

MANDATORY VISITOR HEALTH INSURANCE BENEFIT PACKAGE	
TERRITORY OF COVERAGE	Within the State of Qatar
NETWORK TYPE	Public and Private Providers (please see our MVHI network list)
WAITING PERIODS AND PRE-EXISTING MEDICAL CONDITIONS	None
ACCIDENT & EMERGENCY RELATED MEDICAL TREATMENT (AGGREGATE LIMIT)	Overall Aggregate Limit of QAR 150,000 Covering Accident and acute medical Emergency related treatment within the State of Qatar only.
EMERGENCY MEDICAL ASSISTANCE	Sublimit of QAR 35,000 covering emergency ambulance transport within the State of Qatar and Medical Evacuation to the individual's country of residence where medically necessary.
REPATRIATION OF MORTAL REMAINS	Covered up to QAR 10,000 per person on the death of the Policyholder (Beneficiary) within the State of Qatar.
COVID-19 COVERAGE	
SUB-LIMIT	Covered up to QAR 50,000 per person per policy period with no patient cost sharing
INPATIENT TREATMENT	Covered up to the Sublimit for severe cases
OUTPATIENT TREATMENT	Covered up to the Sublimit
PHARMACY	Prescribed drugs covered up to Sub-limit.
QUARANTINE	Hotel Quarantine covered for up to ten [10] days, at a maximum cost of QAR 300 per day if home quarantine is not possible.
COVID-19 SCREENING SERVICES	One (1) rapid Antigen Test on day seven [7] of quarantine.
EXCLUSIONS SPECIFIC TO THE COVID-19 BENEFIT	The following exclusions will be applied: 1. Prophylactics, including masks, gloves, sanitiser; 2. PCR or rapid antigen tests for asymptomatic individuals, close contacts, or travel purposes; 3. Outpatient diagnostics other than those defined in the Schedule of Benefits; 4. Quarantine costs for close contacts; 5. Compulsory Quarantine on arrival due to vaccination status or country of departure; 6. Post-hospitalisation rehabilitation; 7. Healthcare services outside of the Coverage Period or related to conditions other than Covid-19.

Section II: Exclusions & Limitations

Any insurance company providing the MVHI product shall not be liable to make payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any non-Accident or acute medical Emergency related “elective” healthcare services.
2. Medical expenses incurred once the Accident or acute Emergency condition of the Beneficiary subsides or stabilization allowing discharge has been achieved.
3. Dental treatment or surgery of any kind unless necessitated by acute Accident-related damage to permanent teeth requiring emergency repair, as specified in the MVHI Schedule of Benefits.
4. Treatment of obesity, or intentional self-injury and conditions related to the use of intoxicating drugs/alcohol.
5. Maternity services unless fall under the Emergency definition herein.
6. Birth control procedures or hormone replacement therapy.
7. Any fertility, sub-fertility, assisted conception, or sterility related procedures or medications.
8. Cost of spectacles, laser surgery, contact lenses or hearing aids, or for issuance of medical certificates and conducting examinations as to suitability for employment or travel, licensing or insurance and related reports.
9. Vitamins, Health supplements and tonics.
10. Any treatment received in convalescent homes, convalescent hospitals, wellness or nature cure clinics or similar establishments.
11. Vaccination and inoculation of any kind except for emergency vaccinations such as tetanus and rabies.
12. Medical treatment required following any criminal act of the Beneficiary.
13. Disease/ illness/ injury, directly or indirectly, caused by or arising from or attributable to war, foreign invasion, violent act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, riot, strike, lockout, military or popular uprising or civil commotion, act of terrorism or any terrorist incident.
14. Prosthesis, corrective devices, and medical appliances, which are not required intra-operatively or for the disease/ illness/ injury, for which the Beneficiary was hospitalized.
15. Any stay in Hospital without any treatment being undertaken or where no active Accident or medical Emergency related interventions are performed by the treating Medical Practitioner.
16. Treatment of mental disease / illness, stress, psychiatric or psychological disorders or other conditions not specified as covered in the Schedule of Benefits.
17. Aesthetic treatment, cosmetic and plastic surgery.
18. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste resulting from the combustion of nuclear fuel. Disease, illness, injury, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination.
19. Natural Disasters or calamities including but not limited to pandemics, as declared by the State of Qatar.
20. Charges incurred for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or directly relevant to the Accident or acute medical Emergency condition diagnosis and treatment thereof.

21. Cost incurred for medicines, which are not under the advice of the Medical Practitioner, and which are not consistent with or incidental to the Accident or Emergency condition's diagnosis and treatment or delivered by persons not registered as Medical Practitioners with the MoPH of Qatar.
22. Alternative treatments (such as, but not limited to Hijama, Ayurveda, Homeopathy, Unani, Herbal Medicine, Naturopathy treatment and similar kind of practices).
23. Experimental and unproven treatments.
24. Medical treatment availed to any Beneficiary engaging in speed contest or racing of any kind (other than on foot), like but not limited to bungee jumping, parasailing, dune bashing, ballooning, parachuting, skydiving, paragliding, hang-gliding, mountain, or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow ice sports or any other activity considered as hazardous sport.
25. All substances, that are not considered as medicines, such as but not restricted to mouthwash, toothpaste, lozenges, antiseptics, children milk formulas, skin care products and shampoos, and all equipment not primarily used to improve a medical condition or injury.
26. Any health services and associated expenses for dandruff, wigs, or toupees.
27. In association with outpatient visits to, or inpatient stays at network providers, any fees for non-medical "hotel services" for personal comfort or convenience, or services such as, but not restricted to provision of telephone or television, visits to hairdressers or beauty services, guest services, parking fees or similar incidental services or supplies. Patient's testing positive for Covid-19 during their stay in Qatar shall be exempted from this clause and shall be covered for essential outpatient treatment and Hotel quarantine.
28. Spa treatments, recreational treatment, and physical fitness programs.
29. Treatment of sexual dysfunction/impotence - decreased libido, erectile dysfunction.
30. Any kind of medical treatment or investigation that is not related to a Beneficiary's Accident or medical Emergency related condition.
31. Pre-existing medical conditions and congenital anomalies are not covered under this MVHI. However, any acute exacerbation of a chronic disease necessitating Emergency intervention shall be covered.
32. Expense of the repatriation of mortal remains to other country than the Beneficiary's home country.
33. The Insurance Company shall not be responsible for claims arising:
 - a. In case of double insurance, i.e., if the same interest is covered in respect of the same risk and for the same period by more than one insurer such that the combined sums insured exceed the insurance value, the Beneficiary is required to inform the Insurance Company of this fact in writing and without delay.
 - b. If the Beneficiary has intentionally omitted notifying the Insurance Company of this fact or if he has taken out double insurance with a view to obtaining an illicit profit by so doing, the Insurance Company shall henceforth automatically be relieved of any contractual obligation to cover double-insured medical services.