MANDATORY VISITOR HEALTH INSURANCE POLICY WORDING

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MANDATORY VISITOR HEALTH INSURANCE POLICY WORDING

1. Purpose of this Policy

1.1 Set the rights and obligations between the Insurance Company and any Policy Holder or Visitor / Beneficiary participating in the Mandatory Visitor Health Insurance (MVHI).

1.2 Create a comprehensive reference document defining the MVHI Scheme and familiarize the involved parties with the terms and conditions thereof.

2. Scope and Applicability

2.1 The Policy Wording document shall inform key stakeholders about essential elements of the MVHI with respect to Accident & Emergency Care medical services covered under the MVHI Policy.

2.2 This document is applicable to all registered National Insurance Companies, Healthcare Providers, Health Insurance Brokers, and Third-party Administrators legitimately participating in the MVHI.

3. Acronyms, Terms, and Definitions

Accident	Accident means a sudden, unexpected, unusual, specific, violent, external event, which occurs at a single identifiable time and place and independently of all other causes results directly, immediately and solely in physical bodily injury causing damage and/or a loss. The following medical conditions shall also be construed to be Accidents: a. Asphyxia or Injuries due to exposure to gases or vapors, immersion, or submersion, or from the consumption of liquid or solid matter other than foodstuffs. b. Infections resulting from any Accident Covered by the Policy. c. Injuries that are a consequence of surgical procedures or medical treatments resulting from an Accident Covered by the policy.
Accident-related dental treatment	Medical Expenses associated with any necessary dental treatment by a dentist, provided that the dental treatment is required as a result of an Accident incurred during the validity of the Policy-for accidental damage to natural teeth within one month of the Accident. Accidental damage to healthy natural teeth is Covered for initial pain relief andfor any treatment necessary to preserve the dental structure for future permanent restoration of damage to such healthy natural teeth.
Aggregate (policy) limit	Maximum payable amount by any Insurance Company per Beneficiary per Policy duration for the Covered Healthcare Services. Once this amount has been exhausted, liability of the Insurance Company for any further medical costs of the Beneficiary during that thirty [30] calendar day validity period ceases.
Appeal	Any challenge by one or more legitimate stakeholder(s)/ participant(s) in the MVHI to any final decision of the H FI Din its role as the Regulator of the scheme, as per due MOPH Appeals Process defined in the Appeals Policy and Procedure.
Beneficiary of the MVHI (beneficiary)	Every Visitor to the State of Qatar holding a valid Health Insurance Policy that covers, at minimum, the Healthcare Services under the MVHI Scheme

Chronic condition	A disease, sickness or injury that has one or more of the following characteristics: a. Requires on-going or long-term monitoring through consultations, examinations, check-ups and/or tests. b. Requires on-going or long-term control or relief of symptoms. c. Requires special training of the patient as part of his or her rehabilitation. d. Continues indefinitely. e. Relapses or is medically very likely to recur.
Claim	An invoice in a defined format which includes all mandatory data elements as stipulated in the Insurance Data Set (IDS) submitted to the Beneficiary's INSURANCE COMPANY or appointed TPA by the PROVIDER, the Beneficiary or the Insurance Policy Holder for the purpose of receiving payment for the value of delivered healthcare service included in the Beneficiary's Insurance Policy Coverage.
Congenital Anomaly	Anatomical or physiological defect, disease, or malformation, which maybe either hereditary/ familial/ genetic or due to an influence occurring during gestation up to birth, and may or may not be obvious at birth
Copayment and Deductibles	Fixed amount of money or percentage of the cost of Healthcare Services that the beneficiary shall pay to the Provider upon receiving Covered Healthcare Services, in accordance with the Law and Regulation.
Coverage	Entitlement of a Beneficiary to Health Services provided under MVHI subject to the terms, conditions, limits, eligibility of that person and the exclusion criteria of the MVHI Policy. Health services must be provided: 1. while the Policy is in effect 2. prior to the date that any termination conditions occur

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Covered Healthcare Services or Schedule of Benefits	Catalogue of Healthcare Services (Schedule of Benefits (SOB)), which the Beneficiaries of the MVHI are entitled to receive free of charge, which include the healthcare for Emergency and Accidents for Visitors.
Day care Treatment	Any medical treatment, which must be provided in a health care provider licensed to perform such care, but which does not require hospital admission/ confinement.
Dispute	Any conflict arising between legitimate stakeholders/participants in the MVHI, and officially escalated to the HFID (Complaint and Dispute Resolution Committee), that cannot be resolved by the concerned parties among themselves.
Effective date of The policy	The date, on which Coverage under the MVHI commences.
Eligible expenses	Reasonable and customary charges for Covered Healthcare Services incurred by the Beneficiary while his/her Policy is in effect.
Emergency Condition	A medical condition or injury that jeopardizes a person's life or any of the bodily organs of that person, requiring immediate intervention to save his/her life or his/her injured organ.
Emergency Evacuation (to Country of Residence)	Transportation of any MVHI-Beneficiary incapacitated and unfit to travel due to Accident or acute medical Emergency during his/her visit to the State of Qatar, but stable enough for transportation under 21..J,/7 medical supervision back to his/her country of residence based on referral by the treating clinician at a Qatari public provider facility and consent of the MVHI Beneficiary (or next of kin if incapacitated). Such Emergency Evacuations areCovered by the MVHI-Policy up to the applicable Sublimit and Aggregate Policy Limit.
Expatriate	Every non-Qatari individual who enters the country for any purpose

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Expiry/end date of the policy	The last day, month, and year of validity of any MVHI Policy as set out in the Policy Schedule at 00:00 midnight Qatar time. When the Policy comes to an end (expires), all Coverage under this Policy ceases.
Fraud	Any deliberate act of deception, misrepresentation, false statement, or false representation of material facts, regardless of success, by a party to this Agreement which has as its purpose the objective of (1) obtaining a financial or other benefit or advantage relating to health insurance under this Agreement; and/or (2) causing or exposing another person a financial or other loss or disadvantage related to the operation of this Agreement. It includes any act that constitutes fraud under applicable laws and their interpretation by the courts in the State of Qatar.
General Exclusions	Healthcare services and other Benefits excluded from Coverage under the MVHI policy.
Healthcare Services	Set of medical services to be provided to the Beneficiaries in accordance with the provisions of the Law and the pertaining regulations.
Health finanicng and insurance Department (HFID)	The Competent Department of the MOPH which is responsible for the regulation of the Mandatory Health Insurance Scheme as per The Law, The Amiri Decree No. (36) of 2022 Concerning the Organization Structure of the MOPH and Article (70) of the Regulation.
Health insurance Broker	Any person or legal entity that markets/advertises and/or sells insurance policies in return for a financial consideration in accordance with the provisions of The Law and The Regulation.
Health insurance Card	The Card, or its equivalence, as issued by the INSURANCE COMPANY in accordance with the Insurance Policy. Equivalent Identity Verification documents include valid Qatar Identification Cards (QID) and valid Passports.
Health insurance Premium	The fee due to an insurance company for providing MVHI Coverage to aVisitor to the State of Qatar during the term of the insurance policy in accordance with the provisions of the Law and the pertaining Regulation.

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Healthcare Professional	Any Healthcare practitioner of medicine who is duly licensed by the MoPH's Department of Healthcare Practitioners (DHP) qualified under thelaws of the State of Qatar and registered through his/her healthcarefacility to participate in the MHIS.
Healthcare Services	Any medical services delivered by a licensed Healthcare Provider in the State of Qatar.
Health service Performance Agreement (HSPA)	The Agreement between licensed Providers and the Strategic planning and Performance Department of the MOPH, which commits Providers to report quality of care and outcomes-related information to MOPH as per a defined reporting schedule. HSPA is a key pre-requisite for registration of Provider who wish toparticipate in the MHIS.
Hospital	A healthcare service providing institution licensed by MOPH to provide inpatient and/or Day Care Health Services within the State of Qatar.
Hospitalizatlon; Hospital Admission	An admission to a Hospital is a process whereby the Hospital accepts responsibility for the patient's care and/or treatment. Admission follows aclinical decision based upon specified criteria that a patient requires same-day or overnight [or multi-day] inpatient care or treatment.
Hospitalization Class/ Accommodation Type	Class of Hospital room and associated non-medical "hotel" services, to which the Beneficiary is entitled to during the admission.
Injury	Accidental physical bodily harm, excluding Illness or disease solely and directly caused by external, violent, and visible and evident means, which is verified and certified by a licensed and authorized Medical Practitioner.
Inpatient	Beneficiary Admitted to a Hospital overnight or multi-day for medical or surgical services.
Insurance company	Any Insurance Company that is registered with H FI D to carry out health insurance business in the State of Qatar in accordance with the provisions of The Law and The Regulation.

Insurance data Set (IDS)	The set of data elements that need to be submitted by the Provider to the Insurance Company/TPA to obtain reimbursement of their claims, and the set of data elements that the Insurance Company/TPA needs to communicate back to the Provider as part of the Remittance Advice under Mandatory Visitor Health Insurance Scheme, as mandated by the HFID. For the first phase that covers Visitors of the State of Qatar a subset of the IDS will be used for the mentioned purposes.
Insurance policy (POLICY)	The contractual document issued by an Insurance Company specifying the Coverage of Healthcare Services for the Policy Holder or the Beneficiaries, including the terms, conditions, Exclusions, and limitations of the MVHI Coverage.
Law	Law No. (22) of 2021 Regulating the Healthcare Services Within the State of Qatar.
Medically Necessary; Medical Necessity	Health care services and consumables, which are: a. Consistent with the diagnosis of the Beneficiary's medical condition; b. Necessary to meet the health care needs of any Beneficiary as per the SOB for the MVHI; c. Rendered in the most Medically Appropriate manner and type of setting appropriate for the delivery of the Healthcare Service, considering both cost and quality of care; d. Consistent in type, frequency, and duration of treatment with scientific/ evidence-based guidelines and current medical opinion and/or the MOPH; and e. Required for reasons other than the convenience of the Beneficiary or his/her Physician; f. Demonstrated through prevailing preer-reviewed medical literature to be safe and effective and efficient for treating or diagnosing the condition or Sickness for which their use is proposed g. When specifically applied to in-patient treatment, "medically necessary" also means that a diagnosis cannot be made, or treatment cannot be safely and effectively provided in an ambulatory setting.

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Medical Malpractice	Medical Malpractice refers to any instance of gross professional negligence, by act or omission, by a Provider, in which the treatment provided falls below the accepted clinical guidelines/ protocols/ quality standards of practice in the medical community and causes injury or death to the patient
Medical record	A chronological written (or electronic) account of a patient's medical examination(s) and treatment(s) that includes the patient's medical history and complaints, the physician's physical findings, the results of diagnostic tests and procedures, and the prescribed medications and therapeutic procedures. As per the MOPH definition, essential requirements of the Medical Record include only English or Arabic language, structure/format, type (physical/electronic), systematic archiving methodology (in-house/out-house) type (physical/ electronic), access rights of the MOPH, HFID, and Insurance Companies/TPAs, and validity, maintenance, and preservation of such Medical Records as per applicable Qatari laws and regulations. Any Claim duly submitted by any Provider also constitutes a Medical Record.
Mandatory visitor Health insurance	A selection of Mandatory Health Insurance policies, varying only by duration of Coverage, that Visitors coming to the State of Qatar are obliged to purchase, which cover Emergency medical services for any accidental injury or acute life-threatening sickness that occurs during the term of the Policy, during the stay of the Visitor in the State of Qatar.
Mental illness	Health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work, or family activities.
Multiple entry Visitors' Insurance	Mandatory Visitors Health Insurance covering Accident & Emergency Care for two or more trips to the State of Qatar provided such trips fall within the period, for which the MVHI Policy is valid.
Non-emergency/Elective Hospitalization	Any planned Hospital Admission which is not related to any Accident or acute medical Emergency.
Out-of-network services	Services sought by a Beneficiary outside the Provider Network. Such medical services are Covered only in veritable life-threatening medical emergencies until the condition of the Beneficiary has been stabilized

Outpatient	A patient treated at any healthcare facility without admission or confinement. Such services may include physician consultation(s), Outpatient procedure(s), prescription of medication(s), diagnostic testing including pre-operative investigations which do not require Inpatient or Same Day services, or physiotherapy.
Outpatient benefits	Healthcare Services covered in the outpatient setting, such as physician consultation(s), diagnostic test(s) including preoperative investigations, prescribed medication(s), physiotherapy, and dental treatments conducted in an outpatient setting without jeopardizing the Beneficiary's health, or which do not require hospitalization/day treatment or necessitate specialized medical attention and care in a hospital before, during or after the delivery of the service.
Patient encounter	A set of Healthcare Services provided to a Beneficiary on account of a specific single visit to a Provider.
Period of coverage; Duration of coverage	The period of time during which a beneficiary under the MVHI Policy is covered for healthcare prescribed in his/her Policy, i.e., from the Effective Date to the Policy Expiry Date.
Policy expiry	Policy Expiry Date means the date and time after which the Policy is no longer valid as defined in the Policy.
Policy wording	This document, which states all the contractual terms between Beneficiaries and the Health Insurance Company.
Preauthorization	An action taken by the Insurance Company or the TPA if applicable to permit a Provider to deliver specified healthcare services to a Beneficiary under Coverage of his/her Health Insurance Policy.
Pre-existing condition	Any known injury, illness, sickness, disease or other physical, medical, mental, or nervous condition, disorder or ailment that with reasonable medical certainty existed at the time of the Beneficiaries' Application for Health Insurance Coverage was made, whether or not previously manifested or symptomatic, diagnosed, treated or disclosed prior to the Effective Date, including any subsequent, chronic or recurring complications or consequences related thereto or arising there from.

Prescription drugs	Pharmaceuticals, which can only be obtained through a written prescription issued by a licensed physician and dispensed by a licensed pharmacy/ pharmacist.
Primary healthcare	Essentially (except in cases requiring Emergency or Urgent Care), the first point of contact of any Beneficiary with the healthcare provision system. Primary Healthcare Providers, whether public or private, treat eligible patients for common illnesses, manage and follow up long-term conditions, and provide preventative healthcare services through providing medical advice, immunization, and disease screening programs. Primary Healthcare Services are generally availed in non-hospital settings by General Practitioners/Family Medicine Specialists, where necessary supported by a team of Nurses and/or allied Healthcare Practitioners. Some frequently sought specialty service lines (such as, but not limited to ENT, Ophthalmology, Dermatology, Paediatrics, routine Gynaecology) may also be provided at primary care facilities. Primary care physicians serve as "Gatekeepers" to higher levels of care by issuing referrals based on medical necessity and urgency criteria. Healthcare professionals who work in primary care are generalists rather than specialists.
Pre-registration	An essential step (Step (1)) to ensure that certain pre-requisites are available to the Entity Subject to Registration before proceeding to the Registered Step (Step 2)) with the HFID.
Prosthesis	Artificial device, either external or implanted, which substitutes for, or supplements a missing or defective part of the body (e.g., artificial limbs or pacemakers)
Provider network	Names and addresses of all licensed Healthcare Providers (governmental/non-governmental) registered to provide Covered Healthcare Services to the Beneficiaries in the State of Qatar in accordance with The Law, and contracted by The Insurance Company to enable its Beneficiaries to access such services at defined prices and bill the Insurance Company or its TPA directly for such medical services without requiring the Beneficiaries to make any payments upfront.
Provider	The Agreement which sets forth the terms and conditions under which any Provider registered to participate in the MHIS shall receive payment from the registered Insurance Company issuing a MHIS Policy in return for providing Covered Healthcare Services to the Beneficiaries, as defined in SOB and subject to The Law, and other pertinent regulation, and amendments thereto, under the jurisdiction of theState ofQatar,particularly of the MOPH.

Provider/Healthcare service provider	Governmental Healthcare Facilities, and licensed Private Healthcare Facilities that provide Healthcare Service, in accordance with applicable laws.
Reasonable and customary charges/Expenisis	The average of the net cost to provide a Covered Healthcare Services to the Beneficiary at the network providers of the Insurance Company.
Recreational treatment	Any type of therapy that uses defined patient activities and tasks to help meet the physical and emotional needs of the patients with respect to any illness or disability and help them develop skills for daily living. Such Recreational Treatments may include arts and crafts, music, spending time with animals, sports, and drama.
Registration with HFID	Registration of the Entities Subject to Registration which include Insurance Companies, Providers, Third Party Administrators and Health Insurance Brokers, with the HFID as a precondition to participating in the MHIS in accordance with The Law and The Regulation in the records prepared therefor by the Health Financing and Insurance Department of the Ministry of Public Health.
Health insurance registration	Registration of Healthcare Providers, Insurance Companies, Third Party Administrators, and Health Insurance Brokers with the HFID to participate in the MHIS in accordance with provisions of The Law, Regulation, Health Insurance Registration policy and Procedure issued by the HFID.
Regulation	Resolution of the Minister of Public Health (MOPH) No. (8) of 2022 promulgating the Executive Regulations of the Law.
Repatriation of mortal remains	In the event of the death of the Beneficiary during the MVHI Coverage, the Health Insurer will make the necessary arrangements for the transportation or repatriation of the body of the deceased and shall meet the cost of the transfer expenses up to the applicable Sublimit, to his/her usual Country of Residence.Any payment of expenses for interment, cremation or funeral ceremony is excluded from Coverage.
Same day patient	A patient who is admitted and discharged on the same day.

Secondary healthcare	Secondary healthcare services are usually delivered in a general hospital, daycare centre, or specialist clinic. Such medical services may include planned "elective" surgical procedures and other medical services characteristically requiring patient admission for an appropriate length of time, outpatient follow-up consultations provided in specialist clinics or rehabilitation settings.
Single entry Visa	Valid for one trip to the State of Qatar.
Sublimit	Maximum amount payable by an Insurance Company/TPA per Beneficiary for any defined individual (or set of) Covered Healthcare Services under the terms of the Insurance Policy.
Tertiary healthcare	Tertiary healthcare categorizes specialized consultative healthcare services (including complex surgical and microinvasive procedures as well as specific medication therapies), which are delivered by appropriately licensed and privileged consultant or specialist physicians, usually require inpatient admission, and are provided only on referral of a Primary or Secondary healthcare professional only. Tertiary healthcare facility has personnel and medical equipment for advanced medical investigations, treatment, and surgery.
Third party administrator (TPA)	An organization duly appointed by an Insurance company to provide administrative services on behalf of the Insurance company including but not limited to Claims management, Claims review, adjudication, and payment, Claims utilization review, maintenance of adherent records (eligibility and medical follow-up), and post-payment auditing of Claims.
Visitor	Any non-Qatari individual entering the State of Qatar for neither residence nor work purposes.
Waiting (elgibility) period	A period starting from the Enrolment Date of the Covered Person during which a specified medical condition or type of treatment shall not be Covered under a health insurance Policy. MVHI products shall not be subject to any such "Waiting Period".
Waste	Overutilization of medical services, or other practices that directly or indirectly, result in unnecessary costs to the INSURANCE COMPANY. Waste refers to incidental, non-deliberate over-use or misuse of resources.

4. Policy Statement

4.1 As per Qatar's Health Insurance Law and Regulation, it is mandatory for all Visitors to the State of Qatar to purchase one of the available MVHI-products, under which any Accident and acute medical Emergency-related and Medically Necessary treatment is Covered as per the MVHI Schedule of Benefits. Beneficiaries may opt for add-ons to the Covered Benefits in addition to their MVHI products to expand their scope of Covered non-Accident or Emergency condition related medical services for an additional add-on premium.

4.2 Coverage is subject to the policy terms and conditions set out here along with the terms, Aggregate Limit and sub limits set out in the Schedule of Benefits (appendix 1) and Exclusions (Appendix 2) and any other terms as may be issued by the HFID. Coverage is also subject to the full payment of the due premium for the appropriate MVHI product selected by the Visitor to the State of Qatar.

4.3 Effective Date of the Policy

Accident and acute medical Emergency-related Care Coverage as per the terms and conditions of the MVHI Policy shall become effective on the date and time the Beneficiary arrives at the State of Qatar.

4.4 Expiry of the Policy

The MVHI Policy (unless terminated by the Insurance Company with immediate effect for breach of the Terms of the MVHI Policy) shall expire upon exit of the Visitor from the State of Qatar (in case of single-entry visa) or else at the End Date of coverage of the Policy. When the Policy comes to an end, all Coverage under this Policy will end at 00:00 midnight Qatar time on the End Date of the Policy.

4.5 Insurance Cover Validation

Validation of MVHI Coverage shall be based on the information provided to the Insurance Company by or on behalf of the Beneficiary, which represents the basis of the contract between the Visitor and the selected Insurance Company. Any non-disclosure or wrong disclosure of material facts therein shall invalidate the MVHI Coverage, and no Benefits under the Policy shall be payable.

4.6 Accidents & Emergencies

While the MVHI Policy is in force, if the Beneficiary contracts any emergency or accident during his/her stay in the State of Qatar, and if such event requires the Beneficiary to incur expenses for Medically Necessary Treatment, the Insurance Company or its appointed TPA shall Cover the Beneficiary for such Charges up to the Aggregate Limit and sub-limits applicable as per the terms and conditions of the MVHI Policy purchased by the Beneficiary or on his/her behalf.

4.7 (Mandatory Visitor Health Insurance) or Schedule of Benefits

These are the Healthcare Services that are legitimately Covered under the MVHI Policy up to an Aggregate Limit as well as healthcare service specific Sublimits. The Covered Medically Necessary Accident & Emergency care and treatment must be based on the advice and prescriptions of a qualified and licensed Medical Practitioner. Any Healthcare any Healthcare Services not specified in the Schedule of Benefits are not Covered under the MVHI Policy. Beneficiaries shall examine their Policy carefully to make sure they understand what medical services they have access to.

4.8 Amendment of the Schedule of Benefits

The MVHI Coverage may be modified by a decision of the HFID from time to time, as deemed necessary.

4.9 Governance of the Policy

The Policy will be governed by the laws of the State of Qatar. The Policy is executed in Arabic and English languages.

4.10 Translation of the Policy

Any translation of the Policy into a language other than Arabic and English shall exist only for the convenience of the parties. However, in case of a disparity between the Arabic and the English version, the Arabic version shall prevail.

4.11 Eligibility

4.11.1 Eligibility:

Any category of Visitor coming to the State of Qatar on visit visa as per The Law and The Regulation.

4.11.2 Waiting period:

No waiting (or Eligibility) period is to be applied at the start of the MVHI Policy. Coverage for Accident & acute medical Emergency-related medical or surgical Healthcare Services begins immediately.

4.11.3 Pre-existing conditions, Chronic Conditions and Congenital Anomaly:

pre-existing medical conditions and congenital anomalies are not Covered under the MVHI Policy. However, any acute exacerbation of a chronic disease necessitating any acute medical Emergency related healthcare intervention shall be covered.

4.11.4 Co-payments and Deductibles:

No Deductible, Co-payment, or any kind of financial contribution from the MVHI Beneficiary shall be required for the Covered Healthcare Services under this policy, unless the patient exceeds the Aggregate Limit or the Sub-limit applicable to any required specific Healthcare Service.

4.11.5 The Insurance Company/TPA will pay the costs of the Medically Necessary treatments and interventions, occurring during the Period of Coverage, resulting from any Accident or acute medical Emergency on behalf of any Beneficiary Covered under this Policy, subject to the Policy terms and conditions. Any kind of non-medical service is a standard Policy Exclusion.

4.12 End of the MVHI Policy

The MVHI Policy and all Coverage of Benefits under the MVHI Policy shall end on the earliest of the dates specified below:

4.12.1 In case of a single-entry Visitor visa, the Policy shall end once the Beneficiary exits the State of Qatar, or the MVHI Policy expires as specified in the Policy, or if the Aggregate Limit has been exhausted, whichever arises earlier.

4.12.2 In case of a multi-entry Visitor visa, the MVHI Policy shall terminate when the Expiry Date specified in the Policy has been reached, or if the Aggregate Policy Limit has been exhausted, whichever arises earlier.

4.12.3 In case of the termination of any MVHI-Policy by the Insurance Company due to one or more verified violation(s) of the MVHI terms and conditions by the Beneficiary, Coverage shall cease on the date communicated by the Insurance Company to the Beneficiary in writing. Such violation-based termination may be triggered by the Insurance Company due to evidenced fraud, abuse, or misrepresentation (i.e., if the Beneficiary knowingly provided the Insurance Company with false information in conjunction with purchasing or utilizing the Coverage under the Policy).

4.12.4 In case of amendments to The Law or Regulation, that make it impossible for the Insurance Company to continue providing MVHI Coverage, on the accordingly revised date specified by HFID or the Insurance Company on which the MVHI Policy will terminate.

4.12.5 On the date specified by the Insurance Company, upon approval of the HFID, in written notice to the Beneficiary that this Policy shall be terminated, due to non-compliance of the Beneficiary with the terms and conditions of MVHI Scheme.

4.12.6 Obligations of the Insurance Company on Termination or End/Expiry of the Policy: Expiry of the MVHI Policy or end of the Coverage due to termination for breach shall not affect any legitimate Claim from a Healthcare Provider for reimbursement of Covered Health Services rendered prior to the date of expiry/termination. If the Eligible Person is hospitalized on the termination date of the Coverage, hospital charges for that continuous period of Hospitalization shall be paid under the MVHI Policy according to the Benefits and applicable limitations of the Policy until discharge as per the normal length of stay attributable to the package price for the rendered inpatient treatment

4.11.7 Obligations of the Beneficiary on Termination of the Policy or Coverage: The MVHI Beneficiary shall be liable for any claims for Health Services received by the Beneficiary to be initiated after date following the End Date or Expiry of the Policy.

5. Procedures for Obtaining Benefits

5.1 Rendering of covered Accident&. Emergency related medical services to the Beneficiary:

5.1.1 Medical services will be provided to the Beneficiaries up to the Aggregate Limit and the applicable Sublimit of the MVHI Policy. Beneficiaries shall not be required to pay any amount out of pocket for utilizing services within the applicable Coverage Aggregate Policy Limit and Sublimit.

5.1.2 The Beneficiaries may contact customer care channels/center of the Insurance Company to ask for the location of the nearest network Healthcare Provider where the needed Covered Healthcare Services could be delivered.

5.2 Verification of Coverage Status of the Beneficiary:

5.2.1 On presentation at any Accident and Emergency Department of any Healthcare Provider in the State of Qatar, the Visitor shall be obliged to furnish a valid passport to prove his/her eligibility for Coverage.

5.2.2 The Beneficiary must show his/her passport every time he/she seeks to utilize any Covered Healthcare Services.

5.2.3 In case the passport of the Beneficiary is not available at the time of Emergency visit at the Healthcare Provider, it may be furnished by the Beneficiary or if he/she is incapacitated, by a family member or friend prior to his/her discharge.

5.2.4 In the event of non-compliance, or failure to furnish a valid Passport, or expiry of the Visitor's Policy, the Beneficiary shall be required to pay for the Health Services obtained directly to the Provider. However, pursuant to Article (19/5) of the Law the patient presenting in Emergency conditions shall be stabilized first. If there are grounds to assume retrospectively that the Beneficiary was eligible for Coverage at the time of service, then the Beneficiary may subsequently submit a claim for reimbursement to the Insurance Company or its appointed TPA as per the Insurance Company's/TPA's reimbursement policy within thirty [30] days of receiving such Covered Healthcare Services.

5.3 Pre-Authorization

5.3.1 The MVHI Policy does not require Pre-authorization for any Covered Accident & Emergency related Healthcare Services. However, all providers admitting beneficiaries of the MVHI, are required to notify the patient's Insurance Company/ TPA within twenty-four [2l.J] hours of admission.

5.3.2 Any follow-up ambulatory visits of the MVHI Beneficiary to the Healthcare Provider, Medically Necessitated in consequence of, or to complete the initially rendered Accident or acute medical Emergency-related Healthcare Services within seven [7] working days of the initial visit shall be considered as Covered under the "package" payment for the initial Emergency presentation. Any such follow-up visits more than seven [7] working days after the initial Accident or acute medical Emergency visit shall require prior authorization by the Insurance Company or its appointed TPA.

5.4 Direct Billing

The MVHI Policy provides Coverage of eligible expenses on direct billing for Medically Necessary Accident & acute medical Emergency related healthcare services at any network Hospital, subject to the terms, conditions, exclusions, and limitations of the Policy and the PNA signed between the Insurance Company and the Provider. Eligible expenses for Accident and Emergency related healthcare services are the fees agreed between the Insurance Company issuing the MVHI-Policy and the Network Hospital for the Covered Health Services provided as part of any Accident and Emergency related treatments. Such Health Services must be Medically Necessary and shall be continued until the patient's medical condition has been stabilized and the patient can be discharged from Hospital.

5.4 Non-Network Providers

In case any MVHI Beneficiary seeks Accident or acute medical Emergency related healthcare services at a non-Network Provider, such Non-Network Providers are entitled to payment for their Covered Medically Necessary and delivered Healthcare Services from the Beneficiary's Insurance Company/TPA. Such payments shall be based on Reasonable and Customary cost of the Insurance Companies'/TPA's network prices, which should not exceed the discounted prices offered to Insurance Companies by the Public Providers.

6. Recovery of Claims

The Beneficiary is liable to repay the Insurance Company any claims paid by the Insurance Company which were obtained by means of fraudulent use of the Covered Healthcare Services.

7. Continuation of care

Under the MVHI Policy, a Beneficiary is not entitled to coverage for continuation of care after his/her medical Emergency condition has subsided or has been effectively stabilized, for any kind of maintenance or rehabilitation treatment or post discharge medication unless such essential medical treatment is required to prevent immediate recurrence of any life-threatening Emergency condition during the remaining stay of the Beneficiary in the State of Qatar.

8.Healthcare Services Coverage

The applicable Coverage per Beneficiary is set forth in the Schedule of Benefits, which defines the Coverage provided to the Beneficiary by specifying the Covered healthcare services, the applicable Aggregate Policy Limit and Sublimits, any specific exclusions, and any special terms applicable at the level of service or benefit, Network and Territory of Cover.

8.1 Aggregate Limit:

The total MVHI Aggregate Policy Limit in sum of all utilized Healthcare Services is set at QAR 150,000. This defines the aggregated maximum Coverage the Insurance Company is liable for in total during the MVHI Policy's validity (see Schedule of Benefits - Annexure 7.1 for more details).

8.2 Emergency Transportation by Ambulance

Ambulance transportation for Accident and Emergency related Medical Assistance, Evacuation of incapacitated MVHI-Members to the Beneficiary's country of residence, and Repatriation of Mortal Remains are covered.

8.3 Accident and Emergency related Medical Assistance:

8.3.1 The Accident and Emergency related medical assistance Benefits of the MVHI Policy additionally Covers - where Medically Necessary - the Emergency transportation under continuous medical supervision ("Evacuation") of any eligible incapacitated MVHI Member's country of residence, up to a sublimit of QAR 35,000 per Policy period.

8.3.2 Where medically necessary, and the Beneficiary is deemed "unfit to fly" but "stable for Medical Evacuation" such an Emergency Evacuation must be initiated by the treating healthcare provider by submitting a request to the Beneficiary's MVHI-Policy issuing Insurance Company.

8.3.3 Precondition for such an Emergency Medical Evacuation is the written informed consent of the Beneficiary or if incapacitated, of his/her authorised next of kin.

8.3.4 Prior authorization by the Insurance Company shall depend upon the sufficiency of the remaining Coverage balance in consideration of the Beneficiary's Aggregate MVHI Policy Limit and the applicable Sublimit for Emergency Assistance (of QAR 35,000). Where the remaining balance does not suffice, the Insurance Company shall only be obliged to Cover the Cost of such an Emergency Evacuation up to the remaining Aggregate Policy Limit or Sublimit balance has been consumed (whichever comes first).