

Northwestern University Table of Benefits

BENEFITS DETAILS	GOLD
Annual Maximum Limit Per Person	QAR 500,000/-
Territory of Cover	Qatar, Arab Countries, SEA (Bangladesh, Bhutan, Burma, India, Indonesia, Malaysia, Nepal, Pakistan, Philippines, Sri Lanka, Thailand, Vietnam, & Korea)
Emergency Treatment	Worldwide for a maximum period of 90 days during the policy period
INPATIENT (Subject to Prior Approval)	
Hospital Accommodation	Private Room
Intensive Care Units Costs	Covered
Accidental and Emergencies	Covered
Surgical Operation and Procedures	Covered
Second Medical Opinion	Covered
Nursing Fees, Medical Expenses	Covered
Prescribed Medicines, Drugs, Dressings	Covered
Surgeons, Anesthetists & Physicians Fees	Covered
Blood, plasma & blood substitutes	Covered
Oxygen and other medical gases	Covered
Prostheses and Surgical appliances	Covered
Post Hospitalization Treatment received within 90 days of being discharged from hospital	Covered
Reconstructive Surgery following an accident or surgery for an eligible medical condition	Covered
Rental of Wheelchair, Hospital bed, or Iron lung	Covered
Diagnostic tests,(X-rays-ECG, MRI, CT Scan,US,Angiography, ECG, Stress Test, Echo and Lab Services)	Covered
Pathology, X-Rays-diagnostic tests and Producers	Covered
Ophthalmology& Eye care, (Consultation, Eye test, medical & surgical therapy), Laser and optical expenses are not covered)	Covered
Physiotherapy (as requested by medical practitioner)	Covered
Treatment of allergic conditions	Covered
Acute (reversible kidney failure)	Covered
Cost for treatment by therapists and Complementary Therapy (Chiropractic, Osteopathy and Acupuncture) requested by medical practitioner	Covered
In-patient rehabilitation (not work related)	Covered
Hospice care & Palliative care	Covered
Terminal Illness	Covered
Accidental Damage to natural teeth, following accident (treatment as inpatient)	Covered
Accommodation costs for one parent staying in hospital child up to max 18 yrs - 30 days	QAR 300/Night
Nursing at Home	QAR 300/- Night- 28 Days
Casts, Trusses and Splints	Covered
Inpatient Deductible Each and Every Claim	NIL
OUTPATIENT	

Diagnostic tests (x-rays, MRI, PET, CT scan, US, Angiogram, ECG, Stress test, Echo and Lab. services including hormonal tests & pathology diagnostic tests and procedures)	Covered
Pathology, X-ray and diagnostic tests	Covered
Specialists, Consultants, General medical practitioner and Family physician fees	Covered
Out-Patient home visits for emergency conditions	Covered
Post hospitalisation treatment received within 90 days of being discharged from hospital	Covered
Medicine & Dressings	Covered
Blood, plasma & blood substitutes	Covered
Oxygen and other medical gases	Covered
Specialist Herbal Treatment	Covered
Day Care Treatment & Surgery	Covered
Out-patient surgical operations	Covered
Acute (reversible kidney failure)	Covered
Costs for treatment by therapists and complementary medicine practitioners & Complementary therapy (Chiropractics, Osteopathy and Acupunctures), requested by medical practitioner	N/A
Road Traffic Accident	Covered
Palliative ongoing treatment & medication	Covered
Physiotherapy as requested by medical practitioner	QAR 3,000/-
Ophthalmology& Eye care, (Consultation, Eye test and medical treatment), refraction and optical expenses related are not included)	Covered
Hormonal therapy other than infertility	QAR 3,000/-
Outpatient Deductible Each and Every Claim	QAR 25 Per Visit on Consultation Charges
ADDITIONAL BENEFITS- INPATIENT and OUTPATIENT	
Cover for Pre-Existing / Chronic Conditions	Covered
Hospital Cash Benefits (In-Patient) /	QAR 200 per night , maximum 180 days
Repatriation of Mortal remain	QAR 7,500/-
Psychiatric Treatment	QAR 10,000/-
Renal Dialysis	Covered
Sport related Accident (Non Professional)	Covered
Visiting Doctor Consultation	QAR 300/-
Include Congenital Cases for Life Threatening cases	Covered
Oncology	Covered
Include Ambulance	Covered
Terrorism Coverage	Covered
Allergic Conditions	Covered
Durable Medical Appliances	QAR 3,700/-
Organ Transplant- Surgical cost only	Covered
Vitamins and supplements- prescribed by Doctors - including test	Covered
Radiotherapy and chemotherapy	Covered
Overall Annual Sub-Limit Per Person per Year. Routine	
Dental covering the following:- Examination, Tooth Extraction, Fillings (Composite / Amalgam), Gum Treatment, Scaling,Periodontal, (Excluding Whitening & Polishing), X-Ray, Medicines, Root Canal Treatment (Excluding Prosthetics i.e Bridges, Implants and Non-Precious Crowns)	NA
Dental Copayment	NA

Overall Annual sub-limit per person per year. Vision Cover covering the following:- Covering Consultation Charges, Examination, Medicines, 1 pair Optical Lenses for Correction of Power and Medical Frames (Excluding Disposable Contact Lenses and Sunglasses)	NA
Optical Copayment	NA
BASIS OF CLAIM SETTLEMENT	
Expenses incurred on treatment Within the Network of Providers	Direct Settlement subject to policy deductible
Expenses incurred on treatment Outside the Network of Providers:	<p>* Treatment in Hamad Hospital (IP/OP) 100% of the eligible medical expenses</p> <p><u>Inside Qatar</u> Reimbursement 80% of Actual eligible medical expenses</p> <p>* <u>Outside Qatar (but within covered territory) -</u> Reimbursement 100% of the eligible medical expenses Reasonable & Customary Charges of Qatar Network</p>
Emergency Medical Expenses whilst on vacation or business visits abroad within the	Reimbursement of 100% of the Reasonable &
Treatment at Al Ahli and Al Emadi Hospital	Direct Billing
Network of Provider(s)	As per List Attached