

Table of Benefits

Company Name	M/s Doha Insurance Group Q.P.S.C.
Policy Period	20/05/2025 to 19/05/2026
Category	Classic

Basic Coverage

Insurance Plan	DohaCare Classic
Territorial Scope of Coverage	Qatar Arab Countries South East Asia Countries including Bangladesh Bhutan Burma India Indonesia Malaysia Nepal Pakistan Philippines Sri Lanka Thailand Vietnam and Korea
Emergency Treatment Abroad	Worldwide cover, subject to full refund of the incurred cost within the territorial limit and up to 100% of reasonable & customary charges in the country of residence for outside territorial limits
Annual Maximum Limit per person	QAR 200,000
Network	Comprehensive Plus+

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
Prosthesis if Surgically required	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 90 days	Covered
Treatment of allergic condition	Covered
Sport related Accidents (non- professional)	Covered
Acute Kidney Failure	Covered
Physiotherapy	Covered for a maximum of 12 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
Day Care treatment	Covered
Road Accident	Covered
Parent Accommodation	Covered for accompanying an Insured Child under 14 years of age up to QAR 100/- (maximum per day)

Outpatient

Consultations	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
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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

Extension of Cover

Repatriation of Mortal Remains to the Country of Domicile:	Covered up to QAR 7,500/-
Hospital Cash Benefit if Inpatient Treatment is received free of charge in a Government Hospital	Covered up to QAR 200/- per night up to 180 days 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 and Herbal Medicines 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 upto QAR 60,000/-
Oncology treatment including chemotherapy and radiotherapy (under Pre-existing & Chronic limits)	Covered
Treatment Outside Country of Residence other than Emergency	Cover available within the territorial limit only and up to 80% of actual cost
Eye Lubricants (only if medically necessary and prescribed by a doctor)	Covered
Wellness Check-up	Covered up to QR 1,000/- once per person per year (Mammogram, Pap smear, Breast Cancer screening diagnostic, Prostate Cancer screening)

Additional Benefits:

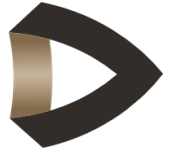
Maternity: for the spouse of male married Staff only on reimbursement basis: - maximum limit per person (limited to 1 delivery/abortion per person during his service in the company): - Normal Delivery - Cesarean - Miscarriage/Legal Abortion	QAR 5,000/- QAR 7,500/- QAR 7,500/-
Moratorium Period	Nil

Dental - Consultations, X-Rays, Extractions, Amalgam Fillings, Composite Fillings, Glass Ionomer, Root Canal Treatment, Gum Treatment, Scaling & Polishing - maximum limit per person per year:	QAR 3,000
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Optical - Vision Tests for Errors of Refraction & one Prescribed Lense/s with one optical frame up to QR 500/- within the optical limit - maximum limit per person per year:	QAR 1,500
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Deductible & Co- Payments

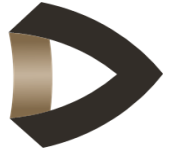
Deductible (per Outpatient Consultation)	QAR 50
Coinsurance for Inpatient Treatments	0%
Coinsurance for Outpatient Treatments	0%
Coinsurance for Prescribed Medicine	10%
Coinsurance for Maternity Treatments (after the other applicable deductible)	0%
Coinsurance for Dental Treatments (after the other applicable deductible)	20%
Coinsurance for Optical Treatments (after the other applicable deductible)	20%
Coinsurance for Treatment at Non-designated Providers subject to actual cost, excluding Government Hospitals & Health Centers (after the other applicable deductible and coinsurance)	20%
Coinsurance for INPATIENT TREATMENT ONLY at Al Emadi Hospital	20%
Coinsurance for all Treatments at Al Ahli Hospital	20%
Coinsurance for all Treatments at Aman Hospital & Alfardan Medical with Northwestern Medicine (AMNM)	20%
Coinsurance for all Treatments at The View Hospital & Sidra Medicine	30%



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

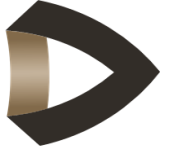
- 1 Hereditary blood cell diseases (e.g. sickle cell disease, hereditary spherocytosis and the like)
- 2 Bleeding disorders (e.g. thrombocytopenia, hemophilia and the like)
- 3 Hepatitis B & C
- 4 Renal failure and dialysis

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