will be taken from this benefit. Only the following is covered unless otherwise specified in the Table of Benefits: Covered once every six (6) months unless otherwise specified below. Checks are limited to:

- Physical examination.
- Blood tests (full blood count, biochemistry, lipid profile, thyroid function test, liver function test, kidney function test).
- Cardiovascular examination (physical examination, electrocardiogram, blood pressure).
- Neurological examination (physical examination).
- Cancer screening.
- Annual Pap Smear.

- Mammogram (every 2 years for women aged 45+ or earlier where a family history exists)
- Prostate screening (yearly for men aged 50+ or earlier where a family history exists).
- Colonoscopy (every 5 years for members aged 45+ or 40+ where a family history exists)
- Annual fecal occult blood test.
- Bone densitometry (every 5 yrs. for women aged 50+).
- Well child test (for children up to the age of 6 years, up to a maximum of 15 visits per lifetime).

This benefit must be pre-approved by Al Koot Insurance in writing.

**Home Country.** The country for which the Insured member holds a current passport and has declared the respective nationality (as per his current passport) to Al Koot Insurance. This is the country to which the Insured member may choose to be repatriated, if applicable, as part of the Service

**Hormone Replacement Therapy.** Hormone Replacement Therapy is covered only when it is medically indicated (rather than for the relief of physiological symptoms). Benefit includes consultations and for the cost of the implants or patches. Payable for a maximum of eighteen months (18) from the date of the first consultation if the treatment falls within the policy period

**Infertility Treatment.** The treatment for the inability to have children, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth through the reproductive age or following either a previous pregnancy or a previous ability to carry a pregnancy to a live birth. This includes all invasive, non-invasive and investigative procedures necessary to establish the cause for infertility such as hysterosalpingogram, semen analysis, laparoscopy or hysteroscopy, etc.

**Interim Premium.** In the event that the number of Employees covered under this Agreement varies by more than 25% in any policy year, Al Koot Insurance reserves the right to reconsider the basis of calculation of the premium and to issue a demand for an Interim Premium. Such Interim Premium will be payable immediately by the Company. The 25% variation is calculated against the number of eligible Employees advised by the Company to Al Koot Insurance at the beginning of the policy year

**International Emergency Medical Assistance.** May apply if appropriate emergency treatment is not available in the country where the member is, whether on business trip

or annual vacation within the area of cover. Evacuation, when medically necessary, will always be to the nearest place where appropriate treatment can be given. A member evacuated in an emergency will subsequently be returned to their principal country of residence or Home Country. However, insured members are not entitled to be repatriated to their Home Country when admitted to a place in their country of residence. Entitlement to the evacuation service does not mean that the member's treatment following evacuation or repatriation will be eligible for benefit. Any such treatment will be subject to the terms and conditions of the member's plan. This benefit must be pre-approved by Al Koot Insurance in writing.

**In-patient cash benefit.** A lump sum amount payable to the insured member who receives treatment as an in-patient for an eligible medical condition within area of coverage, absolutely free of charge to the member. No other benefit will be payable in respect of the period for which the cash benefit has been paid. Covered for a maximum of thirty (30) day

**In-patient treatment.** Medical treatment that is provided in a hospital or other facility, and requires at least one overnight stay or more than 8 hours continuous care delivery inside a hospital and where the patient is registered as an admission

**In-patient Rehabilitation.** Treatment in the form of a combination of therapies aimed at the restoration of reasonable normal form and/or function after an acute illness or injury. This benefit applies only to treatment that starts immediately after the acute medical treatment ceases. In-patient Rehabilitation is covered only when:

- a) It is an integral part of treatment;
  - b) It is carried out by a medical practitioner specializing in rehabilitation;
  - c) It is carried out in a rehabilitation hospital or unit which is recognized by AlKoot Insurance;
  - d) The costs have been agreed, in writing, by AlKoot Insurance before the rehabilitation begins; and
  - e) Payable to a maximum of 30 days unless otherwise specified in the Table of Benefits.
- This form of treatment must be pre-approved by Al Koot Insurance in writing.

**Lifetime.** The period in which the member is alive. This does not refer to the life of the policy

**Life Threatening Condition.** Condition in which immediate life-saving procedures are

required and can be performed and might cause death if not treated immediately. Conditions which are causing death and do not require immediate treatment such as cancer do not fall under this category. Life threatening conditions and complications in maternity or childbirth, are not covered unless Maternity benefits are covered under the Policy

**Limit.** The maximum amount paid by Al Koot Insurance under the terms of this Agreement

**Long term care.** See Palliative/Hospice care

**Material fact.** This is the fact that would change the decision made by Al Koot Insurance if it were not disclosed or was misrepresented at the time of application. Such non-disclosure or misrepresentation may void the policy

**Maternity benefit.** Maternity benefits include ante-natal and post-natal care (up to six (6) weeks post-delivery), childbirth (normal delivery or caesarian section), miscarriage or legal abortion, including any and all complications arising there from. This benefit is only available for eligible married female per policy year. Maternity benefits include consultations, laboratory, radiology, medications, and any other covered medical expense related to the pregnancy or delivery, subject to the benefit limit mentioned in the Table of Benefits. Maternity benefit is also applicable to expenses incurred for room, board and general nursing care, special hospital services and ordinary nursing care of the baby while the mother is confined in the hospital, and for charges made by the physician, or registered midwife. Where any condition develops which becomes life threatening, the Medically Necessary expenses will be covered up to the annual aggregate limit provided that the policy covers Pregnancy and Childbirth benefits. This benefit must be pre-approved by Al Koot Insurance in writing.

**Maternity complications.** See Pre- and Post-natal complications

**Medical condition.** Any disease, illness or injury

**Medically Necessary.** Health care services and supplies, which are determined by AlKoot Insurance based on medical practice to be Medically Appropriate, and

- a) Necessary to meet the basic health needs of the Eligible Member;
- b) Rendered in the most Medically Appropriate manner and type of setting appropriate

for the delivery of the Health Service, taking into account both cost and quality of care;

- c) Consistent in type, frequency and duration of treatment with scientifically based guidelines of medical research or health care coverage organizations, or governmental agencies that are accepted by the Insurer;
- d) Consistent with the diagnosis of the condition;
- e) Required for reasons other than the convenience of the Eligible Person or his or her Physician; and
- f) Demonstrated through prevailing pre-reviewed medical literature to be either:

1. Safe and effective for treating or diagnosing the condition or Sickness for which their use is proposed;
2. Safe with promising efficiency;
3. For treating a life-threatening Sickness or condition; or
4. In a clinically controlled research setting.

The fact that Physician has performed or prescribed a procedure or treatment, or the fact that it may be the only treatment for a particular Injury, Sickness or Mental Illness, does not mean that it is a Medically Necessary Covered Health Service, as defined in this Policy. The definition of Medically Necessary used in this Policy relates only to Coverage and differs from the way in which a Physician engaged in the practice of medicine may define Medically Necessary.

**Medical Practitioner.** A person who is registered and licensed to practice medicine by the relevant licensing authority where the treatment is being given. This includes family and primary care doctors who diagnose, treat and prevent illness, disease, injury, and other physical and mental impairments. This is also includes practitioners who can diagnose, treat and prevent illness, disease, injury and other physical and mental impairments using specialized testing, diagnostic, medical, surgical, physical and psychiatric techniques, through application of the principles and procedures of modern medicine. They plan, supervise and evaluate the implementation of care and treatment plans by other health care providers; and specialize in certain disease categories, types of patient or methods of treatment

**Medical Provider.** The term Health Services Provider includes Physicians, Hospitals, Clinics, Medical Centers, Pharmacies, Laboratories, Physiotherapy Centers, and other Paramedical Institutions or Persons who are licensed by a competent authority to offer healthcare services

**Member.** The Insured person, the spouse and dependents included in the policy

**Membership Guidebook.** The Membership Guidebook booklet is used only for guidance purposes on process and procedures, key terms and policy exclusions and limitations; and does not override the definitive policy agreement. Each Member is requested to read the membership guide in conjunction with the Table of Benefits in order to fully understand the level of cover. It is not part of Policy

**Newborn cover.** Benefits under this agreement are extended to provide same cover for a newborn child from date of birth. Newborn must be added as a dependent of the Insured Member within 30 days from the date of birth. Failing to do so may result in all treatment not being covered. During the confinement of the mother in the hospital, newborn's expenses can be covered from the Maternity benefit if any limit remaining

**Nurse.** A qualified nurse who is registered and licensed by local regulatory authorities to practice as such where the treatment is given

**Nursing at home.** Services of a qualified and registered nurse in the country of treatment, recognized by AlKoot Insurance, when medically necessary to perform medical services for the provision of continuing care, at the member's home, immediately following eligible in-patient treatment covered under the plan. There must be a clear treatment plan, agreed by Al Koot Insurance in advance with the treating medical practitioner, with a clear end point and expected outcome. This benefit does not cover spas, cure centers, health resorts or nursing related to palliative or long-term care. This form of treatment must be pre-approved by Al Koot Insurance in writing.

**Network.** A group of Medical Providers contracted by AlKoot or AlKoot's TPA for the purpose of providing Insured Members with access to their services on a direct billing basis in conformity with the terms of this Policy. Listings of Network Providers are subject to change without notice. Network is categorized into different levels based on an approved criteria by Al Koot, hence, the membership level will match the network category as may be agreed with The Company

**Non-network.** Medical Service Providers that are not part of the Network

**Obesity treatment.** Surgical treatment of obesity (gastric sleeve, gastric bypass and gastric balloon). Obesity treatment is not covered unless otherwise specified in the Table of Benefits and is subject to MOPH Qatar guidelines

**Occupational therapy.** Treatment that addresses the individual's development of fine and gross motor skills, sensory integration, co-ordination, balance and other skills such as dressing, eating, grooming, etc. in order to aid fairly living and improve interactions with the physical and social world. This benefit is not covered unless otherwise specified in the Table of Benefits in which case it is covered only when it is required as a result of external injury or medical illness

**Oncology.** Specialist fees, diagnostic tests, radiotherapy, chemotherapy and hospital charges incurred in relation to the planning and carrying out of treatment for cancer, from the point of diagnosis

**Optical benefit.** This benefit shall cover routine optical services carried out by a qualified and registered ophthalmologist or optometrist; and costs of prescribed spectacles/corrective lenses for refractive errors. Eye test for refractive errors fall under Optical benefit unless otherwise specified in the Table of Benefits. The provision of tinted/reactive lenses, sunglasses, non-corrective contact lenses, laser eye surgery or similar procedures are not covered by this benefit. This benefit must be pre-approved by Al Koot Insurance in writing

**Organ transplant.** The replacement of vital organs (including bone marrow) as a consequence of an underlying Medical Condition, in respect of the insured person as a recipient (and not as a donor); and the organ donor at the time of transplant surgery only. This benefit does not cover the cost of collecting the donor for the transplant surgery. Any costs relating to acquisition, storage, administration, and/or any expenses associated with the organ will be excluded; even if such transplants are allowed by the terms of this plan. Certain transplants will not be covered based on general limitations (i.e. experimental procedures).

**Out-patient treatment.** Medical care or treatment that does not require an overnight stay or that requires less than 8 hours continuous care in a hospital or medical facility. This can include Physician consultation, prescribed drugs, diagnostic tests and treatments, procedures which do not medically necessitate admission to a hospital before, during and /or after the procedure

**Outside Area of Cover.** This is to cover emergency treatment, or treatment of a medical condition which arises suddenly whilst outside the member's area of cover.

This benefit does not provide cover for treatment for any condition if the member has travelled outside the area of cover to get treatment (whether or not that was the only reason) or for any treatment which was, or may have reasonably been known about, before travel commenced. Under no circumstance will benefit be payable for any aspect of pregnancy or childbirth.

**Oral and maxillofacial surgeries.** Surgical treatment performed by an oral and maxillofacial surgeon in a hospital as a treatment for: oral pathology, temporomandibular joint disorders, facial bone fractures, congenital jaw deformities, salivary gland diseases and tumors. This does not include surgical removal of impacted teeth and orthognathic surgeries for the correction of malocclusion, even if performed by an oral and maxillofacial surgeon. Any such treatment related to congenital conditions are subject to Congenital/Birth defect benefit coverage and limit.

This benefit does not cover routine dental care.

**Orthodontics.** Use of devices to correct malocclusion and restore teeth to proper alignment and function. Only functional orthodontic treatment is covered. Orthodontic treatment for cosmetic/aesthetic purposes is not covered. The following supporting information is required in order to determine eligibility:

- Medical report with diagnosis (type of malocclusion) and symptoms
- Treatment plan including estimated duration, costs and type of material
- Photographs/X-ray images prior to treatment

Covered only for standard metallic braces and/or standard removable appliances. Cosmetic appliances such as lingual braces and invisible aligners are not covered unless otherwise specified in the Table of Benefits. This form of treatment must be pre-approved by Al Koot Insurance in writing.

**Out-patient surgery.** Surgical procedure performed in a surgery, hospital, day-care facility or out-patient department that does not require the patient to stay overnight out of medical necessity

**Palliative/Hospice care.** Palliative/Hospice care describes the comprehensive and acute treatment provided to patients whose life expectancy is limited, whose illness can no longer be cured and for whom the purpose of treatment is to achieve the best. A general advice, for the purpose of offering temporary relief of symptoms. Palliative treatment is not given to cure the medical condition causing the symptoms.

This benefit becomes available when the member is admitted to a specialist palliative care center or hospice, recognized by Al Koot Insurance, following diagnosis, written confirmation (including medical evidence) by a medical practitioner that the member is suffering from a terminal eligible medical condition or conditions. The benefit must be pre-authorized, in writing, by Al Koot Insurance in advance of admission. Once the member is admitted, all costs of care and any treatment related to the terminal condition and related conditions will be taken from this benefit and may not be claimed from any other benefit applicable to the member's plan. Any eligible medical conditions not related to the member's terminal condition will be covered under the member's normal plan benefits. Al Koot Insurance reserve the right to determine, on the advice of our medical panel, whether a medical condition is or is not related to the terminal medical condition. This benefit is payable, up to the limit shown for the member's plan, once in a member's lifetime, in aggregate for all such conditions. The member must maintain the same level of cover throughout the palliative or hospice care admission. In the event that the costs of the member's admission reach the limit shown for this benefit no further benefit will be payable. Once the limit of this benefit is reached no benefit of any kind will be payable in respect of any medical condition for which palliative and/or hospice care has been received. The benefit must be pre-authorized, in writing, by Al Koot Insurance in advance of admission.

**Parent accommodation.** Refers to the hospital accommodation costs of one parent for the duration of the insured child's admission to hospital for eligible treatment within the area of cover. This benefit applies only to children who are covered by the policy and under 18 years old. This benefit is paid from the child's benefit. Coverage includes an extra charge for room/bed in same premises while accompanying the child up to the limit specified in Table of Benefits up to a maximum of thirty (30) days

**Policyholder.** The Company/Employer or otherwise legally constituted group or individual to whom the Policy is issued

**Policy Year.** Twelve Gregorian calendar months from when the policy began or was last renewed unless Al Koot agreed something different with the Company

**Principle member.** An Eligible member (the Employee) who is not a Spouse or Dependent enrolled under the Policy on whose behalf the Policy is issued to the Policyholder

**Prior approval.** A process whereby AlKoot Insurance and/or its appointed TPA reviews and gives its decision on treatment proposed by the treating Physician for which an approval is required. AlKoot Insurance or its appointed TPA will approve, reject or require further information

**Physiotherapy.** Treatment by a registered physiotherapist following referral by a medical practitioner. Treatment must be by a Physiotherapist, who is a registered as a Medical Practitioner and licensed to practice in the country in which treatment is being given. Prior to the commencement of treatment, a referral must be issued by treating Physician specifying the diagnosis, nature and number of sessions, and must be authorized by Al Koot Insurance. A maximum of ten (10) sessions shall be authorized in each authorization, after which the treatment must be reviewed by medical practitioner. Should further sessions be required, a new progress report must be submitted after every set of ten (10) sessions, which indicates the Medical Necessity for any further treatment. Physiotherapy does not include therapies such as Rofling, Massage, Pilates, Fango and Milta therapy, kinesiotherapy, KKT treatment. This form of treatment must be pre-approved by Al Koot Insurance in writing.

**Pregnancy and Childbirth.** See Maternity benefits

**Pre- and post-natal complications.** Any of the situations listed in the ICD - 10, or any subsequent version, that may occur during childbirth and/or any situation deemed by the attending clinician to require additional care or intervention, beyond that which would be required for normal course of pregnancy. Maternity complications relate to the health of the mother. Only the following complications that arise during the pre-natal stages of pregnancy are covered: ectopic pregnancy, gestational diabetes, pre-eclampsia, miscarriage, threatened miscarriage, stillbirth and hydatidiform mole or other medical conditions which necessitate hospitalization. Emergency C-section does not fall under maternity complications and is coverable under maternity limit.

**Prescribed drugs.** Pharmaceuticals which can only be obtained through a prescription provided by a licensed physician and which are approved by the local regulatory authorities. Over-the-counter drugs are excluded.

**Pre-existing conditions.** Any illness, sickness, disease or other physical, medical, mental or other condition, disorder or ailment where, in the opinion of a medical practitioner, signs or symptoms of the condition existed at any time in the period prior to

the Insured Member becoming insured under the Policy. The test applied relies upon signs or symptoms of the condition being present and not on a diagnosis. It is not necessary for the Insured Member or his doctor to know what their condition is or was. In forming an opinion Al Koot appointed medical practitioner who makes the decision must take into account information provided by the Insured Member's treating doctor

**Premium.** The payment of fee in advance for each Primary Insured and each Enrolled Spouse or Dependent in accordance with the terms of the Policy

**Psychiatric treatment and psychotherapy.** This is collectively all diagnosable mental disorders or health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning. The condition must be clinically significant and not related to bereavement, relationship or academic problems, acculturation difficulties or work pressure. Psychotherapy treatment is only covered where member is initially diagnosed by a psychiatrist and referred to a clinical psychologist for future treatment. In addition, out-patient psychotherapy treatment is initially restricted to ten (10) sessions unless otherwise specified in the Table of Benefits. After ten (10) sessions, treatment must be reviewed by the psychiatrist. Should further sessions be required, a progress report must be submitted which indicates the medical necessity for any further treatment. This form of treatment must be pre-approved by Al Koot Insurance in writing.

**Preventative medical services and treatment.** Practices that are designed to avoid and avert diseases. An example of such treatment is removal of a pre-cancerous growth or annual screening due to family history. Preventative treatment forms part of General Exclusions and is not covered by the policy unless specified in the Table of Benefits

**QCB.** Qatar Central Bank

**Qatar Supreme Council of Health.** The regulatory of the State of Qatar for all Providers and Physicians licensed to operate in Qatar

**Reasonable and Customary .** AlKoot Insurance calculate what is 'reasonable and customary' based on one of:

- a) The average negotiated cost of the treatment within the network applicable to the plan in the area in which treatment is received. Where no network exists or the treatment is not available in a network hospital, AlKoot Insurance will base that calculation on the average cost of the treatment in that area or country; or
- b) The network in the principal country of residence if that is the calculation specifically applicable to the plan.

**Reconstructive surgery.** Reconstructive surgery is covered only if:

- a) 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 of ours since before the accident or the original surgery happened;
- b) it is done at a medically appropriate stage after the accident or surgery; and
- c) We agree the cost of the treatment in writing before it is done

**Referral.** A recommendation by a physician to another physician where the patient may require more specialized advice or treatment

**Renewal.** A continuation of an expired insurance policy, which under acceptance of agreed terms by both Parties is effective upon the payment of a specified Premium

**Repatriation of Mortal Remains.** If an Insured member dies while abroad this benefit is payable for the costs of repatriation of the mortal remains to a mortuary in the Country of Residence or their Home Country within the limit specified in the Table of Benefits. Covered expenses include expenses for embalming, a container legally appropriate for transportation, shipping costs and the necessary government authorizations. Costs incurred by any accompanying persons are not covered unless this is listed as a specific benefit in Table of Benefits

**Special terms/Variations.** Any description or alternative provisions to the Policy, attached to this Agreement, which are effective only when signed by both Parties and are subject to all conditions, limitations and exclusions of the Policy except for those that are specifically amended.

**Surgical appliances and material.** Appliances and materials required for the surgical procedure. These include artificial body parts or devices such as joint replacement materials, bone screws and plates, valve replacement appliances, endovascular stents, implantable defibrillators and pacemakers

**Table of Benefits.** The table applicable to the plan showing the maximum benefits payable for each member and the area of cover within which the member may choose to receive treatment

**Treatment.** A medically necessary surgical or medical procedure carried out by a medical practitioner

**Unrecognized providers.** List of providers not recognized by Al Koot Insurance. AlKoot Insurance reserves the right not to entertain claims of any kind including reimbursement claims from the list of providers not recognized by AlKoot Insurance. Please note that this list is not exclusive and is subject to amendment by AlKoot Insurance without prior notice. The latest list of unrecognized providers is available at [www.alkoot.com.qa](http://www.alkoot.com.qa)

**Vaccinations & Immunizations.** All basic immunizations and booster injections required under regulation of Ministry of Public Health in Qatar. The cost of consultation for administering the vaccine is also included in this benefit

**Vitamins.** Vitamins are covered only when medically necessary & prescribed by a Medical Practitioner for a severe deficiency and based on a laboratory test every six (6) months and subject to pre-approval on the laboratory test

**Waiting period.** A period of time during which member are not entitled to cover for particular benefit

**We/Al Koot/our.** Al Koot Insurance & Reinsurance company

**Work-related injuries.** Any accident/injury sustained by the worker during the performance or as a result of his work. This will also include any accident/injury sustained by the worker on his way to or back from his work shall be deemed an employment injury provided that the trip to or from the place of work is made directly, without delay, default or diversion from the normal route

**Yearly Maximum.** Benefits are payable up to the maximum shown in this Agreement/Table of Benefits for each member each Policy Year. All benefits paid during the policy period will count against the yearly maximum. Cover does not extend beyond the area shown for the plan under any circumstances



**AlKoot** 

INSURANCE & REINSURANCE

الكوت للتأمين و إعادة التأمين

Licensed by Qatar Central Bank

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