

**Currency: Qatari Riyals (QAR)**

Health Care Plan	<b>GLOBAL</b>
Annual limit per person for all covered benefits Inpatient and Outpatient	<b>500,000 per person per year</b>
Territorial Limit of Cover	<b>Worldwide</b>
Emergency Treatment	<b>Worldwide</b>
Network	<b>Network 1 (with QAR 25 @ Al Ahli Hospital for consultation only)</b>
<b>BENEFITS</b>	<b>COVERAGE</b>
<b>Inpatient and Daycare</b>	
Accommodation Type	Private Room
Hospital Accommodation & Services	Covered
Local Ambulance Charges / Local transportation charges to or from a local hospital	Covered
Intensive Care Unit (ICU)	Covered
Consultant's, Physician's, Surgeon's & Anesthetist's Fees	Covered
Pathology, X-rays, and Diagnostic tests	Covered
Surgical Appliances and Prostheses	Covered
Physiotherapy Charges	Covered
Companion Accommodation for maximum of 30 days	300/- per night
Organ Transplant Coverage (Heart, Kidney, Liver & Lungs) this covers recipient cost only and excludes donor related expenses	Covered as per policy terms
Reconstructive surgery necessitated following the treatment of covered medical condition	Covered
Casts, Splints, Trusses and Braces	Covered
<b><u>Psychiatric Treatment as Inpatient</u></b> Psychiatry / Psychology Cover, Including Practitioner Expenses and Evaluation, Testing and Treatment Of: - Mental, Nervous, Psychological and Related Disorders Including Myalgic Encephalomyelitis or Chronic Fatigue Syndrome, Nervous Breakdowns, And Similar Conditions. - Neurodevelopmental Disorders such as Attention Deficit Hyperactivity Disorder (ADHD), Autism & the like • 10 sessions PPPY of Psychotherapy on a Direct Billing Basis and the other sessions will be on Reimbursement basis as per SEIB terms and conditions.	Covered up to 91,250/- per person per policy year
Radiotherapy and Chemotherapy	Covered
In-patient Deductible	NIL
Post-Hospitalization Treatment	Covered
<b>Out-Patient</b>	
Deductible (per out-patient, Dental, Optical & Maternity consultation) Amount the insured is required to contribute as part of a claim payable upfront at the network medical provider. Otherwise this amount will be deducted from the claim submitted to Seib for reimbursement	NIL
Diagnostic Tests and procedures, such as X-Rays, CT & PET Scans, MRI Scans	Covered
Physician Consultations	Covered
Laboratory	Covered
Nursing at Home (immediately after or instead of hospitalization)	Covered
Prescriptions (medicines prescribed by a licensed treating physician)	Covered

Physiotherapy requested by the specialized treating physician up to max. 20 sessions per person per policy year	Covered
Radiotherapy and Chemotherapy	Covered
<b><u>Psychiatric Treatment as Outpatient:</u></b>  Psychiatry / Psychology Cover, Including Practitioner Expenses and Evaluation, Testing and Treatment Of:  - Mental, Nervous, Psychological and Related Disorders Including Myalgic Encephalomyelitis or Chronic Fatigue Syndrome, Nervous Breakdowns, And Similar Conditions.  - Neurodevelopmental Disorders such as Attention Deficit Hyperactivity Disorder (ADHD), Autism & the like  • 10 sessions PPPY of Psychotherapy on a Direct Billing Basis and the other sessions will be on Reimbursement basis as per SEIB terms and conditions.	Covered up to 36,500/- per person per policy year
Outpatient Surgery	Covered
<b>Other Benefits</b>	
<b>CHRONIC / PRE-EXISTING MEDICAL CONDITIONS</b>	Covered
<b>Oncology</b>	Covered up to Pre-Existing limit
Congenital Conditions (Life Threatening)	Covered
Congenital Conditions (Non-Life Threatening)	Covered up to 2,000/- per person per policy year
Terminal Illness	Covered
Blood Transfusion	Covered
Emergency Dental treatment following covered accident as inpatient or outpatient	Covered
Prescribed Complimentary Treatment, Ayurvedic, Chiropractic, Osteopathy, Homeopath, Acupuncture, Podiatry	Covered up to maximum of 18 sessions per year
Vitamins, Supplements, and Herbal Medicine	Covered if medically necessary
Ophthalmology (Laser and optical expenses are not covered)	Covered
Passive War & Terrorism	Covered
Internal Prothesis & Surgical Appliances	Covered
Acute Kidney Failure	Covered
Allergy excluding tests & desensitization	Covered
Durable Medical Appliances	Covered up to QAR 1,000/- PPPY
Non-professional Sports	Covered
Renal Dialysis	Covered
Road Accidents	Covered
Hormonal Therapy other than infertility	Covered
Palliative treatment	Covered
Emergency Home Visits	Covered
Sleep Disorders (excluding sleep disorder studies)	Covered
Sexually transmitted diseases (except for AIDS as explained in following exclusion # 3)	Covered
Acute alcoholic intoxication	Covered
<b>Dental Cover</b>	
<b>Benefits</b>	<b>Limit</b>
Maximum Limit per person per year	3,000/-
Co-insurance for Dental treatment	20% (after other applicable deductible)
Consultations, Extractions, Amalgam & Composite Filling	Covered
Glass Ionomer & Root Canal Treatment	Covered

Scaling	Covered once per person per policy year
Non- Precious Crown “Porcelain Crown”	Covered
Gum and Periodontal Treatment	Covered
Orthodontics & Dental Prosthesis	Covered
Laboratory	Covered
<b>Optical Cover</b>	
<b>Benefits</b>	<b>Limit</b>
Maximum Limit Per Person Per Year	1,000/-
Co-insurance for optical treatment	20% (after other applicable deductible)
Vision Tests for Errors of Refraction & optical glasses or contact lenses (One prescribed lense/s per person per annum)	Covered
<b>Maternity Cover</b>	
<b>Benefits</b>	<b>Limit</b>
Maximum Limit (Inpatient and Outpatient)	20,000/-
Benefit Type	- 1 delivery/legal abortion/miscarriage per female per year - Pre natal and post-natal outpatient expenses related to Childbirth
Complications of Pregnancy, if medically necessary to save the mother or child	Covered
Newborn Treatment and accommodation as long as mother is admitted in the hospital	Covered
Coverage	Nil waiting period for In-patient & Out-patient benefits
<b>Treatment Abroad</b>	
Treatment abroad	Covered (Emergency medical cases will be covered up to 180 days per annum. Cold and pre-planned cases will be covered up to 90 days per annum.) Actual Cost Reimbursement for out-patient emergency cases. For emergency cases that necessitate hospital admission as in-patient, Seib must be informed prior to the admission.
Elective Non-Emergency Treatment	Covered Available within Territorial Limit
Second Medical Opinion	Applicable
Prior Approval	System Automated
<b>Co-Insurance</b>	
Direct Billing Inside Provider Network	Nil
Reimbursements Outside Network Provider-Inside Qatar & Reimbursements Outside Qatar within the territorial limits	Elective Treatments: 100% Reasonable & Customary Charges of Qatar Emergency Treatments: Actual Cost
<b>Preventative Care Benefit</b>	
<b>Laboratory Tests:</b> <ul style="list-style-type: none"> <li>Quantiferon</li> <li>MMR IgG</li> <li>Varicella IgG</li> </ul> <b>Vaccines:</b> <ul style="list-style-type: none"> <li>Meningitis</li> <li>Polio</li> <li>MMR</li> <li>Varicella</li> <li>Tetanus</li> <li>Hepatitis B</li> <li>DTP, DTaP, Td, DT or Tdap</li> </ul>	Covered once a year per insured member up to a maximum of 2,000/- (This service is available only at all Naseem Al Rabeeh Medical Center)

<b>Life Insurance</b>	
<b>Death Any Cause</b>	100% of the Sum Insured
<b>Basis Of Sum Insured</b>	QAR 100,000/- per person
<b>Territorial Scope</b>	Worldwide, 24 hours basis subject to students residing in Qatar
<b>AGE LIMIT</b>	- Up to age 65 years
<b>Conditions</b>	<ul style="list-style-type: none"> <li>- Cover ceases when the students leaves the university</li> <li>- Passive war &amp; Conventional Terrorism is covered as per wording attached.</li> <li>- Hazardous Sports to be covered.</li> <li>- Cover suicide for death benefit</li> </ul>
<b>Travel Benefit</b>	
Territorial Coverage	Worldwide
Period of Cover	Annual with maximum stay of 180 days
Medical Expenses & Hospitalization Abroad	\$100,000
Reimbursement for Emergency Medical Expenses	Actual Cost for out-patient emergency cases. For emergency cases that necessitate hospital admission as in-patient, Seib must be informed prior to the admission.
Emergency Dental Care	\$1,100
Repatriation of family members travelling	\$18,000
Repatriation of Mortal Remains	\$ 35,000
Escort of dependent Child	\$10,000
Medical Evacuation	N/A
Travel of one of immediate family member	\$100/day – Max \$1,000
Emergency Return home following death of a close family member	Economy Ticket
VISIT of close Relative	Economy Ticket
Cost of First Aid & Rescue	\$20,000
Delivery of Medicines	Actual Expenses
Relay of Urgent Messages	Actual Expenses
Long Distance Medical Information System	Actual Expenses
Medical Referral/Appointment of Local Medical Specialist	Actual Expenses
Trip Cancellation and Curtailments	\$ 5,000
Delayed Departure after 12 hours	up to \$500
Personal Baggage	\$ 5,000
Hijack	\$1,500
Loss of passport	\$ 500
Delayed Baggage	\$ 500
Missed Departure	\$ 1,000
Quarantine for 14 Days	\$ 120
Luggage Loss per KG up to 40KG	\$ 30
Medical Translation Service	Covered
Inoculation and visa requirement information/Embassy referral	Covered
Emergency traveling service assistance	Covered
Passive War Risk & Terrorism	Covered
Natural Disasters	Covered
Infectious/ Communicable Diseases regardless of if it is Pandemic, Epidemic or Endemic (Including COVID 19)	Covered

## Medical Insurance Exclusions

**What this policy does not cover you for. Unless otherwise specifically referred to in the schedule of benefits, the following exclusions will apply:**

1. Radioactive contamination, ionizing radiation, radioactive, toxic, explosive or other hazardous properties of nuclear material thereof, and/or polluting hazardous or poisoning chemicals.
2. Injuries caused by the performance of the following hazardous sports as a profession: diving involving the aid of breathing apparatus, rock climbing or mountaineering normally involving the use of ropes or guides, potholing, hunting on camel or horseback, or driving or riding in any kind of race, parachuting or hang gliding, or jet skiing.
3. Expenses for treatment or care caused by or related to HIV infection or AIDS, however covered only if contracted as a result of blood transfusion and opportunistic infections such as (TB, Toxoplasmosis, Pneumococcal infections...) and as more fully described in the schedule of benefits.
4. Diseases acknowledged by the WHO as epidemic or pandemic.
5. Vaccinations however it is covered for children less than 6 years old.
6. General Health and regular Check-ups.
7. Infertility and Sterility treatment and medicine.
8. Cosmetic surgery, unless necessitated by an accident or covered medical condition.
9. Psychiatric treatment as an in and out patient limited to the maximum allowed under the schedule of benefits.
10. Congenital deformities but covered if congenital condition is life threatening.
11. Self-inflicted bodily injury whilst sane or insane incurred intentionally.
12. Impairment of an Insured's intellectual faculties by abuse of stimulants or depressants or by the illegal use of any solid, liquid or gaseous substance.
13. Treatment of any conditions as a result of alcohol or drug abuse.
14. Any of (rest cure, sanatorium or custodial care, general physical health programs, and cost related to purely convalescence periods) where specialized care or observation is not required.
15. Rehabilitation unless specifically included in the schedule of benefits.
16. All Routine dental and Surgical Dental related services unless opted as a separate plan or if as a result of accident within the policy limits.
17. All types of artificial hair such as wigs and/or toupee, hair transplant and related cosmetic medicaments and cosmetic products; over the counter products related to diet regimen or reduction of weight, baby and antiseptic products.
18. Any organ transplantation, other than heart, liver, lung and kidneys. Also the acquisition cost of such organs and all expenses incurred by the donor are excluded hereon.
19. Maternity Benefit related services unless opted as a separate plan.
20. Abortion unless medically necessary to save the mother and/or child
21. Any outpatient treatment by family members even if licensed practitioner.
22. Expenses incurred for treatment or care at long term care facilities, old age home, healthcare and diet resorts, and institutions for mentally disabled, lunatic asylums.
23. Any experimental medical treatment; all tests, drug and treatments not prescribe by a doctor; Contraceptive medicine and methods.
24. Durable medical appliances such as; Hearing aids, wheel chairs, crutches, nebulizers and orthopedic equipment.
25. Expenses for treatment or care of any kind of dementia.
26. War and terrorism as per the policy wording unless if covered subject to an additional Premium.
27. If the insured member is on Air or Sea travel except as a passenger, or an Aircrew or Ship crew, or a member of the armed forces or police force, or a medical professional claiming under Medical Malpractice.
28. Varicocele and Varicocelectomy.
29. Pain management services and any treatment offering temporary relief of pain rather than treating the underlying medical condition.
30. Allergy tests and desensitization
31. If the member is or receives treatment in a territory sanctioned by the United Nations.
32. Sleep disorder cases, tests, procedures and surgeries related thereto including polysomnography.
33. Work related accidents and/or injuries.
34. Developmental disorders.
35. Road Traffic Accidents.

## ADDENDUM RELATED TO LIFE INSURANCE

### EXCLUSIONS

- Nuclear, Chemical, Biological and Mass Destruction Risks
- War, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), civil war, military rising, insurrection, rebellion, revolution, military or usurped power, martial law, acts of terrorism, mutiny or riot or civil commotion assuming the proportions of or amounting to a popular rising.
- Atomic, Biological, and Chemical contamination
- Criminal Acts committed by the insured

### PASSIVE WAR RISK & CONVENTIONAL TERRORISM

The Company will cover the life of the Insured against Death (DAC) occurring as a direct or indirect consequence of any of the following:

Invasion or acts perpetrated by foreign enemies (whether war be declared or not), civil war, state of siege, civil disobedience, general mobilization, revolution, usurpation of power militarily or politically, martial law or the declaration of a state of siege, insurrection, rebellion, terrorist act, mutiny, strike, riot, civil commotion, pillage, any kind of military projectile or explosive including booby trapped vehicles or objects, cannon shells, rockets or other weapons of war, whatever their origin and of whatever type, or any act outside the law perpetrated by armed individuals be they students of political, military or paramilitary organizations or parties or not and be they acting on their own account or for the account of the organizations they are responsible towards.

**Passive war cover is excluded** if an insured is travelling to a country after war has been 'declared in that country or after it has been recognized as a war zone by the United Nations or where there is war like operations, as described below.

“Warlike operations” means hostilities, mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power and martial law or state of siege.

#### **Conventional Terrorism:**

This extension will apply to any Rider specifically designated in the Policy Schedule as benefiting from this extension. However, this extension will not apply and no benefits will be paid if at the time of occurrence, the Insured(s) is :

- 1) taking any active part in any of the above-mentioned events,
- 2) an active student of any armed forces, or policeman,
- 3) manipulating as part of his/her job military weapons or explosive, or metal scraps containing military projectile or explosives,
- 4) Travelling to a country after war has been declared in that country or after it has been recognized as a war zone by the United Nations or if foreign offices 'advise against all travel in that country or where there are war like operations, “Warlike operations” meaning hostilities, mutiny, riot, civil commotion, civil war, rebellion, revolution, insurrection, conspiracy, military or usurped power and martial law or state of siege.