



Jubilee General Insurance Company Limited

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SEHAT SARMAYA HEALTH COVER

**(FOR MB ACCOUNT HOLDERS &
FAMILY MEMBERS)**

PREAMBLE

This Policy is granted by Jubilee General Insurance Company Ltd. (hereinafter called "the Company") to the person(s) described in the Policy schedule as the Policy Owner(s) on the life of the person mentioned therein as the Life Assured.

The proposal, declaration(s), and any statement(s) made by the Policy Owner(s) and Life Assured in connection with this Policy shall be the basis of this contract, which provides that in consideration of receipt and realization by the Company of the Premium mentioned in the Policy Schedule, the Company will pay to the Life Assured, Nominee(s), successors(s) or assignee(s) of the Policy Owner(s), the specified Benefit Assured on the happening of the event described in the Policy Schedule as the Event Assured Against.

The liability of the Company is at all times subject to the Policy Schedule, Standard Policy Conditions and any special conditions or endorsements issued by the Company and attached to this Policy, all of which are part of the contract evidenced by this Policy.

(*) Jubilee General Insurance Company is registered and supervised by the Securities and Exchange Commission of Pakistan.

SCHEDULE OF BENEFITS

Coverage Description	
Hospitalization limit	PKR 400,000
Room & Board entitlement (Per day)	PKR 8,500
Age Limit (Next Birthday Basis)	Entry Age: 18-60 years Renewal up to 65 years Children 02-24 Years
Accidental Hospitalization	Covered
Hospitalization Coverage: -Pre-Hospitalization Diagnostic Charges (30 days prior to Hospitalization) -Post-Hospitalization Follow-up Charges (30 days after discharge) -Physician/ Specialist's Consultation Charges during Hospitalization -Nursing Care during Hospitalization -Intensive Care Unit (ICU) and Surgical Operation Charges -Diagnosis, Treatment and Medicine Expenses during Hospitalization -Miscellaneous Hospital Expenses -Day-care Surgery Charges	Covered
Pre-existing Condition (45 days Waiting Period applied)	45 Days (PEC not covered for some conditions as mentioned below in major conditions & exclusions)
Specialized Investigations Outpatient Cover: (Magnetic Resonance Imaging (MRI), Computed Tomography (CT) Scan, Endoscopy. Thallium Scan, Angiography)	Covered
Treatment of Fractures & Lacerated Wound, Local Road ambulance for accidental emergencies only.	Covered
Emergency Dental Treatment due to Accidental Injuries within 48 hours for pain relief only)	Covered
Treatment for Interferon Therapy for Hepatitis B&C	Covered
Ambulance Charges (Per visit)	3000/=
Burial Charges	10,000/-
Loss of Income during Hospitalization (Patient should be confined within a hospital for at least 7 Consecutive days & Benefit will be payable for admitted days only of each hospitalization).	1000/- per day
Online OPD Benefit – Through SEHAT KAHANI Free consultation (Phone, Chat & Video accessibility for medical concerns)	Covered

Period of Insurance – 12 Months (from the date of Policy issuance)

Maternity Coverage (optional Benefit):

Maternity - Normal/C-Section (Waiting period 60 days)	PKR 100,000/=
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Coverage will only be available if opted separately as a rider along with the policy – with payment of rider's premium.

SECTION I - GENERAL POLICY TERMS

ENTIRE AGREEMENT

This Policy, the application of the Policy Holder, endorsements and riders, if any, and the list of Insured(s) attached hereto, constitute the entire contract between the Company and the Policy Holder.

ALTERATIONS TO THIS POLICY

The terms, conditions and benefits provided by this Policy may be altered at any time by the Company. All such alterations shall be communicated to the Policy holder in writing and deemed to be an endorsement of the Policy and shall be binding on all insured under the Policy.

REQUIRED INFORMATION / CLERICAL ERRORS

The Policy Holder shall furnish to the Company all information that may be required by the by the Company with regard to any matter pertaining to the Policy. All documents and records that may have a bearing on the benefits or premium rates provided by this Policy shall be open for inspection by the Company at all times during the continuation of this Policy.

Neither clerical error, by the Policy holder or by the company, in maintaining any records concerning the insurance hereunder, nor delays in compiling such records shall invalidate insurance otherwise validly in force or continue insurance otherwise validly terminated, or establish any insurance not otherwise in existence, but upon discovery of such error or delay an equitable adjustment of premium shall be made.

REFUSAL OR ACCEPTANCE OF APPLICATION

The Company reserves the right to refuse any application without giving any reason or to accept application on any special terms which the Company may require.

EVIDENCE OF AGE

The Company reserves the right at any time to request evidence of the age of any Policy Holder or of any person who has applied to join this, Policy.

MISSTATEMENT OF FACTS

If relevant facts pertaining to any Insured concerned with Insurance under this Policy shall be found to have been misstated fraudulently, by the Policy Holder, then Insurance of the insured shall be void and no refund would be given in this case

ELIGIBILITY

The Policy holder when applying for coverage applies to cover himself/herself and/or dependents i.e., spouse and children if included. (per percent basis)

Insurance for an eligible Policy Holder shall commence under the provisions of this Policy only if the Company approves of his evidence of insurability. Such evidence shall be furnished, at no cost to the Company, through the Policy Holder, in a form satisfactory to the Company. The eligible Policy Holders should be Actively at Work and below the Maximum Eligibility Age.

Eligibility Age for Adults: 18 to 60 years (next birthday basis)

Eligibility for Children: 02 to 24 years (next birthday basis)

AMOUNTS OF INSURANCE

The amounts of Insurance for the benefits provided by this Policy to each Insured person shall be determined in accordance with the plan of benefit stated in the Schedule of Benefits.

EFFECTIVE DATES OF INSURANCE

The effective date of a Policy Holder's Insurance will be the date on which the Company approves the Policy Holder's evidence of insurability.

Notwithstanding the foregoing, no Insurance shall become effective on a date when a Policy Holder is not Actively at Work because of a disability resulting from Sickness or Injury. In such case, the Company shall require the Policy Holder to furnish evidence of Insurability for himself in the manner aforementioned, after he returns back to Actively at Work status.

The effective date of initial Insurance shall be determined by the Company on the basis of such evidence of insurability and communicated to the Policy Holder in writing.

TERMINATION OF A POLICY HOLDER'S INSURANCE

All Insurance of any Policy Holder under this Policy shall cease at the earliest of the following times:

1. Upon termination of this POLICY
2. Upon the Policy Holder attaining the Maximum Eligibility Age.
3. Upon any other date on which Policy Holder ceases to be eligible for Insurance.

The Company also reserves the right at any time to terminate the Insurance of any Policy Holder after giving notice in writing to the Policy Holder if he/she insured by this contract has at any time fraudulently:

1. Misled the Company by miss-statement or concealment.
2. Agreed to any attempt by a third party to obtain an unreasonable pecuniary advantage to the Company's detriment.
3. Failed to act with the utmost good faith.

PREMIUMS/RENEWALS

All Premiums are payable yearly in advance at the headoffice through the banking partner, i.e. debited from the customer's account. Failure to pay any Premium on or before its due date shall constitute default hereunder.

The Policy Holder shall pay the Premium; the first Premium is due on the Policy Effective Date and will continue the Policy for a term of twelve months. Thereafter, at the consent of the Company, this Policy may be renewed from year to year, on such terms and conditions and on payment of such renewal Premiums as the Company may determine. The Company reserves the right to decline to renew the Policy.

For renewals, the Company is under no obligation to notify you of the renewal date of the Policy, however a Grace Period of 30 days is permissible, and the Policy will be considered as continuous.

For renewals received after the completion of 30 days' grace period, a new application shall be submitted to the company, and it would be processed as a fresh enrollment.

FREE LOOK PERIOD

Policy Holder has a period of 14 days from the date of receipt of the Policy to review the terms and conditions of this Policy. If Policy Holder has any objections to any of the terms and conditions, Policy Holder has the option of cancelling the policy stating the reasons for cancellation. If the policy holder has not made any claim during the free look period, Policy Holder shall be entitled to the refund of full premium.

TERMINATION OF POLICY

The Policy Holder cannot terminate the Policy after Free Look Period.

The Company reserves the right to terminate the Policy, by giving a 15 days' written notice to the Policy Holder or add or alter or repeal the terms and conditions hereof for whatever reasons. In the event of the termination of this contract by the Company, the premium shall be refunded for the unutilized period of the policy.

If POLICY is cancelled by the Policy Holder within the Free Look Period, full Premium will be paid to the Policy Holder as settlement benefit.

There will be no benefit if any claims have been made under the Policy.

POLICY HOLDER'S OBLIGATIONS

The Policy Holder undertakes to reimburse the company within 30 days for any expenses or losses incurred by the company in respect of Treatments by insured Persons which were not covered by the terms and conditions of this Policy, including but not limited to payments in excess of the applicable benefit limits; payments in cases where a Policy exclusion applies and payments incurred after the termination of coverage of a Covered Person or termination of this Policy.

The Policy Holder undertakes to reimburse the Company for any expenses or losses incurred by the company due to the failure by the Policy Holder to discharge its responsibilities under the Policy, including any unauthorized use of the Company's Health Card.

The Policy Holder will reimburse the Company for any benefit paid or expenses or losses incurred on account of any Pre - existing Condition beyond the extent mentioned in the schedule of benefits.

FRAUD

If any claim shall be false or fraudulent in any respect, Then the Company will be entitled to undertake any or all of the following actions:

1. Refuse to pay any benefits in relation to the Claim.
2. Cancel the Policy immediately, without returning the Premium payments made.
3. Recover any monetary amounts already paid.

WAIVER OF AGREEMENT PROVISIONS

The waiver by the Company of any provisions of this Policy or the introduction of any change in interpretation or practice of any terms or conditions of this Policy shall not prevent the subsequent enforcement of those provisions, terms or conditions and shall not be deemed to be a waiver of any similar provisions of this Policy or change in interpretation or practice of any similar terms or conditions of this Policy.

TERRITORIAL LIMITS

This Policy is meant to cover treatment within Pakistan only.

ARBITRATION

Any difference which may arise between the Company and the Policy Holder and cannot be settled amicably shall be settled by arbitration in accordance with the statutory provisions for the time being in force applicable thereto and the obtaining of an award shall be a condition precedent to any liability of the Company or any right of action against the Company.

APPLICABLE LAW

This Policy, and all rights, obligations and liabilities arising hereunder, shall be governed and interpreted in accordance with the Laws of the Islamic Republic of Pakistan.

CUSTOMER SERVICE & GRIEVANCES REDRESSAL

- i. In case of any query or complaint/grievance, claims, Policy Holder may approach office at the following address:

Health Insurance Administration Office
PNSC Building, 2nd Floor, M.T.Khan
Road, Karachi-74000, Pakistan
Phone 021-35657885-6
E-mail: customer.services@jubileehealth.com

- ii. In case Policy Holder is not satisfied with the decision of the above office, or have not received any response within 10 days, then Policy Holder may contact the following office for Resolution:

Jubilee General Insurance Company Limited
3rd Floor, Jubilee Insurance House, I.I.
Chundrigar Road, P.O. Box 4795, Karachi-
74000, Pakistan
UAN: 111-654-111, Ext: 2532/2535
Tel: (021) 32402004-09, (021) 32426883
Fax: (021) 32402003
Email : bancassurance@jubileegeneral.com.pk
Website: www.jubileegeneral.com.pk

SECTION II - BENEFITS - TERMS, PROVISIONS & EXCLUSIONS

HOSPITAL CARE BENEFIT

Subject to the expense limits under Hospitalization Expense Benefits as stated in the Schedule of Benefits, and other terms and conditions of the Policy, the Company shall pay for Reasonable and Customary charges for all Medically Necessary Treatment, provided on the advice of a Physician to the insured during Hospital Confinement OR if the Policy Holder undergoes a Surgical Operation without being registered as a bed patient. The following benefits are payable:

1. **Daily Room Benefits:** The room charges per day, as per the sub limit specified in the Schedule of Benefits.
2. **Intensive Care Unit Charges:** The charges per day for ICU or another unit for similar purposes, as per the sub limit specified in the Schedule of Benefits.

3. Hospital Miscellaneous Expenses:

Expenses which are made for the following:

- a. Prescribed medical supplies and services (except room charges and charges arising from special nursing services),
- b. Physicians' and surgeons' visits,
- c. Laboratory tests and X-ray examinations,
- d. Operation theatre charges,
- e. Anesthesia and administration thereof,
- f. Blood transfusions, including cost of blood, provided, however, that if the Policy Holder is confined as a registered bed-patient, benefits shall be paid hereunder only for charges incurred during the period for which benefits are payable under (1) above,
- g. Physiotherapy,
- h. Ventilator and allied services.

4. **Surgical Expenses:** Fee for any Surgical Operation, performed by a licensed Physician/ Surgeon.

5. **Day Care Surgery Expenses:** Charges incurred for surgical operations on a pre-planned basis without an overnight stay in a hospital.

6. Pre and Post Hospitalization Expenses:

Reasonable and Customary charges for all Medically Necessary Out-Patient Treatment, which are directly related to the cause of hospitalization, provided on the advice of a Physician to the Policy Holder, occurring while the Policy Holder is covered under the Policy. The benefit is restricted to the number of days before and after the hospitalization and the sub limit for such expenses, as specified in the Schedule of Benefits. The following benefits are payable:

- Physician's fee.
 - Cost of prescribed medicines.
 - Cost of Laboratory Tests.
 - Dressing Charges, stitch removal.
- Expenses for any Pre / Post hospitalization Outpatient Treatment related to pregnancy are excluded from the scope of this benefit

7. **Ambulance Service Expenses:** Expenses incurred for the use of a road ambulance for the transportation of the Policy Holder to or between Hospitals within the same city in the course of an Emergency.

8. **Specialized Investigations Outpatient Expenses:** Subject to prior approval, expenses for the following, to facilitate a Treatment and only on advice of a Physician:

- a. MRI
- b. CT scan
- c. Endoscopy
- d. Thallium Scan
- e. Angiography

9. Ambulance Charges:

Ambulance Charges are payable for the expenses incurred by the Insured Person for transportation by a licensed road ambulance service from the place of occurrence of an illness, injury, or medical emergency to the nearest Hospital. Such charges are only admissible when medically necessary and shall be subject to the limits specified in the Benefit Table of this Policy.

10. Burial Charges:

expenses incurred towards the funeral, burial, or cremation of the Insured Person, payable upon death of the Insured Person, subject to the limits specified in the Policy.

11. Loss of Income Benefit:

In the event of loss of income arising from hospitalization, a Benefit shall be payable to the Insured Person, provided that the Insured Person is continuously confined in a Hospital for a minimum period of seven (7) consecutive days. The Benefit shall be limited to the actual number of days of such confinement, multiplied by the applicable per-day limit specified in the Benefit Table.

12. Maternity Benefit (optional):

Maternity Benefit Coverage shall be provided up to the limit specified in the Benefit Table for expenses incurred by the Insured Person at a Panel Hospital in connection with pregnancy, childbirth (including normal delivery or cesarean section), and medically necessary post-natal care of the mother.

This Benefit shall be subject to a waiting period of sixty (60) days from the Policy inception date and shall be admissible only if the Insured female is not pregnant at the time of Policy inception and does not conceive within sixty (60) days of enrollment.

Expenses related to voluntary termination of pregnancy (except where medically necessary to save the life of the mother), infertility or assisted reproductive treatments, and complications arising from such procedures shall be expressly excluded from this Benefit.

It is an optional benefit and can only be purchased if all the family members (like Spouse and kids) of the female insured in the policy.

PROCEDURE OF OBTAINING BENEFIT

For inpatient benefits only, the Company on behalf of the Policy Holder Takaful Fund will arrange the Treatment on credit/Cashless basis and has made credit arrangements with a number of Approved Hospitals, a list of which is attached to the Policy.

This credit arrangement is subject to prior approval from the Company as per the following procedure:

In case Hospital Confinement is advised by a Physician, the Policy Holder must first seek approval from the Company at least 03 days in advance, by submitting a duly filled prior approval form with details of the Treatment / procedures to be carried out. Once the Treatment is approved, the Company would then coordinate with the Panel Hospital to arrange credit for the approved Eligible Expenses.

Each Policy Holder will be issued with a health card, outlining briefly the services covered under the Policy along with the family details of the Policy Holder.

At the time of commencement of Hospital Confinement at a Panel Hospital, the Policy Holder should present his health card to the Panel Hospital and show proof of identification of the person for whom treatment is being sought, national identity card, in case the patient is an adult and NADRA's computerized 'B' form in case of a minor. All eligible expenses (as defined in this Policy) will be settled directly by the Company to the Panel Hospital, in line with the approval. The Policy Holder shall pay all expenses other than the eligible expenses directly to the Hospital before discharge of the Covered Policy Holder.

NOTIFICATION IN CASE OF AN EMERGENCY HOSPITAL CONFINEMENT

In all Emergency Hospital Confinement(s), whether in a Panel Hospital, the Company should be intimated within 24 hours of such Hospital Confinement. Intimation to the Company shall mean intimation given by or on behalf of the Policy Holder to the Company at its Head Office, with information sufficient to identify the Policy Holder, the Hospital and the Physician.

In case any of the above procedures are not followed, the Company reserves the right to either negate or reduce the benefit amount for such Hospital Confinement(s).

CLAIMS

In case of hospitalization at a Panel Hospital. Reimbursements can be claimed for Pre and Post hospitalization expenses only – within the hospitalization limits stated in the benefit table. Fully completed Claim Form together with required supporting information/documents such as discharge summary, prescriptions, payment receipts, itemized hospital bill, any other relevant supporting document where applicable etc. Must be submitted to the Company, in original, within 30 days of the date of commencement of the event.

which gave rise to the claim. Photocopies are not acceptable. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to provide proof within such time, provided such proof is furnished as soon as reasonably possible and in no event later than 90 days from date of such loss. No action in law or equity shall be brought to recover under the Policy until after the expiration of 90 days from the date Proof of loss has been furnished in accordance with Policy conditions.

No such action shall be brought after the expiration of one year from the time written proof of loss is required to be furnished

EXAMINATIONS

The Company shall have the right and opportunity through its medical representative to examine the Insured when and as often as it may reasonably require during the pendency of a claim hereunder. The expenses of such examinations shall be borne by the Company.

BENEFITS & THEIR PAYMENT

The benefits payable by the Company in respect of the expenses incurred for the treatment provided to an Insured during the Policy period shall be limited to:

- i) Reasonable and Customary charges for the treatment &
- ii) The Insured's benefit limit stated on the Schedule of Benefits.

The benefits, payable under the terms of this Policy, which have not been paid directly by the company to the Panel Hospital, shall be paid to the Policy Holder (specific to pre and post hospitalization expenses)

CURRENCY OF PAYMENT

All payments under this Policy shall be made in the legal currency of Pakistan.

NON-DUPLICATION OF BENEFITS

If the Insured is entitled to indemnity from any other source in respect of the same Disability, including but not restricted to indemnity from another group or individual health Insurance/Takaful Coverage, then the Company only pay reimbursement on a proportionate basis. The Company has full rights of subrogation and may undertake legal proceedings in the Insured Person's name, but at the Company's own expense, to recover for the Company's benefit from the other Insurance/Takaful Company, any payment made by the Company.

EXCLUSIONS

The exclusions in this section are in addition to any other exclusion that may be contained in a specific benefit section.

This Policy does not cover, and no benefits shall be paid for expenses resulting from:

1. This coverage is offered for individual account holder & their spouses, children only
2. Pre-existing conditions of the insured persons will be covered after a waiting period of 45 days from commencement of the policy. Except for Accidental injuries.

This does not apply to any subsequent and continuous renewal of the Policy.

pre-existing coverage will not cover the following diseases:

- a) Congenital Diseases
- b) Renal Failure
- c) Cancer
- d) Chronic Liver Diseases
- e) Strokes
- f) Recurrent Heart Failure
- g) Hernia
- h) Cataract Surgery
- i) Dialysis
- j) Kidney Stone
- k) Treatment of Fracture

3. Hospital facility is available to all subject to their room and board limit:

If the expense is above the minimum room limit of the hospital it will be catered on insured's own additional expense.

Following hospitals are excluded from Hospital Panel list.

- Aga Khan Hospital – Main – Karachi,
- South City Hospital - Karachi,
- OMI – Karachi, National Medical Centre – Karachi,
- Doctor Hospital & Medical Centre – Lahore,
- IMC Hospital Lahore,
- Hameed Latif Hospital – Lahore,
- Shifa International Hospital – ISB,
- Kulsum International Hospital ISB,
- Maroof International Hospital – ISB.

4. Any Treatment not recommended by a legally licensed Physician or which is not medically necessary.
5. Mental illnesses, psychiatric disorders and any sickness or condition arising from, and including drug abuse, alcoholism or a Policy Holder's criminal act.
6. Routine physical check-ups, rest cures, services including immunization.
7. Supply or fitting of eyeglasses, contact lenses, hearing aids, wheelchairs and medical appliances not required surgically.
8. Any In-Patient dental Treatment, X-rays, extractions or fillings unless necessitated due to accidental injury occurring while the Policy Holder was covered.
9. Cost of limbs/ prosthetics/ hearing aids/ crutches/ dentures and any other organ.
10. Treatment of any refractive errors of the eyes including cost of procedures such as 'Radial Keratotomy' and 'Excimer Laser'.
11. Weight reduction/enhancement programs.
12. Any cosmetic, aesthetic Treatment or plastic surgery, unless necessitated due to accidental injuries occurring while the Policy Holder was covered under the scheme.
13. Injury or illness, due to war or due to active participation in riots or civil war or civil commotion.
14. Self-inflicted injuries while sane or insane, including attempted suicide.
15. Engaging in air travel, except when travelling in a licensed aircraft being operated by a licensed airline according to published schedules.
16. Any kind of inpatient treatment which could Generally be done on an Outpatient basis or any Hospital Confinement primarily for diagnostic purposes, unless specifically authorized by the Company in writing.
17. Treatment or surgical operation for congenital anomalies, defects or deformities, including physical and mental defects present from birth.
18. Pregnancy and complications thereof, childbirth (including surgical delivery), miscarriage, abortion and/or any related prenatal or postnatal care.
19. Treatment of infertility, impotency, sterilization & contraception including any complication relating hereto.
20. Treatment for injuries sustained as a result of participation by the Policy Holder in any dangerous sport, pastime or competition, including but not restricted to riding, driving in any race or competition and engaging in professional sport.
21. Any increase in the expenses incurred for the treatment on account of the Policy Holder being admitted to a more expensive room than allowed by his daily room rent limit.
22. Treatment for injuries sustained as a result of participation by the Policy Holder in an act which is illegal according to the laws of Pakistan.
23. Any Outpatient Treatment, except the one covered under the sub limit for Accidental Outpatient Expense Benefit.
24. Any charge in respect of the donor for any organ transplant claim.
25. Any experimental and/or unproven Treatment.
26. Any MSO Benefit.
27. COVID -19 related covered expenses will be excluded for non-vaccinated individuals, over the age of 18.
28. Subject to the compliance of all regulatory requirements with regard to Bancassurance products, if any
29. Company will provide a 'Health Card/Digital Health Card' which can be utilized for hospital admissions and also discounts can be availed at Labs all across Pakistan.
30. Credit Facility (Cash less) will be available over panel hospitals only.

SECTION III DEFINITIONS

For the purpose of this Policy the following words shall have the meaning as under, wherever they appear in the Policy document:

'Actively at Work' means that a Policy Holder will be considered to be Actively at work on any day if he is then performing or is capable of performing in the customary manner all of the regular duties of his employment on the last scheduled working day.

However, Maternity can be opted as Optional Rider will be available exclusively to policy holders whose family is also covered, including both spouses and any dependent children.

A person will be considered to have satisfied the Active at work provisions on any day if he is then able to perform all the normal activities of a typical person of the same age and sex, and is confined neither at home nor in a Hospital or any other medical facility.

'Company' means Jubilee General Insurance Company Ltd.

'Covered Family' subject to the payment of the required Premium, includes the Policy holder and, his Dependents, as defined herein, provided such coverage has been applied for and has been approved by the Company and is in force under the provisions of this Policy.

'Dependent' means: The Policy holder's legal spouse, up to the Maximum Eligibility the Policy holder's unmarried children, up to the Maximum Eligibility Age, who are not gainfully employed as full-time employees, and are financially dependent on the Policy holder for the necessities of life, unless in case of a dependent daughter who may be covered till she gets independent by way of marriage.

'Disability' means a Sickness or Injury necessitating medical treatment by a licensed physician.

'Eligible Expenses' means expenses incurred on treatment by a covered person that are payable by the Company and which are:

- a) Reasonable and Customary
- b) Medically Necessary
- c) Within Policy coverage and limits; and
- d) Not excluded under any of the terms and conditions of this Policy.

'Emergency' means a sudden illness or injury which raises a professional concern that there may be a significant medical problem jeopardizing the Policy Holder's life and which necessitates Treatment which must not be delayed, and which requires confinement to the emergency facility of a hospital.

'Health Card' means the identification card issued to the Policy Holder.

'Hospital' means an institution that:

- a) is properly licensed to provide medical care in accordance with the laws of Pakistan.
- b) is primarily engaged in providing diagnostic, medical and surgical facilities.
- c) has 24 hours-a-day nursing service by registered graduate nurses under the permanent supervision of the Physician in charge.

- d) maintains in-patient facilities; and
- e) maintains a daily medical record for each of its patients, which is accessible to the Company.

'Hospital Confinement' means that a covered person is registered as a bed-patient in a hospital and incurs a daily room charge.

'Injury' means any bodily injury caused in an accident by violent, external and visible means, and which shall have occurred solely by and independently of any other cause.

'Limit Per Family' means the maximum amount payable to a family during the Policy Year

'Maximum Eligibility Age' means the maximum age to which a Policy Holder can be covered as under:

For an Adult	Entry Age: 18 – 59 years – with coverage up to 60 years
	Renewals up to 65 years
For Children	Entry Age: 02 – 24 years – with coverage up to 25 years

'Medically Necessary' means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:

- is required for the medical management of the illness or injury suffered by Policy Holder.
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity; and not just for the convenience of the Policy Holder must have been prescribed by a medical practitioner,
- must conform to the professional standards widely accepted in international medical practice or by the medical community in Pakistan

'Non-Panel Hospital' means any hospital, day care center or other provider that is not part of the network.

'Outpatient' means treatment is one in which the Policy Holder visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Policy Holder is not admitted as a day care or in-patient.

'Panel Hospital' means a hospital approved and identified by the Company to provide Treatment to covered Persons, and which is included in the List of Panel Hospitals attached to this Policy.

The list may be amended from time to time by mutual agreement between the Policy Holder and the Company.

'Physician' means an individual who is legally licensed in Pakistan, under a degree recognized by the Government of Pakistan, and who:

- a) is someone other than the Insured Person.
- b) is not related by blood or marriage to the Insured Person;
- c) is qualified to treat the Disability for which the claim is being made.

'Policy' means this agreement, its schedule (and any endorsements attaching to or forming part thereof) and the Policy document. Claims procedures, along with the application and any claim form.

'Policy Effective Date' means the date and time from which this Policy takes effect, and as shown on the Schedule of Benefits

'Policy Expiry Date' means the date and time when cover ceases.

'Policy Year' means a twelve-month period starting from the Policy Effective Date, or a

'Policy Holder' means a person so named in the Schedule of Benefits.

'Pre-existing Conditions' means any illness or injury or related condition for which treatment, or medication, or advice, or diagnosis was sought or received prior to the commencement of this Policy for the Policy Holder concerned OR which was known or reasonably should have been known to exist prior to the commencement of this Policy for the Policy Holder or in respect of which the need for treatment was foreseeable at inception of this Policy whether or not treatment or medication or advice or diagnosis had been sought or received.

'Reasonable and Customary Charges' means charges for Medically Necessary Treatment of a standard customarily provided for the medical condition concerned. Such charges should not exceed the general level of charges being made by other Hospitals or Physicians when giving like or comparable treatment, services or supplies to individuals of the same sex and of comparable age for a similar disease or injury. Regardless of whether medical treatment is obtained within or outside Pakistan Reasonable and Customary charges shall mean, what is Reasonable and Customary in the area of residence within Pakistan where the Policy Holder normally lives.

'Renewal Date' means any subsequent anniversary of the Policy Effective Date.

'Sickness' means a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the POLICY Period and requires medical Treatment.

'Surgical Operation' means only the following:

1. A cutting operation
2. Suturing a wound
3. Treatment of a fracture
4. Reduction of a dislocation
5. Radiotherapy (excluding radioactive isotope therapy) if used in lieu of a cutting operation for the removal of tumors
6. Electrocauterization
7. Therapeutic endoscopic procedures.

'Treatment' means a surgical procedure or medical intervention to cure a Disability.

The masculine pronoun shall be construed, as the feminine and the singular as plural if the context requires.

CONFIDENTIAL INFORMATION

All information provided should be kept for Company's use and will not be shared with third parties, vendors &/or contractors. Please note that Credit card information is also not stored by the Company and that the Company shall not be liable for any fraudulent usage of your Card. Company maintains secured technology processes to safeguard the information provided.

IMPORTANT

The Policy Holder should, for his own protection, examine this POLICY to ascertain whether it is in accordance with his intentions and correctly described, if any error or misdescription is found on the same should immediately be intimated to the Company for correction.

About Sehat Kahani

Sehat Kahani is a notable telemedicine platform in Pakistan, primarily focused on connecting home-based doctors with patients in areas where access to quality healthcare is limited. This innovative approach has been instrumental in addressing the healthcare needs of underserved communities while empowering female healthcare professionals.

Process:

Sehat Kahani operates through a network of e-Health clinics and a mobile application. The e-Health clinics are physical centers equipped with devices that link patients to doctors via Sehat Kahani's online platform. Community health workers or nurses at these clinics assist patients in using the system and facilitate online consultations. This model not only overcomes the shortage of primary care providers in Pakistan but also offers a more affordable healthcare solution for people in low-income communities.

The mobile application further extends these services, providing features like self-screening for Covid-19, access to treatment services, health information, referrals, and emergency medical responses. Patients can receive video consultations, making healthcare more accessible and convenient.

Product Features:

Access to Online Doctors

- Sehat Kahani Mobile Application equipped with a Panel of Healthcare professionals ranging from GP to Specialist Doctors.
- Objective: Enabling easy access to patients with primary healthcare needs, needing to access specialists
- Expected Outcome: To enable access to online physicians

Sehat Kahani E-Health App Solution

- Digital healthcare is accessible 24/7 anywhere with internet coverage
- Chat, Audio, and Video-Based Consultation
- Connect to a doctor in less than 60 seconds
- E-Prescriptions through In-App notifications as well as Email.
- Records health history and conducts medical consultations
- Unlimited Duration and Number of Consultations through instant consultation or Appointments

Global Network of Sehat Kahani Healthcare Professionals

- 7,000 healthcare professionals
- 81% Pakistan based and 19% international based

Value Added Services:

- Dedicated 24/7 Covid-19 response centers
- 24/7 Customer care services for immediate assistance

Process Utilization:

Sehat Kahani has been effective in reaching a large number of beneficiaries, providing more than 2 million consultations through its network of 49 E-Clinics and mobile health applications, benefitting around 3.2 million people cumulatively. The platform is utilized by more than 650 corporations and organizations across Pakistan.

Sehat Kahani stands out as a transformative healthcare initiative that leverages digital technology to make healthcare services more accessible and inclusive, particularly in underserved areas of Pakistan. Its focus on employing doctors and providing remote health services reflects a unique approach to addressing both healthcare accessibility and gender disparities in the medical profession.

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