TABLE OF BENEFITS
AL MAKTAB AL QATARI AL HOLLANDI WLL

AlKoot INSURANCE & REINSURANCE
الكوت للتأمين و إعادة التأمين
Licensed by Qatar Central Bank

Policy Number: AK/HC/00267/0/3
Category: CATEGORY C

Effective Date: 20 June 2025
Expiry Date: 19 June 2026

Yearly Maximum per insured member Benefits are payable up to the maximum shown in this Table of Benefits for each member each policy year. All benefits paid during the policy period will count against the Yearly Maximum	**QAR 150,000**
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	**Prime**
Area of cover Area of coverage where an insured member is allowed to avail medical treatment under the terms of the Policy. Cover does not extend beyond the area shown for the plan under any circumstances	**State of Qatar + Home country excluding USA, Canada, Europe, China, Singapore and Japan**
Outside area of cover **(only for emergency life-threatening treatment availed at Emergency Room)** 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	**Worldwide up to 42 days whilst on vacation or business trip**
Inside Qatar on direct billing basis	**100% actual**
Outside Qatar on direct billing basis	**100% actual or 80% R&C (Reasonable and Customary charges) of Qatar network, whichever is lower**
Inside Qatar on reimbursement basis Claims must be submitted within **90 days** from the date of treatment	**100% actual or 80% R&C (Reasonable and Customary charges) of Qatar network, whichever is lower**
Outside Qatar on reimbursement basis Claims must be submitted within **90 days** from the date of treatment	**100% actual or 80% R&C (Reasonable and Customary charges) of Qatar network, whichever is lower**
For Eligible treatment at Hamad Hospital and PHCC	**100% actual**

Reasonable and Customary (R&C): The average negotiated cost of the treatment within the network applicable to the plan within Qatar network or in the area in which treatment is received. Where no network exists or the treatment is not available within the network, calculations will be based on the average cost of the treatment in that area or country

Provider Specific Co-insurance/deductible	
Additional co-insurance/deductible will apply on all services in below mentioned providers on top of the benefit level co-insurance/deductible	
Al Ahli Hospital	**Not Applicable**
Sidra Medical and Research Center	**Not Applicable**

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Al Fardan Medical with Northwestern Medicine	**Not Applicable**
The View Hospital	**Not Applicable**
Aman Hospital	**Not Applicable**
Korean Medical Center	**Not Applicable**
In-patient and Day care benefits	
Note: all in-patient and day care treatments and services require written prior-approval from AlKoot Insurance except in emergency situations. Failure to obtain prior-approval may result in claim rejection	
In-patient maximum limit	**Covered up to yearly maximum**
Co-insurance on all in-patient treatment	**Nil**
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	**Covered**
Day care 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	**Covered**
Daily room & board	**Standard private room:** Daily room and board charges for a standard private room with a single bed and single fully accessible bathroom. Deluxe, VIP, and/or suite rooms are not covered
Surgeon, anaesthetist, physician and nursing fees	**Covered**
Surgical operations, procedures, prostheses and appliances Including anesthesia and theatre charges	**Covered**
Nursing fees, medical expenses & ancillary charges	**Covered**
Accidents and Emergencies, Intensive care units	**Covered**
Oxygen and other medical gases	**Covered**
Second medical opinion	**Covered**
Diagnostics and laboratory Example: X-ray, MRI, CT, PET, CT scan, angiography, ECG, stress test, echo, ultrasound, blood tests, colonoscopy, gastroscopy, etc.	**Covered**
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	**Covered**

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Physiotherapy While admitted for treatment of a medical condition and when such treatment directly relates to it	**Covered**
Reconstructive surgery 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 AlKoot plan since before the accident or the original surgery happened; and b) It is done at a medically appropriate stage after the accident or surgery; and c) The costs of treatment were pre-authorized by AlKoot Insurance before it was done	**Covered**
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)	**Covered**
Parent accommodation Hospital accommodation costs of one (1) 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	**QAR 500 per night up to a maximum of 20 days**
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	**QAR 100 per night up to a maximum of 20 days**
Out-patient benefits	
Out-patient maximum limit	**Covered up to yearly maximum**
Deductible on consultations A fixed amount of money which insured member is required to pay to providers in direct billing when receiving health services before insurance company start paying. Deductible amount is deducted from	**10% co-insurance on all out-patient services including consultations**

total payable claims in case of reimbursement. Deductible is applied before any co-insurance **Co-insurance** Cost-sharing arrangement which provides that the insured will bear a specified percentage of the admissible costs	**Free follow up visits within 7 days for the same condition to the same medical practitioner within the applicable network except Al Ahli Hospital**
Doctors' consultation GPs, Specialists, Physicians and Consultants	**Covered**
Second medical opinion	**Covered**
Diagnostics and laboratory Example: X-ray, MRI, CT, PET, CT scan, angiography, ECG, stress test, echo, ultrasound, blood tests, colonoscopy, gastroscopy, etc.	**Covered** MRI, CT, PET, colonoscopy, gastroscopy, etc. require prior-approval. Failure to obtain written prior-approval may result in claim rejection
Out-patient surgical operations	**Covered**
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 (OTC) drugs are not covered	**Covered**
Post hospitalisation treatment received within 90 days of being discharged from the hospital	**Covered**
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 A maximum of **10 sessions** shall be authorized in each authorization, after which the treatment must be reviewed by medical practitioner. Should further sessions be required, a progress report must be submitted after every set of ten sessions, which indicates the medical necessity for any further treatment. Physiotherapy does not include therapies such as massage, pilates, kinesiotherapy, KKT treatment	**Covered up to 20 sessions** Prior-approval required. Failure to obtain written prior-approval may result in claim rejection.
Alternative/Complementary treatment Therapeutic and diagnostic services that exist outside of the medical institutions where conventional allopathic medicine is provided. Alternative/complementary treatment is limited only to: **Chiropractic, Osteopathy, Homeopathy, Acupuncture, Ayurveda, Podiatry** This form of treatment must be given by a qualified practitioner and must be recognized and licensed by respective authority in a country	**QAR 1,600** Prior-approval required. Failure to obtain written prior-approval may result in claim rejection.

where treatment is taken. A medical report specifying diagnosis is required to avail Chiropractic and Osteopathy services. A maximum of **5 sessions** shall be authorized in each authorization after which a progress report will be required to assess medical necessity for further sessions	
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. Covered for newborn and children from 0-6 years	**QAR 1,000** as per MOPH schedule of vaccinations.
Health check-up/screening Examinations, tests, consultations or other medical services that are conducted for preventative or screening purposes and which are not related to any signs, symptoms or disease. Any eligible consultations, diagnostic procedures and/or assessment costs not directly related to the treatment of a medical condition will be taken from this benefit. Note: screening for any sexually transmitted diseases falls under General Exclusions. Subject to prior-approval	**Not covered**
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	**Covered up to 20 days** Prior-approval required. Failure to obtain written prior-approval may result in claim rejection.
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 **18 months** from the date of the first consultation if the treatment falls within the policy period	**QAR 1,000**
Oxygen and other medical gases	**Covered**
Core benefits **(Covered for In-patient, Day care and Out-patient treatment)**	
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	**Covered**

for the insured member or their doctor to know what their condition is or was	
Maintenance of chronic conditions A disease, illness or injury that has one or more of the following characteristics: a) It needs on-going or long-term monitoring through consultations, examinations, check-ups, and/or test b) It needs on-going or long-term control or relief of symptoms c) It may require rehabilitation or the patient to be trained to cope with it d) It continues indefinitely e) It comes back or is likely to come back	
Acute phase of chronic conditions whether pre-existing or diagnosed after policy inception	
Visiting doctor	**Subject to Reasonable & Customary costs**
Ophthalmology and eye care Consultation, tests, medical & surgical therapy. Note: Lasik, refraction errors and optical expenses are not included in this benefit	**Covered**
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 **10 sessions** after which, 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	**QAR 3,000, 30% co-insurance** Prior-approval required. Failure to obtain written prior-approval may result in claim rejection.
Congenital conditions 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	**Covered, life threatening conditions only**
Oncology Specialist fees, diagnostic tests, radiotherapy, chemotherapy and	**Covered**

hospital charges incurred in relation to the planning and carrying out of treatment for cancer, from the point of diagnosis	
Acute reversible kidney failure	**Covered**
Vitamins & herbal medicines Covered only when medically necessary and prescribed by a medical practitioner for severe deficiency and based on a laboratory test report	**Covered**
External medical appliances or prosthesis Medical equipment used externally from the human body. Coverage limited only to: • Biochemical aids such as insulin pumps and peritoneal dialysis machines • Glucose meters/strips • Motion aids such as crutches and non-electric wheelchairs, orthopaedic supports/braces, artificial limbs • Hearing and speaking aids such as electronic larynx • Medically graduated compression stockings • Long term wound aids such as dressings and stoma supplies • CPAP/BPAP machines • Blood pressure monitoring devices based on medical practitioner advice and necessitated by existing chronic medical condition (once per insured for life) • Nebulizer • Orthopedic arch support • Oxygen/Oxygen tank Costs of medical aids that form part of palliative care or long-term care are not covered	**QAR 200** Prior-approval required. Failure to obtain written prior-approval may result in claim rejection.
Ambulance A licensed vehicle designed for transportation of sick or injured people to/from or between places for emergency treatment	**Covered**
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	**Covered**

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Passive war and terrorism risk Occurring as a direct or indirect consequence of War & Terrorism, where the insured member is not an active participant	**Covered inside Qatar**
Blood plasma and blood substitutes	**Covered**
Casts, splints and trusses	**In-patient - Covered, Out-patient - Not covered**
Braces and crutches	**In-patient - Covered, Out-patient - Not covered**
Allergy treatment	**Covered except testing and desensitization**
Road traffic accident	**Covered**
Sport related accident (non-professional)	**Covered**
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	**Not covered**
Maternity: pregnancy and childbirth	
Note: all maternity treatments and services require written prior-approval from AlKoot Insurance except in emergency situations. Failure to obtain prior-approval may result in claim rejection	
Pregnancy and childbirth(in accordance with Hamad Protocol/s) 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 once 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. This benefit only available for eligible married females per policy year	**Not covered**
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	**Not covered**

pregnancy are covered: ectopic pregnancy, gestational diabetes, pre-eclampsia, miscarriage, threatened miscarriage, stillbirth and hydatidiform mole or other medical conditions which necessitate hospitalization. Note: Emergency C-section does not fall under maternity complications and is coverable under maternity limit	
Healthy newborn cover Benefits under this table of benefits are extended to provide same cover for a newborn child from the date of birth. Newborn must be added within **30 days** from the date of birth as a dependent of the Insured Member. Failing to do so will result in all treatment not being covered	**Covered**
Dental benefit	
Note: all dental treatments and services require written prior-approval from AlKoot Insurance except in emergency situations. Failure to obtain prior-approval may result in claim rejection	
Dental benefit 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. Note: Dentures, dental veneers, dental implants, space maintainers, mouth guards and teeth whitening form part of General Exclusions and are not covered by this benefit **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	**Not covered**
Orthodontics Use of devices to correct malocclusion and restore teeth to proper alignment and function. Note: coverage limited to functional orthodontic treatment and not for cosmetic/aesthetic purposes. Covered for standard metallic braces and/or standard removable appliances. Cosmetic appliances such as lingual braces and invisible aligners are not covered	**Not covered**
Optical benefit	
Note: all optical treatments and services require written prior-approval from AlKoot Insurance except in emergency situations. Failure to obtain prior-approval may result in claim rejection	
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	**Not covered**

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	
Other benefits	
International Emergency Medical Assistance 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	**Covered**
At Home Doc Home Doctor is your trusted 24/7 GP Service which comes to you, wherever you are in Qatar. There is no hassle of going to a clinic or waiting in line. Simply use "At Home Doc" application or call them and doctors, medication and laboratories will be on the way to you in less than 90 minutes	**Covered**

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PRIOR-APPROVALS

Written prior-approval is required for treatments such as (but not limited to) the following
Failure to obtain prior approval for below may result in claim rejection

- All in-patient and daycare admissions, including laboratory tests, diagnostic tests, surgery and all other medical services
- In-patient and out-patient maternity services
- In-patient and out-patient dental services
- In-patient and out-patient psychiatric treatment
- MRI, CT, PET and Gait Scans, ECG, EEG, echo, halter monitor, angio, and internal diagnostics such as but not limited to endoscopy, colonoscopy, gastroscopy, etc
- Physiotherapy services
- Alternative/Complementary therapy services
- Prescriptions or other medication required for more than ninety (90) days
- Optical/Health screen services
- External medical appliances
- Any sub-limited benefit

Important information:

- AlKoot Insurance appreciates that in a real emergency the member may not be able to contact AlKoot for prior-approval before the treatment. In such circumstances, AlKoot Insurance takes a pragmatic approach, so, we ask the member or their representative to contact AlKoot Insurance beforehand if they can and it is safe to do so. If it is not, and the member needs immediate treatment please make treatment the ultimate priority
- Prior-approvals are cost, time and benefit specific. If any details on the original prior-approval change, such as (but not limited to) cost, time, benefit, etc.; a further written prior-approval should be obtained from AlKoot Insurance. Such approvals will be subject to AlKoot discretion

REIMBURSEMENTS

Mandatory documents for reimbursement of claims:
Failure to provide all the mandatory or additionally requested documents may result in claim rejection

- Fully completed and signed Claim Form
- Invoices with itemized breakdown of services and proof of payment/receipts. Please note: deposits and/or advance payments are not eligible for reimbursement
- Physician prescriptions & referrals
- Investigation results
- Medical reports

- Discharge summary (if hospitalization) and
- Documentation relating to any medical service that the Member has paid for

Important information:

- Claim payments are processed only to Principle's (Employee's) bank account
- Claims must be submitted within **90 days** from the date of treatment. Invoices provided to AlKoot Insurance after **90 days** will not be eligible for settlement
- Any claims above **QAR 10,000** or equivalent require original documents to be submitted to AlKoot. For claims below **QAR 10,000** or equivalent the member must retain originals as AlKoot Insurance reserves the right to request these on a periodic basis for further assessment
- Incomplete Claim form and/or supporting documentation could result in the claim being returned to the Member for completion (Shortfall) which may delay the processing of the Claim. The date of receipt of all complete documents required to substantiate, assess and validate the claim, will be treated as the initial date of receipt of the claim for administration purpose. It is, therefore, in the Member's interest to ensure that all requirements are fully met to minimize any delay. Where Al Koot Insurance is required to obtain further medical reports to clarify aspects of treatment, it reserves the right to withhold payment of any Claim until all such reports are received and properly evaluated"
- 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 at any time. The latest list can be found on: **www.alkoot.com.qa**

Standard AlKoot Policy exclusions and limitations

What Al Koot Insurance does not pay for:

Although AlKoot Insurance covers most illnesses, expenses incurred for the following treatments, medical conditions and procedures are not covered under the policy unless confirmed otherwise in the Table of benefits or by way of a policy endorsement.

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:
   a. Non-medical treatment services, such as assistance in activities of daily living, or
   b. 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.

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) 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.
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.