

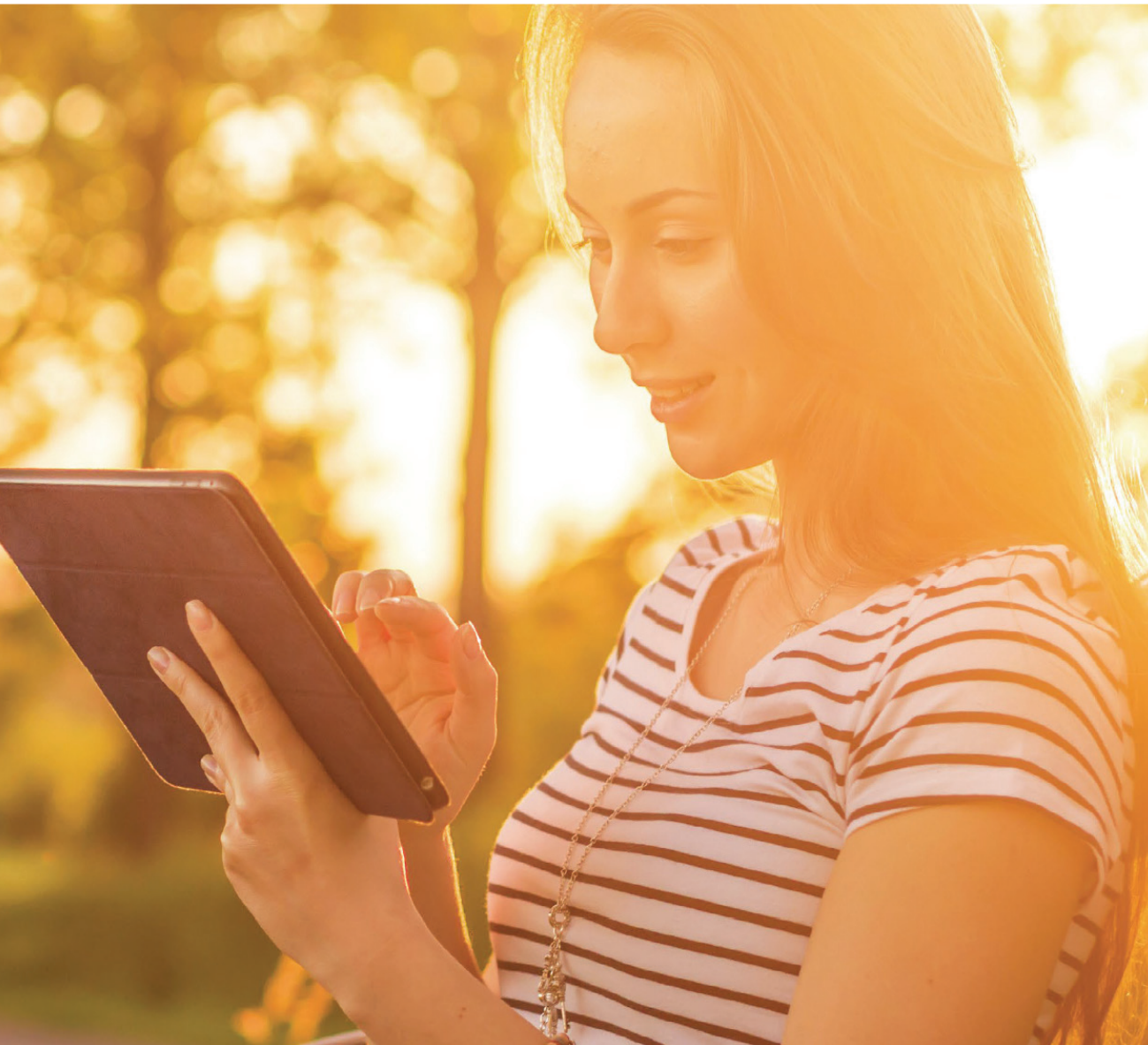
AlKoot

INSURANCE & REINSURANCE
الكوت للتأمين و إعادة التأمين

MEMBERSHIP GUIDE

ALKOOT GLOBAL CARE Health Insurance Plan

Al Koot Insurance and Reinsurance Co. P.J.S.C is
licenced by Qatar Central Bank.



ABOUT THIS GUIDE

Welcome to your Al Koot Health Insurance membership guide. This Membership Guide has been designed to help simplify your health insurance cover, and allow you to better understand your membership benefits as per your policy terms and conditions. There are individual chapters that deal with each aspect of your health insurance cover, including a step-by-step guide for claim submission. Please make sure that you keep this guide safe. You'll need it when you claim.

Please note that this booklet is only intended to be a guide and is not meant to be a complete representation of your medical insurance cover. It does not form part of the contract of insurance (Agreement / Policy) we have with your company. The precise details of the cover you have are listed in the Agreement / Policy we have with your company. Please read this membership guide together with the policy copy, as it is the agreement / policy (and not this booklet) which fully defines your cover.

THANK YOU FOR CHOOSING AL KOOT INSURANCE & REINSURANCE COMPANY! YOUR HEALTH IS ALWAYS OUR CONCERN

HOW DO I CONTACT AL KOOT?

If you have any queries, please do not hesitate to contact us. Whether it's a query on the benefits of your policy, a particular claim or emergency, our staff members are always available to answer any of your questions. We also advise to contact your HR department at the first instance to get more insights on the policy cover.

You can also use our mobile app (Al Koot Global Care) or login to your Member Login portal to contact our customer service agents. Given below is a snapshot of our coordinates through which you can contact us:

- **Call us on our 24/7 Helpline No. Toll free in Qatar: 800 2000**
In and outside Qatar: **+974 4040 2000**
Email your query to **customercare@alkoot-medical.com**
For assistance while availing treatment abroad, contact our Global Partners, you can find their contact details in our app, Member Login or our 24/7 Call Center:



NOTE: Calls to our Helpline numbers are recorded and monitored for training, quality and regulatory purposes.

- **Network Providers:**
The list of providers empanelled under Al Koot network and our partner networks can be accessed through our website - www.alkoot.com.qa – via Al Koot Global Care mobile application, Member Login portal or via our 24/7 Call Center. Please remember to review a list of unrecognized providers on our website
- **Mobile App:**
You can download our mobile app 'Al Koot Global Care' from Google Play Store or Apple App Store.
- **Member Login:**
Contact our 24/7 Call Center to get access to your Member Login portal
- **Contact Details:**
Al Koot Insurance & Reinsurance Company,
P. O. Box 24563, Doha -Qatar
Toll Free Contact No in Qatar: 800 2000; In and outside of Qatar: +974 4040 2000
customercare@alkoot-medical.com

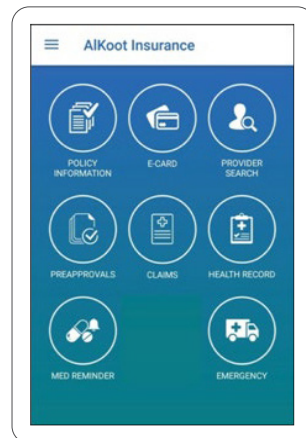
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AL KOOT GLOBAL CARE (MOBILE APPLICATION)

Get quick and easy access to healthcare services at your fingertips through 'Al Koot Global Care'. The salient features of the mobile app are as follows.

- View Policy information and copy of your table of benefits.
- View remaining limits for the whole family
- Download E-Card for family members - key for accessing healthcare services.
- Search the nearest Network Provider. Depending on your need, you can search hospitals / clinics by name, location, type of facility and/or specialty.
- View the status of Pre-approvals.
- Submit a new Claim and track status till payment.
- Update your bank details to ensure direct and correct payment of claim.
- Request for Medical Insurance Certificate
- Medication Reminder feature to help with medication schedule.
- Automatic dial and intelligent recognition of members for enhanced customer experience.
- View Al Koot's Standard Exclusions and Limitations.



BEFORE YOU GET STARTED...

Here is an explanation of some commonly used terms in this Guide.

- 'We', 'us' and 'our' - Al Koot Insurance & Reinsurance Company.
- 'You' - Any principal member of Al Koot Global Healthcare Plan to whom this Guide applies.
- Policy - The insurance agreement/contract between your company and Al Koot Insurance & Reinsurance Company.
- Company - Eligible client named on the membership statement, the employer and/or sponsor, who is legally the constituted group to whom the Policy is issued.
- 'Principal member' -The person who owns the membership. This is the person we contact when we need to communicate about the membership.
- 'Member'- The Insured person, spouse and any of dependents included in the policy.
- 'Provider' - Physicians, Hospitals, Clinics, Medical Centres, Pharmacies, Laboratories, Physiotherapy Centres, and other Paramedical Institutions or Persons empanelled by Al Koot who are licensed by a competent authority to offer healthcare services.

1. I HAVE JOINED. WHAT NEXT?

To enjoy all the benefits and receive quick assistance, please ensure that your contact details are registered with Al Koot. Please call our 24/7 customer care team to check, edit or register your contact details.

As a member, you will receive an Al Koot Membership ID Card which includes your Al Koot ID. You will also receive the cards for your dependants as soon as their details are enrolled with Al Koot. If you do not receive the cards for all dependants enrolled under your policy or if there are any discrepancies with respect to the information printed on the card, please contact your HR.

Here's how the Al Koot Membership ID card looks like.



Always carry your ID card/e-card copy and your Qatar ID (for Qatar residents) with you and show it to the doctor, clinic or hospital to get the care you need. Do not let anyone else use your / your dependant's ID card. A provider can contact us and give your Al Koot ID to set up direct billing services so that we can pay your medical bill for you. It will be a relief of not having to worry about money during this time.

Find out more about these services in the Network claims section.

Please refer to the terms & conditions of the policy held by your HR department before undergoing any treatment

2. STARTING YOUR COVER

Your cover:

Your health insurance cover is valid from the effective date mentioned on your policy and will continue until the expiry date. Generally, this is one Insurance year, unless agreed otherwise between your company and us or if you started your policy mid-year. At the end of this period, your company can renew the insurance on the basis of the policy terms and conditions applicable at that time. You will be bound by those terms.

Adding dependants:

Dependents are defined as

- Unmarried children, who are natural or legally adopted and under the age of 25 years (up to your company's terms and conditions);
- Living with you in the principal country of residence, or in full-time education;
- Declared to and accepted by Al Koot in writing.

Notification to add a dependant should be sent to our Underwriting team through your company unless otherwise stated. Following acceptance by our Underwriting team, we will enrol the dependant details and issue a new Al Koot membership ID card to reflect the addition of a dependant.

Cover for dependants (if applicable) will start on the effective date shown on the card which lists them as a dependant. Their membership may continue for as long as you remain a member of the group policy and as long as any child dependants remain under the defined age limit.

Ending your membership

Your company can end your membership or that of any of your dependants by notifying us in writing. Your membership will automatically end

- At the end of the Insurance year, if the agreement between Al Koot Health Insurance & Reinsurance Company and your company is terminated
- If your company decides to end the cover or does not renew your membership
- If your company does not pay premiums or any other payment due under the Company Agreement with Al Koot Health Insurance & Reinsurance Company
- When you stop working for the company
- Upon the death of the policyholder

3. WHAT IF YOU NEED MEDICAL TREATMENT?



Firstly, please check whether your plan covers the treatment you are seeking. Your Table of Benefits (TOB) will confirm the benefits that you can avail for. Log in to our website, Al Koot Global Care mobile app, Member Login portal or call our 24/7 Customer Care team to search for your preferred provider. If the provider is not included in the list, contact us so that we can guide you on the next steps. Our helpline number in Qatar toll free 800 2000 or +974 4040 2000 inside or outside of Qatar will be at your service 24/7, 365 days a year.



2. You can then see the Medical Practitioner, who will give the treatment, along with any prescription or refer you for further investigation.

REMEMBER, SOME TREATMENTS REQUIRE PRE-APPROVALS (PRIOR APPROVALS)

Pre-approval is a process whereby AlKoot Insurance reviews and gives its decision on treatment proposed by the treating Physician. Please note that provider will take care of obtaining the pre-approval without the Member being involved in this process. In addition, these parameters are variable and might change anytime to the best interest of Members and according to best practices. But it shall be the responsibility of both member and the Medical Practitioner to complete and sign the pre-approval request form (the hospital or clinic will provide this) and send it Al Koot for approval should there be any Pre-approval required. Please refer to your TOB for further details on pre-approval requirements or contact our 24/7 Customer Care support to learn more

TREATMENT WITHIN AL KOOT PROVIDER NETWORK:

The Member would find the latest updated network providers list on our website, www.alkoot.com.qa, in our mobile app, Member Login or via our 24/7 Call Center. Depending on your need, you can search for different types of medical providers including hospitals, clinics, pharmacies, medical centres, and many more across the globe.

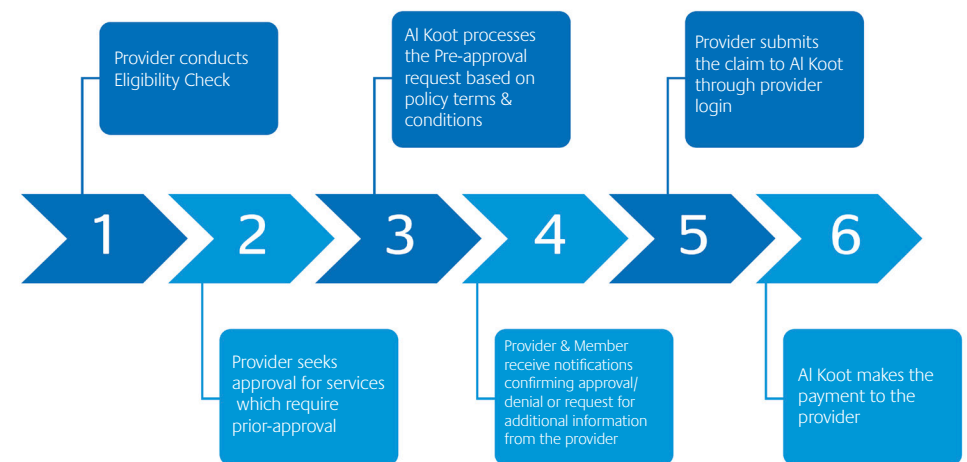
It is in the interest of members to use the designated network of medical providers. This means that when you receive treatment at these providers, all bills will be settled directly between the provider and Al Koot Insurance, allowing you to continue the treatment with complete peace of mind without having to worry about the settlement of bills.

Please remember to review list of unrecognized providers on our website www.alkoot.com.qa. We reserve the right not to accept any claims and/or requests coming from unrecognized providers

NOTE: Please refer to the Benefits Table in your policy for area of cover and covered benefits shown for the plan.

1. When you visit a provider within the designated provider network, the insurance coordinator or clinic representative will request for the Al Koot Membership ID Card and/or your Qatar ID (for Qatar residents)

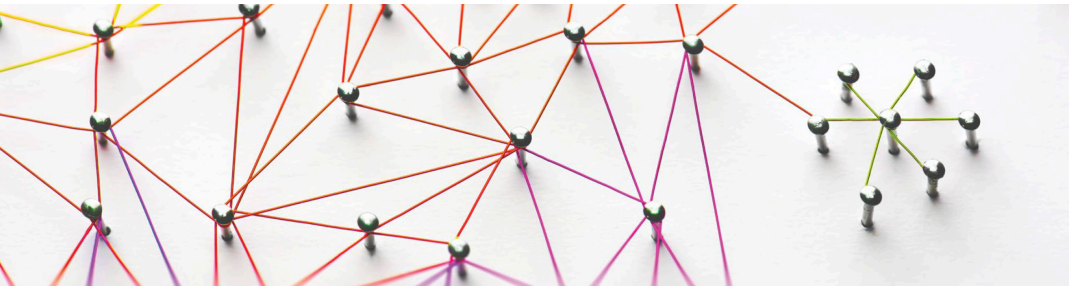
CLAIM-PROCESSING FOR NETWORK CLAIMS



1. Al Koot Insurance will authorize the pre-approval in conjunction with the member and the provider, to ensure appropriate solutions are being utilized. Al Koot can also request the provider to submit some of your medical records (as supporting documents) for the purpose of review before authorizing the pre-approval request.
2. If the plan requires the member to pay a deductible/coinsurance, the member will have to pay it before leaving the clinic or hospital. The same shall be communicated to you as well as the provider through an auto generated email and SMS (provided that your contact details are registered with Al Koot).
3. If there is no pre-approval required, the provider shall submit the claim to Al Koot for the services offered. It shall be the responsibility of both member and the Medical Practitioner to complete and sign the claim form (if no pre-approval is required). **Members are requested to not sign on empty, incomplete or incorrect claim forms.**

Pharmacy Benefits:

1. If the member has been prescribed any medications, these need to be obtained from a designated provider network pharmacy (this may be inside the clinic or hospital itself).
2. If the member wishes to use a pharmacy outside the designated provider network, carry the prescription by medical practitioner to the pharmacy, collect the medications and a receipt.
3. The member will need to submit the receipt as shown in the claims reimbursement process.



TREATMENT OUTSIDE AL KOOT PROVIDER NETWORK:

When you are visiting a provider who is not under Al Koot provider network, you still have the option of taking the treatment, pay the provider upfront and then claim for reimbursement. Remember that Reasonable and Customary rate may apply to your reimbursement claims. Reasonable and customary means the common average cost in most of providers operating in country of treatment. Please review your TOB to understand reimbursement clause which may apply to your policy. For any high cost services we recommend getting a pre-approval prior to commencing the treatment to avoid any future deductions.

UNRECOGNIZED PROVIDERS:

Al Koot Insurance and Reinsurance reserves the right not to accept reimbursement claims for unrecognized providers. Please visit our website www.alkoot.com.qa to see full list of unrecognized providers.

TREATMENT OUTSIDE QATAR:

Al Koot has partnered with medical service providers, in order to help the member get healthcare services globally. In case you are travelling abroad and need treatment, please contact Al Koot and we will be happy to organize for pre-approval at the provider facility appropriate to your policy benefits. For availing treatment abroad, please refer to the policy terms and conditions as such treatments come with certain limitations. Please refer to the policy copy to understand the standard definitions of your health insurance cover. For your easy reference, we have enclosed the standard set of exclusions and limitations for which Al Koot does not pay for as per the policy in Section 5 of this booklet.

Submitting the claim for reimbursement is simple but please ensure that you follow the below procedure for a hassle free processing of your claim

1. What documentation is required for submitting the claim?

- Firstly download the claim form from our website www.alkoot.com.qa, Al Koot Global Care app, Member Login or by calling our 24/7 Customer Care support and take a print out of the same.
- Ensure all fields on the claim form are complete including symptoms and treatments. If the Medical Practitioner has missed out anything please request them to complete required sections in the form.
- The claim form should be stamped and signed by the treating medical practitioner.
- The claim form should be signed by you with date.
- Ensure the following documents are attached along with your claim form.
 - Original invoices with itemized breakdown of services and proof of payment (final receipt)
 - Physician prescriptions and referrals
 - Investigation results and medical reports
 - Discharge summary
 - Documentation relating to any medical service that you have paid for

2. How to submit a reimbursement claim?

Our Mobile App 'Al Koot Global Care' helps you in submitting the claim online on the go. You can download our mobile app from Google Play Store or Apple App Store.

You can also submit it online through your Member Login portal.

Go to the claims section.

- Click on Submit Claims - enter the claim amount - upload the duly-filled claim form and signed both by your doctor and you - upload supporting documents - click on 'Submit'
- You will receive a reference number by email or SMS. You can track the journey of your claim using this reference number (provided that your contact details are registered with Al Koot).
- Please note that claims up to QAR 5000 will be accepted as scanned copies without the need to submit original documents; any amounts above this limit should be submitted with original documents.
- Alternatively, you can submit the claim through courier or visit AlKoot Insurance office and submit the claim with all required documentation.
- Please be aware that all documentation and claims must be submitted within 90 days of receiving the treatment. Invoices sent to AlKoot Insurance after 90 days of treatment will not be eligible for settlement.
- Please be aware when submitting any documentation online, you must retain all of the originals as AlKoot Insurance retains the right to request these on a periodic basis for further assessment.

3. How is the reimbursement claim settled?

- ▶ Al Koot Insurance will use its best endeavours to settle all eligible reimbursement claims within fifteen working days following receipt of completed documents as detailed above, and as per terms and conditions of this policy.
- ▶ If for any reason the Claim form and supporting documentation is incomplete, this could result in the claim being returned to the member for completion and may delay the processing of the claim.
- ▶ Thanks to our rule-based automated system, you will always be informed about the status of the claim throughout its journey through an email or SMS (provided that your contact details are registered with Al Koot).
- ▶ If for any reason the claim form and supporting documentation is incomplete, this could delay the processing of the claim. The required information (shortfall) for processing is communicated to the member through registered email and the claim shall be processed on receipt of the required information.
- ▶ Please note that the date of receipt of all complete documents required to substantiate, assess and validate the claim will be treated as the first date of receipt of the claim for administration purpose.
- ▶ In case of shortfalls, the date of receipt of shortfall documents shall be treated as date of receipt for further processing and arriving at the turn-around-time.

Providing Services to People with Disabilities:

Al Koot strives at all times to provide its services in a way that respects the dignity and independence of all customers including people with disabilities.

- We will communicate with people with disabilities in ways that take into account their disability.
- Al Koot has assigned a counter for people with disabilities in our Customer Relations section.
- Training has been provided to Customer Service team on how to interact and communicate with people with disabilities.

Al Koot ensures to provide Customer Service to disable customers without causing any burden on them and shall give them equal rights.

4. FREQUENTLY ASKED QUESTIONS

1. What happens if I am outside Qatar and I need treatment?

You should use a hospital in our global network, wherever possible. If you call us, use our mobile application, Member Login or check our website you will find the nearest medical facility. In a medical emergency you should seek treatment immediately and contact us (or ask someone on your behalf) as soon as you can.

2. Who decides what condition is an 'emergency'?

Al Koot medical team will make the decision on the basis of the medical evidence whether the condition needing treatment is considered an 'emergency'.

3. What happens if I can't get the treatment I need in Qatar?

If we accept that the treatment needed is not available in Qatar we will agree to you having treatment Elsewhere according to your area of cover. When we decide on the availability of a given treatment we will assess whether the treatment can be given at your location, whether it is safe, if the practitioner has sufficient experience and if it can be carried out within a reasonable time.

4. Can you tell me how much you will pay before I have treatment?

In most cases of pre-planned in-patient and day-care treatment we will be able to give an indication of our reasonable and customary cost. This can only be indicative as every medical case is different. We are unable to give an absolute decision until we receive the full claim.

5. Am I covered for diabetes?

You are covered under chronic condition benefit of your plan for both maintenance and any flare-up. Please review your TOB to check the coverage of this benefit. This also applies to other, similar, chronic conditions. However, we do require you to get our approval for any medication or treatment that is going to last for more than 30 days. We recognize that, for many stable chronic conditions, it is useful to have a supply of medication that lasts more than 30 days and we therefore recommend that you apply for pre-approval before your next consultation for any such condition.

6. Can I have my baby outside Qatar?

Please review your TOB for Area of Cover. You can have your baby within the Area of Cover up to maximum of maternity and delivery limit specified in your table of benefits.

7. Will my baby automatically have Al Koot membership?

Please contact your HR as soon as possible to discuss your rights in enrolling children under policy. Any medical expenses prior to child's enrollment have to be shouldered by the member. Reimbursement of such expenses depend on start date of child's policy

8. Am I covered for the treatment of an illness I have had before joining this plan?

Please review your TOB to check if pre-existing conditions are included in your policy

9. Can I claim for periodical routine check-ups?

Please review your TOB to check if Health Screening is included in your policy.

10. Are my children's vaccinations covered?

Please review your TOB to check if Children Vaccinations are covered. If covered, your children are eligible for all vaccinations listed in the Qatar MOPH Schedule of Vaccinations.

11. Which hospitals and clinics can I use in Qatar?

There are three (3) networks for you to use in Qatar – Prime, Premium and Elite. Kindly refer to your table of benefits to determine the network level you are entitled for. This list is frequently updated and these details can be obtained from Al Koot website, our 24/7 call centre, Member Login or mobile app.

12. What happens if I fall ill in a country where there are no medical facilities?

If your plan includes an International Emergency Medical Assistance benefit and you need emergency treatment and there are no suitable medical facilities, please immediately call Al Koot Customer Service Team. We will then guide you on your further options and availabilities.

5. STANDARD AL KOOT POLICY EXCLUSIONS AND LIMITATIONS:

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 coma 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) Treatment which arises from or is directly or indirectly caused by a deliberately self-inflicted injury or an attempted suicide.
- 43) All healthcare services for internationally and locally recognized epidemics and pandemics.
- 44) Diagnosis and treatment services for complications arising out of any of the listed exclusions or form part of treatment for which cover is excluded or limited under Table of Benefits.
- 45) Treatment and services including various therapies such as speech or occupational therapy directed towards developmental delays and disorders in children whether physical or psychological or learning difficulties or any other educational program for special needs including but not limited to conduct disorders, attention deficit hyperactivity disorders, autism spectrum disorder, oppositional defiant disorder, anti-social behavior, adjustment disorders, learning difficulties and behavioral problems.
- 46) Health services that are not performed by authorized health service providers.
- 47) Any costs relating to acquisition, storage, administration, and/or any expenses associated with the organ will be excluded; even if such transplants are allowed by the terms of this plan.
- 48) Work-related injuries and illness unless otherwise specified in the Table of Benefits.
- 49) Expenses of transporting the insured by transport means other than local licensed ambulances.
- 50) Any expenses related to assisted conception and complication which is direct result of assisted pregnancy. Any delivery as a result of assisted pregnancy is covered if maternity benefit is covered under the Table of Benefits.
- 51) Termination of pregnancy or any consequences of it unless medically necessary.
- 52) Claims in respect of treatment received outside the Area of Cover and/or where insured has travelled against medical advice.
- 53) Any expenses related to immunomodulatory and immunotherapy; genetic testing, DNA testing including genetic receptor of tumors.
- 54) Any expenses related to treatment of sleep related disorders, sleep related breathing disorders, including snoring, sleep apnea, CPAP/BPAP machines, insomnia due to stress or any related condition.
- 55) All sexual transmitted diseases (STDs) and complications arising from STDs.
- 56) Lipoma (soft masses of adipose (fat) cells whether it is located subcutaneously or attached to muscle fascia or located in internal organs) unless otherwise specified in the Table of Benefits.
- 57) Preventive medical services & treatment (practices that are designed to avoid and avert diseases). An example of such treatment is removal of a pre-cancerous growth or annual screening due to family history. Preventative treatment is not covered by the policy unless otherwise specified in the Table of Benefits.
- 58) Online purchases and services including phone/Skype consultations.
- 59) Treatments required as a result of medical error and/or medical malpractice; treatment as a result of failure to follow medical advice
- 60) Pre-existing conditions (any illness, sickness, disease or other physical, medical, mental or other condition, disorder or ailment where, signs or symptoms of the condition existed at any time in the period prior to the Insured Member becoming insured under the Policy) unless otherwise specified in the Table of Benefits.

DO YOU WANT TO REPORT FRAUD OR ABUSE?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care providers, or a person getting benefits is doing something wrong. Doing something wrong could be fraud or abuse, which is against the law.

For example, tell us if you think someone is:

- Getting paid for services that weren't given or necessary.
- Not telling the truth about a medical condition to get medical treatment.
- Letting someone else use their AI Koot ID.
- Using someone else's AI Koot ID.
- Not telling the truth about the amount of money or resources he or she has to get benefits.

You can report fraud or abuse directly by dialling our hotline number in Qatar 800 2000 or +974 4040 2000 inside or outside of Qatar or emailing us at CFD@alkoot-medical.com

Disclaimer: This material is provided for informational purpose only. It is believed accurate as of the date of publication and is subject to change. Such material should not be relied upon as legal, medical, or tax advice.

COMPLAINTS POLICY AND PROCEDURE

All AI Koot Insured members have the right to receive the best service as per Insurance Policy Terms and Conditions. However, in case of any dissatisfaction of the service offered to the Insured, AI Koot welcomes any complaint or grievance that will be handled in an appropriate, fair, transparent and timely manner.

It is sometimes possible to resolve a complaint through a telephone call to AI Koot helpline 800 2000 or email to complaints@alkoot-medical.com.

Step-by-step complaints procedure is also available on our website www.alkoot.com.qa