



## Table of Benefits

Company Name	M/s Elite Express Cargo
Policy Period	25/05/2025 to 24/05/2026

### CatA

## Basic Coverage

Insurance Plan	DohaCare Executive
Territorial Scope of Coverage	Worldwide Excluding USA&Canada
Emergency Treatment Abroad	Worldwide cover, subject to the actual cost or reasonable & customary charges of the country of residence, whichever is less
Annual Maximum Limit per person	QAR 150,000
Network	General

## Inpatient

Accommodation Type	Private Room
Hospital Accommodation & Services:	Covered
ICU	Covered
Consultant's, Physician's, Surgeon's & Anesthetist's Fees	Covered
Surgical, Operations & Procedures	Covered
Second Medical Opinion	Covered
Ambulance	Covered
Prescribed Medicine	Covered
Blood Plasma & Blood Substitutes	Covered
Oxygen & other Medical Gases	Covered
Diagnostics (X-Ray, MRI, CT Scan, Ultra Sound, PET, Angiography, ECG, Stress test, Echo)	Covered
Laboratory	Covered
Hormonal treatment other than infertility	Covered
Post Hospitalization treatment received within 60 days	Covered



Treatment of allergic condition	Covered
Sport related Accidents (non- professional)	Covered
Acute Kidney Failure	Covered
Terminal Illness	Covered
Ophthalmology & Eye Care (laser & Optical expenses are not covered)	Covered
Accidental Damage to Natural teeth immediately post an accident	Covered
Day Care treatment	Covered
Road Accident	Covered
Parent Accommodation	Covered for accompanying an Insured Child under 14 years of age up to QAR 150/- (maximum per day)
Reconstructive Surgery following an accident or surgery for an eligible medical condition	Covered
Casts, Splints, Trusses, Braces and Crutches	Covered
Prosthesis & Surgical Appliances	Covered
Inpatient rehabilitation (not work related)	Covered

## Outpatient

Benefit Limits	Covered
Specialists, Consultants, General medical practitioner (Visiting doctors will be subject to customary cost at the designated providers)	Covered
Second Medical Opinion	Covered
Prescribed Medicine	Covered
Blood Plasma & Blood Substitutes	Covered
Oxygen & other Medical Gases	Covered
Diagnostics (X-Ray, MRI, CT Scan, Ultra Sound, PET, Angiography, ECG, Stress test, Echo	Covered
Laboratory	Covered
Hormonal treatment other than infertility	Covered
Post Hospitalization treatment received within 60 days	Covered
Treatment of allergic condition	Covered



Sport related Accidents (non- professional)	Covered
Acute Kidney Failure	Covered
Physiotherapy	Covered for a maximum of 6 sessions per person per year - up to maximum QAR 250/- per session at Designated Providers - 80 % of Reasonable cost per session at non-Designated Providers
Terminal Illness	Covered
Complementary Treatment (Chiropractic, Osteopathy, Homeopathy and Acupunctures) prescribed by Medical Practitioner	Covered up to QAR 1,600/-
Ophthalmology & Eye Care (laser & Optical expenses are not covered)	Covered
Accidental Damage to Natural teeth immediately post an accident	Covered
Road Accident	Covered
Vaccination for children	Covered up to age 6 years old, as per supreme council vaccination schedule
Day Care Treatment & Surgery	Covered
Out-patient surgical operations	Covered

## Extension of Cover

Repatriation of Mortal Remains to the Country of Domicile:	Covered up to QAR 10,000/-
Hospital Cash Benefit if Inpatient Treatment is received free of charge in a Government Hospital	Covered up to QAR 150/- per night for all inpatient hospitalizations that are not submitted to the Insurance Company
Organ Transplant: Heart, Liver & Kidneys (Acquisition cost and all expenses incurred by the donor are excluded hereon)	Covered
Vitamins if medically necessary	Covered
Congenital Deformities when Life Threatening	Covered
New born baby	Covered
Nursing at Home, for recovery and in lieu of a hospital stay	Covered up to a maximum of 28 days per admission or procedure:
Pre-existing & Chronic Conditions for Inpatient & Outpatient	Covered up to QAR 25,000/-

Oncology treatment including chemotherapy and radiotherapy (under Pre-existing & Chronic limits)	Covered
Wellness checkup: Mammogram, Pap smear, Breast Cancer screening diagnostic, Prostate Cancer screening - once per member per policy year	Covered up to QR 2,000/-
Treatment Outside Country of Residence other than Emergency	Cover available within the territorial limit only and up to 100% of reasonable and customary cost

### INTERNATIONAL EMERGENCY ASSISTANCE\*: (Services are only applicable on Direct Billing Basis)

<b>INTERNATIONAL EMERGENCY MEDICAL ASSISTANCE:</b> Dedicated helpline call center for international assistance 24/7 with English, French and Arabic-speaking medical experts and assistance coordinators	Covered
<b>MEDICAL REPATRIATION:</b> When our consulting physician and the Eligible Insured's attending physician determines that transportation is medically necessary, we will arrange for transportation under medical supervision to the Eligible Insured's residence or to a medical or rehabilitation facility near the Eligible Insured's residence, at such time as the Eligible Insured is medically cleared for travel.	Covered
<b>REPATRIATION OF MORTAL REMAINS:</b> In the case of an Eligible Participant's death, we will arrange and pay for the return of mortal remains to an authorized funeral home proximate to the Eligible Participant's legal residence** and if applicable, arrange and pay for one way economy common carrier transportation for a family member to accompany the remains to the Eligible Participant's legal residence.	Covered
<b>COMPASSIONATE VISIT:</b> When an Eligible Insured will be hospitalized for more than seven (7) consecutive days and is traveling alone, we will arrange for a family member or personal friend to travel to visit the Eligible Insured by providing an appropriate means of transportation as determined by us. The family member or the friend is responsible to meet all visa and travel document requirements, if applicable.	Covered
<b>CARE OF MINOR CHILD(REN):</b> One-way economy common carrier transportation, with attendants if required, will be provided to the place of residence of minor children or to the Eligible Participant's legal residence when they are left unattended as a result of medical emergency or death of an Eligible Participant.	Covered

<b>EMERGENCY MEDICAL EVACUATION:</b> When an adequate medical facility is not available proximate to the Eligible Insured, as determined by our consulting physician and the Eligible Insured's attending physician, we will arrange transportation under appropriate medical supervision, by an appropriate mode of transport to the nearest medical facility capable of providing the required care	Covered
<b>PRESCRIPTION ASSISTANCE:</b> If an Eligible Insured needs replacement prescription medicine while travelling, we will help with replacing the prescription, when possible and legally permissible and upon consulting with the attending physician.	Covered
<b>* As per DIG Terms and Conditions for international emergency medical assistance related benefits. All benefits shall be subject to travel distance requirements. Cover from country of residence is not applicable.</b>	
<b>** Legal residence shall mean the permanent place or residence of the Eligible Participant in the Nationality registered in Qatari ID or in his/her home country.</b>	

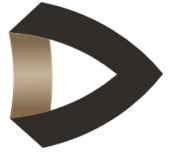
## Additional Benefits:

<b>Maternity</b> - maximum limit per person per year (limited to 1 delivery/abortion per person per year): - Normal Delivery - Cesarean - Miscarriage/Legal Abortion	Not Covered
Moratorium Period	N/A
<b>Dental</b> - Consultations, X-Rays, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer, Root Canal Treatment & Gum Treatment - maximum limit per person per year:	QAR 3,000
<b>Optical</b> - Vision Tests for Errors of Refraction & one Prescribed Lense/s and one regular medical frame per person per year - maximum limit per person per year):	QAR 1,000

## Deductible & Co- Payments

<b>Deductible</b> (per Outpatient Consultation)	QAR 50
Coinsurance for Inpatient Treatments	0%
Coinsurance for Physiotherapy	0%
Coinsurance for Maternity Treatments (after the other applicable deductible)	N/A

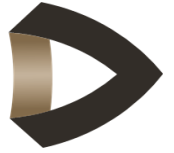
Coinsurance for Dental Treatments (after the other applicable deductible)	20%
Coinsurance for Optical Treatments (after the other applicable deductible)	10%
Coinsurance for Treatment at Non-designated Providers subject to reasonable and customary cost, excluding Government Hospitals & Health Centers (after the other applicable deductible and coinsurance)	0% Note: Al Ahli Hospital, Aman Hospital, Alfardan Medical, The View Hospital, Rayhan Medical Complex and Al Jufairi Diagnosis & Treatment are absolutely excluded



## General Exclusions

**This Policy does not cover expenses arising directly or indirectly for any tests or treatments for the following unless otherwise stated clearly in the table of benefits:**

- 1 Pre-existing conditions, as specified under Article 4.9 of this Policy, if not included in the Policy schedule, Table of benefits and Membership cards
- 2 Unless Pre-existing condition is covered, Maintenance treatment of Chronic conditions, except for necessary investigations until a diagnosis for the condition is confirmed
- 3 Home visits
- 4 Services or Treatment in any rest home, spa, hydro-clinic, health resorts, massage centers, sanatorium or long-term care facility that is not a Hospital.
- 5 Admissions for rehabilitation and isolation purposes
- 6 Routine medical examinations or regular check-ups
- 7 Medical certificates and examinations for residence, employment or travel
- 8 Provider registration fees, and medical report charges unless requested by Us
- 9 Vaccinations
- 10 Circumcision
- 11 Cosmetic, plastic, reconstructive or restorative Treatments, unless Pre-authorized by Us
- 12 Cosmetic products such as shampoos, soaps, hair stimulants, hair removers, moisturizers, creams or other similar products
- 13 Alternative treatments including but not limited to ayurvedic (such as herbal medicine), holistic medicine, hypnosis, yoga, acupuncture, homeopathy, chiropractic and other similar Treatments
- 14 Any Illness caused by, or resulting from sexually transmitted Illnesses, and any Treatment or test for acquired immune deficiency syndrome (AIDS) and any AIDS/HIV Related conditions
- 15 Organ transplantation and its related expenses
- 16 Prosthesis and medical appliances including but not limited to knee brace, collar brace, lumbar support, heel pads, arch support and hearing aids
- 17 Obesity
- 18 Psychiatric disorders
- 19 Vitamins, mineral supplements, hormones replacement therapy, steroids and organic preparation
- 20 Skin disorders like warts, skin tags, keloid, acne, and molluscum contagiosum
- 21 Maternity care, as specified under Article 4.6 of this Policy, if not included in the Policy schedule, Table of benefits and Membership cards
- 22 Dental related services, as specified under Article 4.7 of this Policy, if not included in the Policy schedule, Table of benefits and Membership cards
- 23 Optometry/optical Treatment and surgeries for correction of refraction errors, as specified under Article 3.8 of this Policy, if not included in the Policy schedule, Table of benefits and Membership cards
- 24 Infertility, impotency, sexual dysfunction, contraception, sterilization or other similar conditions
- 25 Birth defects, congenital Illness, hereditary conditions, developmental disorders and behavioral problems



- 26 All transportation costs occurring during trips specifically made for the purpose of obtaining Treatment
- 27 Corrective Treatment for hearing defects
- 28 Injuries arising from professional and hazardous sports including but not limited to scuba diving, sky diving, parachuting, paragliding, mountaineering and martial arts
- 29 Injury or Illness caused by, contributed to, or resulting from self-infliction, suicide, use of alcohol, intoxicants, hallucinogenic, illegal drugs or any drugs and medicines that are not taken in the dosage or for the purpose as prescribed by the Physician
- 30 Treatments resulting from participating in war (declared or not), acts of terrorism, riot, civil commotion, or any illegal act, including resultant imprisonment and any Accident or Illness incurred while serving as a full-time member of a police or military unit
- 31 Injury caused by nuclear fission, nuclear fusion or radioactive contamination, chemical or biological warfare
- 32 All exclusions specifically mentioned under Article 4 of this Policy
- 33 Diseases acknowledged by the WHO as epidemic or pandemic

### Pre-existing Condition

- 1 Hereditary blood cell diseases (e.g. sickle cell disease, hereditary spherocytosis and the like)
- 2 Bleeding disorders (e.g. thrombocytopenia, hemophilia and the like)
- 3 Hepatitis B & C
- 4 Renal failure and dialysis

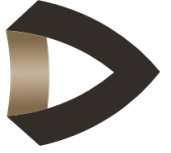
### Maternity Exclusions

- 1 Investigations or Treatments related to maternity within two hundred eighty (280) days from the Insured member's Join date, unless otherwise stated in the Table of benefits
- 2 Abortion due to voluntary, psychological or social reasons, and its consequences
- 3 Elective cesarean deliveries, if not Medically necessary

### Dental Exclusions

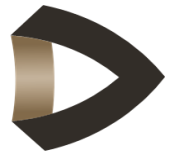
- 1 Routine dental Treatment including but not limited to cleaning, scaling and polishing
- 2 Dentures, bridges and crowns
- 3 All other fillings than amalgam, including but not limited to composite and glass ionomer
- 4 Cosmetic Treatments





## Optical Exclusions

- 1 Spectacle frames
- 2 Contact lenses
- 3 Photochromatic lenses
- 4 Surgeries for corrections of errors of refraction
- 5 Cataract, unless Pre-existing condition in covered under Your Policy
- 6 Diabetic retinopathy, unless Pre-existing condition in covered under Your Policy
- 7 Glaucoma, unless Pre-existing condition in covered under Your Policy
- 8 Retinal detachment, unless Pre-existing condition in covered under Your Policy
- 9 Strabismus
- 10 Ptosis
- 11 Ophthalmic surgery



## Claims Procedures

All claims will be on direct billing basis within our Network of Providers

Claims outside Network of Providers will be processed on reimbursement basis

### 1) How to make a claim for treatment under a Direct billing facility:

- a. Visit the treatment providers listed in our list of providers
- b. Show your membership card along with the Qatari ID
- c. All outpatient claims are auto processed/ approved within our Network
- d. All Medicines in all pharmacies are auto processed/ approved within our Network
- e. Receive your treatment
- f. You shall pay any excess or co-payment that applies to your plan which will be clearly mentioned on your card
- g. For any help or delay at the providers, please contact immediately our 24/7 hotline mentioned on the back of your Medical card @ 66644423 **OR** 44056999

System in the hospitals and clinics is a fully automated system, where the claims will be automatically processed without any Insurer interfering, through entering the codes by the Hospital/clinic/pharmacy except for the following procedures which needs prior approval and shall be received within 15 – 20 minutes:

- \* CT Scan
- \* MRI
- \* US OF ABDOMEN AND PELVIS
- \* PHYSIOTHERAPY
- \* HORMONAL PROFILES
- \* Dental

### 2) How to make a claim for treatment under reimbursement facility:

- a. For In-patient cases, please refer to the **Insurance Company** for prior approval to be in line with the policy terms & conditions
- b. Provide us with an itemized invoice
- c. Provide medical report
- d. Provide detailed Prescription
- e. Provide Lab result
- f. Provide Discharge Summary
- g. Provide copy of your Medical Card
- h. Claim will be processed within maximum 10 working days w.e.f receiving completed documents – the member will be notified accordingly

For any assistance in any of our providers' list you can call our 24/7 Hotline telephone Number mentioned in the back of your Medical Card @ 66644423 OR 44056999

For any reason you still not satisfied you shall write to us @ [health.claims@dig.qa](mailto:health.claims@dig.qa)