Maternity cover (optional)

This cover includes: pre & post natal medical expenses (10%, subject to availability of the delivery limit) labour management. This benefit can be availed 10 months after the inception & is effective from the first day after renewal of the policy.

Claim process

In case of emergency hospitalization, you can use your TPL Life Wellness Card at any of TPL Life's network hospitals throughout the country & avail cashless service. In case of planned hospitalization/procedures you must inform TPL Life prior to admittance for pre-authorization. In case of treatment at a non-network hospital, the claim form for reimbursement must be filled after getting discharged & sent to our office with relevant supporting bills & receipts.

What is excluded under the policy?

The following conditions & healthcare services are not covered by TPL Life under this policy. In addition, any complications or subsequent treatment related to these exclusions are not covered.

- A Pre-existing conditions subject to the following:
 - Pre-existing conditions will only be covered after 4 years of consecutive renewal of the policy (without any break)
- B Pre-existing maternity & its related expenses subject to the following:
 - Maternity & its related expenses will be commenced after the first 10 months of the policy (waiting period) only if such benefit offered & is mentioned in the schedule of the policy
 - However, the waiting period will not be applicable in case of consecutive renewals of the policy (without any break)
- C Any birth defects or congenital illness
- D Any cosmetic treatment
- E Hospital admission for the purpose of conducting diagnostic tests that could be performed on the insured as an outpatient
- F Expenses arising from HIV or Aids & related diseases
- G Self-inflicted injury, attempted suicide, alcohol or drug addiction & participation in hazardous sports
- H Costs of donor screening or treatment including surgery to remove organs from a donor in case of transplant surgery
- 1 Any illness contracted within 15 days of the inception date of the policy except those that are incurred as a result of bodily injury. This exclusion doesn't apply for subsequent renewals within the company without a break.
- J Any treatment taken as an outpatient i.e. routine medical check-up etc.
- K Injury or treatment resulting from war, riots, strike, terrorism acts, nuclear weapon induced treatment
- Pregnancy & childbirth related diseases & complication thereof, childbirth (including surgical delivery) if maternity benefit is not availed
- M All dental treatment or oral surgery apart from Emergency Accidental Dental Treatment
- N Tests or treatment relating to fertility, infertility, contraception or sterilization & any complication relating there to
- Psychotic mental or nervous disorders (including any neuroses & their physiological or psychosomatic manifestations) or sexual reassignment (whether or not for psychological reasons)
- P Participation in or training for any dangerous or hazardous sport, pastime or competition or riding or driving in any form of race or competition or any professional sport
- Q Ionizing radiation or contamination by radioactivity from any nuclear fuel or nuclear waste, from the process of nuclear fission or from any nuclear weapons material
- R Pet scan
- S Preventive treatment, Vaccinations, antiretroviral drugs, dietary supplements, vitamins & hormone replacement therapy
- T Optical &/or vision care
- U Expenses for treatment other than Allopathic

What are my plan options?

TPL Life offers individuals & families 5 health insurance plans, the most extensive range of individual plans available in the market. These plans are available in various sum insured options with coverage ranging from Rs. 60,000 to Rs. 500,000.

	TPL LIFE INDIVIDUAL & FAMILY PLANS							
	TAHAFFUZ	RAHAT	AAFIYAT	SALAMTI	AARAM			
HOSPITALIZATION/R OOM & BOARD LIMITS BASIC HOSPITALIZATION CARE LIMIT ANNUAL LIMIT PER PERSON-INSIDE NETWORK HOSPITAL CO-PAYMENTS	PKR 60,000	PKR 100,000	PKR 200,000	PKR 350,000	PKR 500,000			
INSIDE NETWORK	NO CO- PAYMENT	NO CO- PAYMENT	NO CO- PAYMENT	NO CO- PAYMENT	NO CO- PAYMENT			
Outside Network Reimbursement (as per the nearest applicable network tariff)	With 80:20 Co-Payment	With 80:20 Co-Payment	With 80:20 Co-Payment	With 80:20 Co-Payment	With 80:20 Co-Payment			
		SUB-LIMI	rs					
DAILY ROOM & BOARD	1,000	1,500	G. Ward	Semi private	Private			
ICU room & board expenses Pre & post hospitalization expense benefits (before or after 30 days of hospitalization) Ambulance services expenses Specialized investigations (MRI, CT scan, Endoscopy &		COV	ERED (AT ACT	UAL)				
Thallium scan) Expenses for accidental emergency treatment (within 48 hours) per	10,000	15,000	20,000	35,000	50,000			
accident limit (PKR) Emergency evacuation sublimit	N/A	25,000	35,000	50,000	50,000			

MATERNITY COVER (OPTIONAL)*									
Normal delivery	10,000	15,000	25,000	30,000	50,000				
C-Section	15,000	22,500	37,500	45,000	75,000				
D&C	4,000	5,000	7,500	12,500	25,000				
*10 months waiting period will be applicable *Cover will be available, subject to policy will be bought for husband & wife (both)									
ENDOLMENT ELICIDITY									

or or this be aranabie, employ to penel this be beagin for his beautiful at the (beautiful)								
ENROLMENT ELIGIBITY								
COVERAGE AS FROM AGE AGE LIMIT AT ENROLMENT INSURABLE AGE LIMIT	FROM 6 MONTHS 70 AGE LIMIT 75 AGE LIMIT	FROM 6 MONTHS 70 AGE LIMIT 75 AGE LIMIT	FROM 6 MONTHS 60 AGE LIMIT 64 AGE LIMIT	FROM 6 MONTHS 60 AGE LIMIT 64 AGE LIMIT	FROM 6 MONTHS 60 AGE LIMIT 64 AGE LIMIT			
OTHER								
COVERAGE APPLICABLE TO		SELF, SPOUSE & CHILDREN ONLY						
GEOGRAPHICAL LIMITS		PAKISTAN						
MODE OF PAYMENT		ANNUAL						