

SECTION A: BENEFITS / COVER

This Policy covers all expenses reasonably, customarily and necessarily incurred by the Insured during the period of insurance for the sole purpose of treating and curing a medical condition or injury as defined in the Policy and subject to the terms, exclusions, provisions and conditions, of this Policy, Your Table of Benefits, Insurance Schedule, the Medical Policy Agreement as well as any other legal requirement that determines the extent of your cover.

TABLE OF POLICY BENEFITS

Insurance Company	:	QLM Life & Medical Insurance Company WLL
Insured	:	QATAR CHEMICAL COMPANY LIMITED
Policy No	:	P191909000148
Period of Insurance	:	From November 15, 2019 To November 14, 2022
	:	“Both Days Inclusive”
Premium	:	Annual

TABLE OF BENEFITS

BENEFITS DETAILS	BENEFITS LIMITS
PLANS	PREMIER PLAN
CATEGORY	EXPATS & QATARIS
ELIGIBLE MEMBERS	EMPLOYEE, SPOUSE/S & CHILDREN
SCOPE OF COVER	WORLDWIDE EXCLUDING USA, CANADA & AUSTRALIA Except if it is Home Country
EMERGENCY COVER OUTSIDE AREA OF COVER:	The cover shall extend worldwide including USA, CANADA AUSTRALIA for emergency of critical medical condition or a medical condition which arises after you have travelled outside the area of cover and requires immediate health care intervention only whilst on holiday or business trip up to 60 days.
NETWORK CATEGORY	EMERALD PLUS
OVERALL ANNUAL LIMIT / PERSON / POLICY YEAR	QAR 2,000,000/ PPPY
IN- PATIENT & DAY-CARE BENEFITS:	
▪ Hospital accommodation	Private Room
▪ Accidents and Emergencies, Intensive Care & Theatre Costs	Covered
▪ Surgical Operations & procedures	Covered
▪ Second Medical Opinion	Covered
▪ Nursing fees, Medical Expenses & ancillary Charges	Covered
▪ Surgeons, Anaesthetists & Physicians fees (Visiting doctors will be subject to reasonable and customary cost at the at the country of treatment)	Covered
▪ Prescribed Medicine & drugs & Dressings	Covered
▪ Vitamins and Herbal Medicines upon deficiency	Covered
▪ Blood, plasma & blood substitutes	Covered

▪ Oxygen and other medical gases	Covered
▪ Post hospitalisation treatment received within 90 days of being discharged from hospital	Covered
▪ Reconstructive Surgery following an accident or surgery for an eligible medical condition	Covered
▪ Artificial Limbs and Eyes, when necessitated by accidental bodily injuries or diseases occurring while under cover	Covered
▪ Casts, Splints, Trusses, Braces and Crutches	Covered
▪ Prostheses and Surgical Appliances	Covered
▪ Limousine transportation expenses for emergency cases to the nearest in-patient provider up to QAR 50 / trip	Covered
▪ Diagnostic tests (e.g. X-rays, MRI, PET, CT Scan, US, Angiography, ECG, Stress test, Echo and Lab. services including hormonal tests)	Covered
▪ Pathology, x-rays, diagnostic tests	Covered
▪ Treatment of allergic conditions	Covered
▪ Sport Related Accident (Non-professional)	Covered
▪ Treatment of injuries resulting from terrorism (passive bystander)	Covered
▪ Ophthalmology & Eye care (consultation, eye test, medical, surgical therapy & laser treatment)	Covered
▪ Acute (reversible kidney failure)	Covered
▪ Physiotherapy, Speech therapy, Oculomotor therapy, occupational therapy as requested by medical practitioner	Covered
▪ Costs for treatment by therapists and complementary medicine practitioners & Complementary therapy (e.g. Chiropractics, Osteopathy, Acupunctures, Herbal & Ayuverdic Medicine)	QAR 7,500/PPPY
▪ In-patient rehabilitation	Covered
▪ Treatment of Alopecia	Covered
▪ Treatment of Psoriasis	Covered
▪ Treatment of Hepatitis	Covered
▪ Psychiatry treatment: (without waiting period)	QAR 10,000/ PPPY
▪ Hospice care & Palliative care	Covered
▪ Terminal Illness	Covered
▪ Accidental damage to natural teeth, immediately post an accident (Treatment as an in-patient or day care patient)	Covered
▪ Surgical treatment for obesity (Gastric Sleeve, Gastric By Bass, Gastric Banding, Gastric Balloon)	Covered Covered as per the Guidelines of MOH up to QAR 50,000/PPPY

<ul style="list-style-type: none"> Complications of pregnancy treatment of a medical condition which arises during the antenatal stages of pregnancy, or a medical condition which arises during childbirth 	Covered
<ul style="list-style-type: none"> Accommodation costs for one parent staying in hospital with insured dependent child under 18, up to max 30 days 	QAR 400/ Night
IN-PATIENT DEDUCTIBLE	NIL
OUT-PATIENT BENEFITS:	
<i>Benefits Limit:</i>	<i>Up to the overall annual limit / person / policy year</i>
<ul style="list-style-type: none"> Diagnostic tests (e.g. x-rays, MRI, PET, CT scan, US, Angiogram, ECG, Stress test, Echo and Lab. services including hormonal tests & pathology diagnostic tests and procedures). 	Covered
<ul style="list-style-type: none"> Pathology, X-ray and diagnostic tests 	Covered
<ul style="list-style-type: none"> Surgeons, Anaesthetists & Physicians fees (Visiting doctors will be subject to reasonable and customary cost at the at the country of treatment) 	Covered
<ul style="list-style-type: none"> Vaccination of children as per the immunization schedule issued by Supreme Council of Health of Qatar 	Covered
<ul style="list-style-type: none"> Post hospitalisation treatment received within 90 days of being discharged from hospital 	Covered
<ul style="list-style-type: none"> Prescribed Medicine & drugs & Dressings 	Covered
<ul style="list-style-type: none"> Vitamins and Herbal Medicines upon deficiency 	Covered
<ul style="list-style-type: none"> Blood, plasma & blood substitutes 	Covered
<ul style="list-style-type: none"> Special and Herbal treatments 	Covered
<ul style="list-style-type: none"> Oxygen and other medical gases 	Covered
<ul style="list-style-type: none"> Day Care Treatment & Surgery 	Covered
<ul style="list-style-type: none"> Out-patient surgical operations 	Covered
<ul style="list-style-type: none"> Acute (reversible kidney failure) 	Covered
<ul style="list-style-type: none"> Costs for treatment by therapists and complementary medicine practitioners & Complementary therapy (e.g. Chiropractics, Osteopathy, Acupunctures, Herbal and Ayuverdic medicine) 	QAR 7,500/PPPY
<ul style="list-style-type: none"> Accident (e.g. Road Traffic Accident) 	Covered
<ul style="list-style-type: none"> Palliative ongoing treatment & Medication 	Covered
<ul style="list-style-type: none"> Physiotherapy, Speech therapy, Oculomotor therapy, occupational therapy as requested by medical practitioner 	Covered
<ul style="list-style-type: none"> Ophthalmology & Eye care (consultation, eye test and medical treatment medical, surgical therapy & laser treatment). 	Covered
<ul style="list-style-type: none"> Treatment of allergic conditions 	Covered
<ul style="list-style-type: none"> Treatment of Alopecia 	QAR 10,000/PPPY
<ul style="list-style-type: none"> Treatment of Psoriasis 	QAR 5,000/PPPY

▪ Desensitisation & Allergen test	Covered
▪ Hormonal therapy other than infertility	QAR 2,000/ PPPY
▪ Aging illness (e.g. Parkinson)	Covered
▪ Hormonal replacement therapy in respect to pre-and post-menopausal symptoms	Covered as part of, or immediately after a surgical procedure up to QAR 2,500/PPPY
▪ Psychiatric treatment, Consultants' fees and psychologists' fees for psychiatric treatment	QAR 10,000/ PPPY
DEDUCTIBLE PER EACH OUT-PATIENT CONSULTATION : (NIL deductible for follow up visit within 7 days for the same conditions within the network, NIL deductible for the out-patient expenses incurred at Hamad Hosp & Primary Health Care Centers, or at Mesaieed Medical Center)	QAR 25/-
ROUTINE OUT-PATIENT DENTAL CARE BENEFITS: (With No selection)	
<i>Overall annual sub-limit per insured per policy year:</i>	QAR 7,000/ PPPY
<i>Dental Benefits:</i>	
▪ Examination, X-ray & Dental Medicine	Covered
▪ Simple & Surgical Dental Extraction	Covered
▪ Non cosmetic Dental Fillings (Composite Filling & Amalgam filling)	Covered
▪ Root Canal Treatment	Covered
▪ Gum treatment & Periodontal treatments (Whitening & Polishing not covered)	Covered
▪ Dental Orthodontics treatment	Covered
▪ Non Precious Crown "Porcelain fused to Metal crowns"	Covered
▪ Emergency treatment for the immediate relief of dental pain & accidental damage to natural teeth	Covered
DENTAL CO-PAYMENT:	0%
MATERNITY CARE BENEFITS: (One Pregnancy/ Lady/ PY) these benefits are available for married female staff and spouses of male staff members w/ no selection & without waiting period)	
<i>Overall annual sub-limit per insured Lady per policy year:</i>	QAR 20,000/ Lady/ PY
MATERNITY BENEFITS	
<i>*In accordance to Hamad Protocol/s:</i>	
▪ Normal pregnancy and childbirth comprising normal pre-natal treatment and examinations, normal childbirth or caesarean section, normal post-natal treatments and examination	Covered
▪ New born accommodation; hospital accommodation costs for a healthy new born child to accompany his/her mother while she is receiving treatment as	Covered

<p>an in-patient in a hospital for a medical condition covered under the complications of pregnancy and childbirth up to the mother discharge date or 14 days earlier from delivery date whichever is earlier</p> <ul style="list-style-type: none"> ▪ Benefits includes; physical examination, Vitamin K, Hepatitis B, BCG vaccine, Hearing Test, TFT & G6PD ▪ RPR, Hepatitis C and HIV 	
<ul style="list-style-type: none"> ▪ Termination of pregnancy when medically necessary 	Covered
MATERNITY CO-PAYMENT:	0%
OPTICAL BENEFITS: (With No selection)	
<i>Overall annual sub-limit per insured per policy year:</i>	QAR 1,000/ PPPY
OPTICAL BENEFITS:	
<ul style="list-style-type: none"> ▪ Refraction & Vision tests to be prescribed by the ophthalmologist 	Covered
<ul style="list-style-type: none"> ▪ Two pairs of regular medical lenses, regular medical contact lenses (Daily, Monthly, Quarterly & Biannually). Cosmetic/ other Disposable contact lenses, Frames & sunglasses are excluded) as prescribed medically 	Covered
OPTICAL CO-PAYMENT:	NIL
WELLNESS BENEFITS:	
<i>Overall annual sub-limit per insured employee and spouse per policy year:</i>	
<ul style="list-style-type: none"> ▪ <i>WELLNESS BENEFITS</i> Comprehensive annual check up 	QAR 1,500/ PPPY
WELLNESS BENEFIT CO-PAYMENT	NIL
OTHER BENEFITS:	
CHRONIC AND PRE-EXISTING MEDICAL CONDITIONS:	
<p>In & Out-patient</p> <ul style="list-style-type: none"> ▪ Maintenance includes palliative treatment and prescribed medicine ▪ Stabilization of acute exacerbations/ episodes chronic medical conditions 	Covered
ONCOLOGY:	Covered
HELPLINE SERVICES:	Provided
MEDICAL EXPENSES OF ILLNESS OR INJURY RELATED TO WORK NATURE (the illness, Injury should incur during the policy period).	Covered
DURABLE MEDICAL APPLIANCES: (Glucometer and/ or Hearing Aids) based on medical practitioner advice and necessitated by existing chronic medical condition (once per insured for life)	QAR 300/ PPL
NEW BORN BABY:	
<ul style="list-style-type: none"> ▪ Eligibility from day one of birth 	Covered
CIRCUMCISION FOR A NEW BORN MALE:	Covered

<p>BIRTH DEFECTS AND CONGENITAL ABNORMALITIES:</p> <ul style="list-style-type: none"> ▪ Investigations and treatment of birth defects and congenital conditions, including birth trauma, provided that such become apparent in the first (6) months from birth ▪ This benefit is available per pregnancy for a period of (12) months from initial diagnosis date, up to the specified limit shown ▪ If life threatening or loss of function of organ, shall be covered in full 	QAR 5,000/ PPPY
<p>ORGAN TRANSPLANT: Cost of the surgical procedures in performing an organ transplant (kidney, liver, cornea, heart, lung or heart and lung), in respect of the insured person as recipient and not organ donor.</p>	Covered
<p>NURSING AT HOME: Primary care services of a registered nurse in the insured's home or Convalescent home immediately after or instead of in-patient or day-care treatment as per doctor's advice.</p>	QAR 400/ Night
<p>EMERGENCY LOCAL (land) AMBULANCE: Cost of road ambulance transport required due to emergency or medical necessity to the nearest available and appropriate local hospital.</p>	Covered
<p>HOSPITAL (In-patient) CASH BENEFITS: Cash payment payable for each night where the medical expense is received by an insured person as a non-paying patient up to 20 days</p>	QAR 400/ Night
<p>LIFE BENEFIT: Provides payment of the Sum Assured in the event of the death due to an Accident or half of the Sum Assured in the event of death due to sickness. The scope of Life benefit cover is 24 hours worldwide on or off duty. Suicide is excluded. Age Limit: 5 years (completed) to 65 years (attained maximum)</p>	QAR 100,000/ PPPY
INTERNATIONAL EMERGENCY ASSISTANCE*:	
<p>MEDICAL REPATRIATION: 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.</p>	Covered
<p>REPATRIATION OF MORTAL REMAINS: 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.</p>	Covered
<p>COMPASSIONATE VISIT: 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.</p>	QAR 3,000/PPPY
<p>CARE OF MINOR CHILD(REN): 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.</p>	QAR 3,000/PPPY
<p>EMERGENCY MEDICAL EVACUATION: 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. Travel cost by appropriate mode of transport for family members (spouse plus maximum of two children) shall be covered.</p>	Covered

<p>PRESCRIPTION ASSISTANCE: 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.</p>	<p>Covered</p>
<p>CO-INSURANCE :</p>	
<p>For Medical Expenses inside the Designated Network Provider on Direct Billing Basis only.</p>	<p>0%</p>
<p>For Eligible Medical Expenses outside the Designated Network Provider outside Qatar and/or any Cash Re-imbusement</p>	<p>0% Actual cost if not exceeding the cost of Qatar otherwise based on the reasonable and customary cost at the country of treatment.</p>
<p>For Eligible Medical Expenses outside the Designated Network Provider inside Qatar and/or any Cash Re-imbusement</p>	<p>0% Actual cost</p>
<p>For Medical Expenses at Al Ahli Hospital.</p>	<p>0%</p>

SECTION E: POLICY EXCLUSIONS

The items procedures and medical conditions listed below and their related or consequential expenses are excluded from the coverage provided under this Policy unless specifically stated to be included in the Table of Benefits or Endorsement(s) to this Policy.

- 1- Services, accommodation or treatment charges incurred in health hydrous, spas, rejuvenation cures, massage, exercise, long term rehabilitative therapy, nature cure clinics, isolation, rest homes or any similar place even if it is registered as a hospital. Residential stay in a hospital or any similar institution arranged wholly or partly for domestic reasons and which is not directly related to treatment, or beyond the period required for recovery from treatment.
- 2- Routine medical check-ups, screening tests, preventive and prophylactic services including but not limited to, vaccinations (Except for children up to the school age "age of 6 years"), inoculations, medical certificates and examination for residence, employment or travel.
- 3- Elective/Cosmetic treatment or circumcision unless medically necessary and pre-authorized by the Insurers
- 4- Tests or treatment related to contraception, or sterilization, infertility, impotence, sexual dysfunction, contraceptive measures, Ovulation induction, IVF, or any similar condition.
- 5- Birth defects, congenital illness, genetic disorders, chromosomal disorders, hereditary conditions, pre-mature babies, maternity examinations/complications and any treatment/condition related to or caused by pregnancy and childbirth, unless listed in the Table of Benefits.
- 6- Treatment of Mental or nervous disorder, learning difficulties treatment, hyperactivity, autism, attention deficit disorder, and behavioural problems.
- 7- Developmental disorder in accordance with the Table of Benefits (e.g. Type1 DM, DNS, developmental behavior disorder).
- 8- Supply or fitting of eye glasses or hearing aids, correction of refraction errors, and eye tests, unless listed in the Table of Benefits.
- 9- Prosthesis, Corrective devices and medical appliances that are not surgically required, including hearing aids and/or any substance not considered a medicine such as, but not limited to tonics, slimming pills, scalp and hair lotions and shampoos.
- 10-Treatments resulting from professional sports, racing, and hazardous Sports activities.
- 11-All dental related services or treatment other than those covered under the eligible expenses, dental charges relating to prosthesis and false teeth are excluded howsoever caused,
- 12-All Maternity related benefits unless provided for under the plan and listed in the Table of Benefits.
- 13-Treatment for any illnesses, diseases or injuries resulting from Active Participation in war, riots, civil disturbances, terrorism, acts against any foreign hostility, whether war has been declared or not treatment for any medical conditions arising directly or indirectly from chemical contamination, Radioactivity or any Nuclear Material whatsoever, including the combustion of Nuclear Fuel.
- 14-Treatment of complications received outside the territorial limits described in the Table of Benefits and/or expenses incurred where the Insured has traveled against medical advice
- 15-Costs incurred in connection with locating or the acquisition of a replacement organ/tissues or any costs incurred for removal of the organ from the donor, transportation costs of same and all associated administration costs, unless agreed otherwise in your Schedule of benefits.
- 16-Desensitization and allergen tests.
- 17-Complementary medicine applications such as Chiropractic and Osteopathy, unless recommended by a medical practitioner and subject to prior approval of the Insurers.
- 18-Menopausal related Hormone treatment therapy (HRT), unless carried out as part of, or immediately after a surgical procedure which is covered under the Table of Benefits to this plan.
- 19-Any treatment or test, second or subsequent opinion for which the required Insurer's pre-authorization is not obtained.

- 20-Any treatment or test for Acquired Immune Deficiency Syndrome (AIDS) and AIDS / HIV related conditions; or sexually transmitted diseases.
- 21-Benefits recoverable under Workmen's Compensation Act Insurance, and/or any work related injury and/or illness.
- 22-Claims directly or indirectly, occasioned by, happening through, or in consequence of, aviation, other than as a fare paying passenger in a fully certified passenger carrying aircraft, flown in the course of licensed operation for the transportation of passengers by properly licensed crew.
- 23-Treatment of speech, voice problems and cochlear Implantation.
- 24- Any medical prescription relative to a special diet, weight control, children's food, or baby supplies , medically unnecessary vitamins & minerals, supplements such as but not limited to oils, dietary supplements, enzyme, oral hygiene products and smoking related services
- 25-Experimental unproven treatment or drug therapy and stem cell therapy.
- 26-Durable medical appliances (e.g. Nebulizer machine), unless provided for under the plan and listed in the Table of Benefits.
- 27-Pap smear and mammogram unless carried out as part of treatment of an ailment which is covered under this plan or unless provided for under the plan and listed in the Table of Benefits.
- 28-Anorexia, Obesity, insomnia, and baldness.
- 29-Medical Practitioner fees for the completion of a claim form or other administration charges.
- 30-Sex change operations and related treatments.
- 31- Expenses incurred as a result of alcoholism or drug addiction/drug abuse.
- 32-Investigations into and treatment of Acne, Acne form eruptions, Alopecia (except alopecia areata), and wigs / toupee.
- 33-Expenses incurred because of complications directly caused by an illness, injury or treatment for which cover is excluded or limited under your plan.
- 34-Over the counter medicine and the medicine purchased without a licensed physician's prescription including but not limited to cold remedies, etc...
- 35-Transportation expenses for out of country treatment (Transportation for emergency medical evacuation shall subjected to the Emergency Medical Evacuation clause specified in Table of Benefits)
- 36-Epidemic diseases (officially recognized by WHO and national law)
- 37-Home help, Family help, or similar household assistance.
- 38-Transportation other than local licensed ambulance services or for emergency medical evacuation specified in Table of Benefits). No reimbursement for transportation expenses to travel out of Qatar for medical treatment.
- 39-Suicide or attempted suicide, willfully self-inflicted bodily injury or illness or injury sustained directly or indirectly as a result of the Insured Person committing a criminal offence.
- 40-Treatment of sleep related breathing disorders, including snoring, sleep apnea, jet lag or work related stress and any related condition.