

# 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](mailto:CFD@alkoot-medical.com)

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### **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](mailto:complaints@alkoot-medical.com).

Step-by-step complaints procedure is also available on our website [www.alkoot.com.qa](http://www.alkoot.com.qa)