

Azmat Health Insurance Plan



Good health is a blessing and a privilege to possess. It's important to value it, but also to not take it for granted. In case of any unforeseen events, you owe it to yourself and to your loved ones to have the best healthcare treatment available at your side. That is why Jubilee Life has introduced Azmat Health Insurance Plan.

This Plan aims at providing the insured with top-of-the-line Inpatient Hospitalisation and making sure that you can live stress free knowing that your healthcare needs have been secured.

Why should this Plan be your first choice?

This Plan will provide you with:

- Unmatchable Inpatient Hospitalisation Benefit to the insured
- Applicability of pre-existing conditions coverage
- 24/7/365 days round the clock service
- Accessible in all major hospitals across Pakistan
- Real value for money

The product provides Inpatient Hospitalisation Benefit to the Insured. Benefit limits are given below.

Inpatient Limit	PKR 2,000,000
Pre-existing Conditions Covered	Up to 40%
Room Type	VIP
Room Limit	PKR 70,000
Spouse and Children Cover	Yes

What is Inpatient Hospitalisation Benefit?

Any treatment and services provided for sickness injury and/or a surgical operation to a patient who is admitted to a hospital and is assigned a bed. Expenses that arise out of such an admission will be covered under Azmat Health Insurance Plan according to the Terms and Conditions mentioned in the Policy Document.

What is the term of Azmat Health Insurance Plan?

Azmat Health Insurance Plan is a yearly renewable plan. The policy term of this plan is 1 year. At the end of each year, the policy holder will have an option to renew the policy for another year subject to acceptance of Terms and Conditions offered by the Company. This plan is renewable up to 5 years.

What is the premium for this product?

The premium starts from a minimum for PKR 35,000 depending on the age of the Life Assured as per Policy Terms and Conditions.

The age-band wise premium under this Plan is provided in the table below.

Age Band		Premium
0	39	PKR 35,000
40	49	PKR 55,400
50	55	PKR 82,350

What is the Supplementary Benefit that is provided by this Plan?

Azmat Health Insurance Plan provides this optional benefit to its recipients.

Medical Second Opinion Benefit	This benefit offers you a choice of obtaining a second medical opinion from specialists located all over the world so that you can find correct diagnosis and a treatment plan which will help you make informed decisions about your life. For further details, please refer to the separate leaflet of MSO.
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Who is eligible for this Plan?

Anyone who is 1 month to 55 years of age can be insured under this Plan.

The Eligible Insured for this Plan includes the following.

The policy owner can select from three combinations of coverage.

1. Insurance for the Life Assured only
2. Insurance for the Life Assured and Spouse Only
3. Insurance for the Life Assured, Spouse and Children

FAQs

Q. What is a Pre-existing Condition?

A. 'Pre-existing Condition' means any injury, illness, condition or symptom.

- For which treatment or medication or advice or diagnosis has been sought or received or was foreseeable prior to the issue Date of the Policy for the Insured Person concerned, or
- Which originated or was known, or reasonably should be known to the Life Assured or the Insured Person to exist prior to the Issue date of the Policy, whether or not treatment or medication or advice, or diagnosis was sought or received.

Q. Is there a Free Look period under this Plan?

A. This Plan offers a Free Look period of (14) days starting from the date of issuance. You can apply for cancellation and refund of premium if you are not satisfied with the Terms and Conditions as long as the benefits available have not been utilised. Your premium will be refunded if a written request for cancellation is received within the Free Look period. Requests for refund should be communicated to our Customer Helpline (111 111 554).

Q. Is there a waiting period under this Plan?

A. Yes, the Plan has an initial waiting period of (30) days for sickness, during which claims will not be payable. The coverage for sickness under the Plan takes effect thirty (30) days after the later of the Policy Issue Date and the Last Alteration Date for attachment of Benefit Assured under this Policy. There is no waiting period in case of hospitalisation due to an accident.

Q. Would all expenses related to Pre-existing Conditions related expenses be covered from the 13th month from the commencement of the cover?

A. No. Pre-existing conditions will only be covered up to the percentage of the Annual Benefit Limit as mentioned in the below schedule.

Year-wise schedule of Pre-existing Conditions is given in the table below.

Year	Pre-existing Condition
1	0%
2	10%
3	20%
4	30%
5	40%

Q. Which network hospitals are available?

A. You can benefit from Jubilee Life's network of around 500 carefully selected hospitals spread across the country. Also, a hospital panel list shall be provided to you along with the Policy Document at the time of purchase of this Plan.

Q. What are the advantages of a network hospital?

A. In case of Hospitalisation you can select any of the network hospitals to obtain quality medical care without having to pay out of pocket. You can avail the credit facility arranged by Jubilee Life through a simple pre-authorisation procedure, and Jubilee Life will settle your bills directly to the hospital as per your entitlement. This relieves you from the financial distress, and you can concentrate on the recovery process.

Q. Which top approved hospitals are available in the main cities of Pakistan?

A. By opting for Azmat Health Insurance Plan, you have access to some of the best hospitals located in the main cities of Pakistan which includes the following.

City	Hospitals
Karachi	Aga Khan University Hospital (AKUH) Orthopaedic and Medical Institute (OMI) South City Hospital Liaquat National Hospital
Lahore	Doctors Hospital and Medical Center Hameed Latif Hospital
Islamabad	Shifa International Quaid-e-Azam International Hospital
Rawalpindi	Maryam Memorial Hospital
Faisalabad	Faisal Hospital Mujahid Hospital
Multan	City Health Care Pvt Ltd Fatima Medical Centre

Definitions

In-patient Hospitalisation: A patient admitted to the hospital for the treatment of medical condition.

Network Hospitals: Hospitals which are on the Jubilee Life panel list.

Inadmissible Conditions: Medical conditions which are not covered under Azmat Health Insurance Plan.

Pre-authorisation: Obtaining prior approval before incurring an expense for the treatment of medical condition covered under this product.

Important Notes

1. Treatment at any of the hospitals which are not covered in the 'Approved List of Hospitals' can only be availed in case of an actual emergency or accidental Hospitalisation.
2. For reimbursement of emergency/accidental Hospitalisation expenses incurred in a Non-Approved Hospital, the following procedure should be followed.
 - Inform JLI within 24 hours of Hospitalisation
 - Pay the hospital expenses
 - Submit the following documents to JLI within 30 days of discharge from the hospital.

- Complete Discharge Summary
- Hospital Invoice
- Doctors' Notes of Treatment
- Laboratory Reports
- Details of medicines used during Hospitalisation

*Settlement of claim will be made in line with the prevailing Terms and Conditions of this Document.

Additional documents can be requested by Jubilee Life for approval for reimbursement. Approval or reimbursement will be given following the decision by Jubilee Life's Physician that emergency services availed at the Non-Approved Hospital were medically necessary.

- All scheduled admissions must be reported to Jubilee Life at least 48 hours prior to admission.
- For emergency admissions, the hospital/Assured Person(s) will contact us within 24 hours for authorisation.
- An Azmat Health Insurance Plan health card shall be issued to the insured after enrolment. The Life insured must present this health card at the Approved Hospital (included in the List of Approved Panel Hospitals)
- An insured person on travel outside the country during short period business or holiday travel outside Pakistan (not exceeding 90 days in the aggregate during any one period of insurance) will be eligible for emergency medical benefits. All medical expenses will be on a reimbursement basis and will be within the Reasonable and Customary Charges for medical treatment of a standard type usually available in Pakistan.
- This leaflet is for illustrative purposes only. You are advised to refer to the illustration before purchasing a Plan and to the Terms and Conditions in the Policy Document for the details of the important features of the Plan.
- The Plan will cease on the earlier of:
 - Death of Life Assured
 - Life Assured indulge in fraud clause
 - The policy becoming lapse
 - Date of termination of the policy or termination due to any of the Standard Policy Conditions
 - Upon non-renewal of Plan within the grace period.
 - Policy anniversary falling on or preceding the 61st birthday of the Life Assured.

Exclusions

This policy does not insure, and no benefits shall be paid for expenses resulting from all and any of the following Exclusions.

- Any Pre-existing Condition will not be covered under the policy during the first Policy Year. For each subsequent Policy Year, the schedule of Pre-existing Condition as mentioned above shall be followed.
- Any treatment received in a 'Non-Approved Hospital' by the Insured Person. Use of 'Non-Approved Hospitals' and physicians who have not been authorised by the Company to provide treatment under this policy will invalidate the claim.
- Any treatment not recommended by a physician licensed and approved by the Pakistan Medical and Dental Council, or which is not medically necessary.
- Routine physical check-ups, rest cures services, including immunisation.
- Treatment of mental illness, psychiatric and psychological disorders, self-inflicted injury, suicide, abuse of alcohol, drug addiction, nicotine/smoking addiction, any form of intoxication or substance abuse.
- Supply or fitting of eye glasses contact lenses, hearing aids, wheelchairs and medical appliances not required surgically.
- Any dental treatment, x-rays, extractions or fillings unless necessitated due to accidental injury occurring and up to the extent of pain relief.
- Cost of limbs of any other organ (prostheses) or any kind of supporting equipment for revival or correction of the function of the body.
- Treatment of any refractive errors of the eye, including the cost of procedures such as 'Radial Keratotomy' and 'Excimer Laser'.
- Procedures and treatment for obesity, weight reduction/enhancement.
- Cosmetic/Plastic surgery, unless medically necessitated due to injuries occurring while the Insured Person was covered.
- Injury or Illness while serving as a full-time member of a police or military unit, including reservist service and treatment resulting from participation in war, riot, civil commotion, or any illegal or immoral act.
- Engaging in air travel, except when travelling in a licensed aircraft being operated by a license airline according to published schedules.

- Any kind of inpatient treatment which could generally be done on an outpatient basis or any hospital confinement primarily for diagnostic purposes, unless specifically authorised by the company in writing.
- Treatment or surgical operation for congenital defects or deformities, including physical and mental defects present from birth.
- Pregnancy and complications thereof, childbirth (including surgical delivery), miscarriage, abortion and /or any related prenatal or postnatal care, circumcision, etc.
- Treatment of infertility, impotency, sterilisation and contraception, including and complication relating hereto.
- Treatment of injuries sustained as a result of participation by the Insured Person in any dangerous sport, pastime or competition, including but not restricted to riding, driving in any race or competition and engaging in professional and contact sports.
- Any increase in the expenses incurred for the treatment on account of the Insured Person being admitted to a more expensive room than allowed by his daily room rent limit.
- Outpatient services.
- Experimental or pioneering or advanced medical and surgical techniques not commonly available and elected by the Insured Person in lieu of treatment usually and customarily provided for the medical condition concerned in Pakistan, except with the Company's prior approval in writing.
- Costs arising under any legislation which seeks to increase the cost of medical treatment and services actually received above charge levels which would be considered Reasonable and Customary Expenses in the absence of such legislation.
- Costs arising out of any litigation or dispute between the insured person and any medical person or establishment from who me treatment has been sought or given, or any other costs not specifically related to the payment of the medical expenses covered by the policy.
- Second opinions in respect of medical conditions which have already been diagnosed and or treated at the date such second opinions are obtained, unless considered by the Company's medical advisors to be reasonable and necessary having regard to the medical facts and circumstances except when opted for under the optional supplementary benefit 'M.S.O'.

- Sexually transmitted disease and any treatment or test in connection with Acquired Immune Deficiency Syndrome (AIDS) or any AIDS-related conditions or diseases.
- Services or treatment in any home, spa, hydro-clinic, sanatorium or long-term care facility that is not a hospital as defined.
- Continuance of fees from a referring physician after the date on which an Insured Person has been referred to another physician or specialist.
- Costs or treatment after an annual renewal date (Due Date) arising from accident, illness or death occurs during the previous period of Insurance except as hereinbefore defined.
- Costs or benefits payable under any legislation or corresponding insurance cover relating to occupational death, injury illness or disease. This policy is not in lieu of does not affect any requirement for coverage under the Workmen's Compensation Act.
- Any treatment or expense in respect of persons more than 75 years old at the date of the onset of the event giving rise to a claim, unless agreed otherwise by the Company in writing prior to the inception of the policy.
- This policy has a waiting period of thirty (30) days, during which claims arising due to Inpatient Hospitalisation (apart from Hospitalisation due to accident) will not be payable.

Disclaimers

- This product is underwritten by Jubilee Life. It is not guaranteed or insured by Bank Alfalah or its affiliates and is not a Bank Alfalah product.
- Jubilee Life is the underwriter and provider of this insurance policy and shall be responsible for settlement of claims to the insured customer(s) or beneficiary(ies).
- Our sales representative will provide a personalised illustration of benefits to you. Please refer to the notes in the illustration for detailed understanding of the various Terms and Conditions.
- Please refer to the Policy Documents for detailed understanding of the various Terms and Conditions.
- Supplementary Benefits may be available if the life insured is aged 55 years or less nearest birthday at the time of issuance.
- Bank Alfalah is acting as a distributor on behalf of Jubilee Life Insurance and is not and shall not be held responsible in any manner whatsoever to any person, including, but not limited to the insured customer(s), beneficiary(ies) or any third party.

Contact Details

In case of any complaint or for further details, you may contact:

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