

Chedid & Associates Qatar LLC

Key Information Document – Individual Medical Insurance

When I apply for Medical Insurance, How I should fill out the Application/Medical Questionnaire Form?

You should ensure that all answers and statements are complete, true and correct to the best of your knowledge. Non-disclosure or Misrepresentation of any material fact including but not limited to declaration of medical conditions may invalidate the quotation terms, health insurance policy and/or coverage of any undeclared medical condition.

When I apply for Medical Insurance and provide necessary documents, what is the inception date of cover?

Once your Application Form is reviewed and approved by the insurance company, you will receive a notification from Chedid & Associates Qatar along with a final quotation and an underwriting form (if applicable) to be signed and returned along with premium payment. Afterwards, the insurance company will confirm inception of cover and issue the policy documents.

Am I covered for the treatment of an illness/symptom I have had before the start of Insurance cover?

Some insurance companies exclude coverage on the pre-existing illnesses for certain period at the starting of the policy or cover it up to a certain limit. Kindly check the quotation for the clause of Pre-existing Conditions before you select your plan.

Am I Covered for Cancer, High Blood Sugar (Diabetes), High Blood Pressure (Hypertension), High Blood Cholesterol (Hypercholesteremia) diseases?

These diseases are classified as chronic medical conditions and may exist in your body before the policy inception date; accordingly, you should refer to your table of benefits under the Pre-existing and Chronic Conditions section.

What is meant by Pre-Existing Condition, Waiting Period and Deductible?

Pre-Existing Condition means any health condition because of injury or illness that you have prior to the inception of your medical insurance program.

Waiting Period is a period during which you and your dependents are not entitled to cover for a particular benefit. If a waiting period applies to a benefit, it will be indicated accordingly on the Table of Benefits. Waiting period also applies to any extended cover and starts from the joining date of the member.

Deductible means the first amount out of a claim must be borne by the insured person before the relevant benefits are payable under the policy.

What happens if I need Medical Procedure/Treatment?

Firstly, please check whether your plan covers such procedure or treatment. For further assistance and queries, you may call the helpline numbers stated on the back side of your membership card.

What are the Policy Exclusions/Limitations?

These are the medical conditions, procedures and treatments which are not covered under the policy unless confirmed otherwise in the Table of Benefits. Kindly refer to the list of Exclusions under your insurance policy.

What is meant by In-patient & Out-patient Treatment?

In-patient Treatment refers to treatment received in a hospital where an overnight stay is medically necessary. Out-patient treatment refers to treatment provided in the practice or surgery of a medical practitioner, therapist or specialist that does not require the patient to be admitted to hospital.

Which hospitals/clinics can I use inside and outside Qatar?

To avail a cashless/direct settlement of your claim, you should visit a network provider.

Kindly refer to your table of benefits to determine the network providers list you are entitled for. This list is frequently updated, and these details can be obtained from the insurance company or Chedid & Associates Qatar.

What is meant by Emergency?

Emergency: can be affirmed in case of an accident, a disaster, or any sudden beginning or worsening of a severe illness resulting in a medical condition that presents an immediate threat to your life and therefore requires urgent medical intervention.

Whom do I call at the time of an Emergency condition?

All insurance companies have a customer service desk/help line or a specifically appointed representative who would help. At the time of emergency or for any query, please call the help line numbers on the back of your insurance card.

If you failed to get a response to your query within a reasonable time, please immediately call the customer service representative of Chedid & Associates Qatar to assist you further whenever feasible.

Who decides if my medical condition is covered under insurance?

In line with the internationally accepted medical guidelines, the insurance company concerned staff will determine if the treatment of your condition is covered under your insurance plan or not, subject to the policy terms and conditions, exclusions and table of benefits under your plan. The concerned insurance company staff may refer also to the fulfilled Application Form. therefore, please ensure that all existing medical conditions/symptoms are declared in the Application Form to the best of your knowledge.

Can I have cover for Pregnancy related expenses?

Yes, some individual plans will offer cover for pregnancy related expenses. However, please note that commonly insurance companies impose a waiting period (9-12 months) on maternity (pregnancy related) benefits. Accordingly, if you opted for a plan which includes maternity, all benefits (including inpatient and outpatient expenses) will be available only after completion of the waiting period specified under your Table of Benefits.

Can I have cover for Routine Dental Expenses?

Yes, some individual plans offer routine dental benefits for which either the cost is built in the annual premium amount or an additional premium per member is charged by the insurance company. Kindly refer to your quote or consult our customer service team to check for any waiting period specified under your Table of Benefits.

Can I have cover for Vision Tests and Prescribed Glasses (Optical) expenses?

Yes, some individual plans offer optical benefits for which either the cost is built in the annual premium amount or an additional premium per member is charged by the insurance company. Kindly refer to your quote or consult our customer service team to check for any waiting period specified under your Table of Benefits.

Can I claim for Periodical Routine Check-ups?

Yes, some individual plans offer preventive care such as routine check-up cover for which either the cost is built in the annual premium amount or an additional premium per member is charged by the insurance company.

Are Psychiatric Illnesses covered under my insurance plan?

Some individual plans include cover for psychiatric conditions up to a specified limit. Kindly refer to the policy Table of Benefits.

Are Vaccinations covered under my insurance plan?

Kindly refer to your Table of Benefits to determine if this benefit is covered under your insurance plan. Some individual plans include vaccinations for children up to 6 years age up to a specified limit.

What to do if I am admitted in a hospital or visited a clinic which is not included under the provider network list?

The treatment in a non-network hospital or clinic is subject to the policy terms, conditions, exclusions (the same as inside the designated provider network).

Furthermore, the insured would require a pre-authorization from the insurance company to ensure that the proposed medical expenses are covered. Kindly refer to the reimbursement procedures, the documents required in this case, and the deadline for intimating your claim to the insurance company.

Please refer to Table of Benefits and Policy Wording to understand the exact definitions, terms, conditions of your Health Insurance Policy/Plan.