

EFU Health Insurance Limited



Benefit Plan: A

Allianz EFU welcomes you to the exclusive club of its Health Insured member. For your convenience, we give below some of the details about your coverage up to:

WHO IS COVERED?

Full time Employees of S&P Global Pakistan Pvt. Ltd. and their spouses, both up to age 65. Dependant sons up to age 25, un-married daughters till marriage and parents till 80 years of age.

DESCRIPTIONS OF BENEFITS	POLICY PERIOD LIMITS
HOSPITAL CARE: For Employee, Spouse, Children and Parents <ul style="list-style-type: none"> Pays for in-patient hospitalization expenses including charges for room and board, medicines, consultation, surgical expenses, ICU/CCU and Lab Tests. 	PKR 500,000 For each Individual Insured Family Member
<ul style="list-style-type: none"> Sub-Limit for Room and Board Charges 	PKR 22,800 Per day
<ul style="list-style-type: none"> OTHER BENEFITS PAYABLE FROM HOSPITAL CARE: <ul style="list-style-type: none"> Pre & Post Hospitalization covering medicines, investigations and consultations up to 30 days. Day Care Surgeries/ Specialized Investigations covered: MRI, CT Scans, Thallium Scan, PET scan, EEG, EMG, ETT, Echocardiography / Stress Echo, Mammography, OCT, FFA, Bone Scan, Renal Scan, Thyroid Scan, All types of Biopsies, Barium Studies, DEXA Scan / Bone Densitometry, Intravenous Pyelography, Fibro Scan, Nerve Conduction Studies, 24 Hours Ambulatory Holter Monitoring, Angiography, Endoscopy, (Subject to prior approval). 	COVERED
MAJOR MEDICAL CARE (Employee, Spouse, Children): <ul style="list-style-type: none"> Maximum limit per family that includes Employee, Spouse, Son and Daughter only. To pay when the Hospital Care Limit has been exhausted. Parents are not covered under this benefit. 	PKR 500,000 For each Individual Insured Family Member
MATERNITY CARE: <ul style="list-style-type: none"> Pays for Pregnancy related Hospitalization including Normal Delivery, Caesarean Section & Multiple Births. Also Pays for: Expenses incurred for consultations before and after Delivery i.e. Pre & Post Natal outpatient treatment charges, reimbursable after delivery, up to the available Maternity limit. Cost of circumcision for baby boys shall be covered, up to Rs.15,000/- subject to the availability of the Maternity limit. 	PKR 180,000 (Normal Delivery) PKR 300,000 (Caesarean Section/Multiple Birth)

<p>CORPORATE OUT-PATIENT CARE: (For Employee, Spouse, Children and Parents)</p> <p>Pays OPD expenses for all medical necessary treatment provide to the insured member by the attending physician as a result of day to day sickness and injuries.</p> <p>Following are covered:</p> <ul style="list-style-type: none"> • Hakeem or Homeopathic Physician’s services and medicines are covered maximum up to 10,000 per annum per family. • Psychiatric treatment: psychiatric/psychologist consultation, investigations, medicines, Anti-depressants/sedatives such as lexotinil/Xanax and Rehabilitation of any sort • Warts (Only if prescribed and based on medical necessity) • Treatment of infertility: Investigation/consultation to rule out cause of abortions/miscarriage. • Medicines/consultations/investigations/procedures related to infertility. • Dental Treatment: Capping, Bridging, Tooth extraction, filling, Scaling are covered upto 10% of OPD limit. Crowning and root canal are covered upto 50% of OPD limit. • Optical treatment: Glasses/Frames/Spectacles (One pair Per Insured per policy year) OR Up to 10% of OPD Limit for whole Family. • Speech Therapy for children is covered • Vaccinations: Non EPI Vaccinations (flu, potential Covid vaccine etc.) Employees & Dependents. • Inhaler (R & C Check Applicable) <p>Following are compulsory exclusions and are NOT payable:</p> <ul style="list-style-type: none"> • Advance receipts • Tampered / overwritten receipts • Non-Medical / General items such as toothpaste/ pampers/ tissue paper/ sanitary. • Duplicate receipts 	<p>COVERED</p>
Sub limit for Single Employees with Parents	PKR 80,000
Sub limit for Single Employees only	PKR 60,000
Sub limit for Married Employees with Parents (Without Children)	PKR 100,000
Sub limit for Married Employees with Children (Without Parents)	PKR 90,000
Sub limit for Married Employees (Without Children & Parents)	PKR 80,000
Sub limit for Married Employees (With Parents & Children)	PKR 120,000

IMPORTANT INSTRUCTIONS:

- All the Employees are required to insure their eligible dependents within **30 days of their eligibility** i.e. spouses should be enrolled within 30 days of Marriage and Children within 30 days of birth. If the members are **not insured**, they are **not entitled** for any coverage.

HOW TO GET TREATMENT?

- In case of **emergency**:
 - Please go to a Network Hospital and show your Health Card. You will not be required to pay to the Network Hospital during accidental emergencies.
 - If you go to a Non-Network hospital, you will be required to pay for the treatment yourself and claim the reimbursement later on.
- For **non-emergency** cases:
 - Attending physician of a Network Hospital will first determine whether you need hospital admission or not.
 - In case you need to be admitted, take advantage of the Credit Facility by following the Pre-Authorization (PA) procedure.
 - Please obtain the Pre-Authorization get it filled by the concerned Doctor the PA forms that are available at all Network Hospitals and with your Human Resource Department.
 - Send the PA Form at least three days prior to hospitalization so that a smooth treatment can be arranged, through credit facility.

Medical Hotline Emergency: 0300 8207000 (KARACHI), 0300 8483818 (LAHORE), 0300 8508550 (ISLAMABAD)

For Claims Reimbursement:

In case if you choose to avail treatment at any non-network hospital, then you have a right to claim for the expenses incurred as in accordance to the policy terms and conditions.

For reimbursement of claims following documents will be required:

- Duly filled Claim Form
- Itemized Hospital Bill
- Discharge Summary
- Laboratory or Radiology reports along with doctor's prescription for the same.
- All Original Receipts related to Pharmacy Medicines, Consultations, Consultant's fee
- Doctor's Prescriptions for medicines/treatment

You need to submit all the above mentioned along with the **completely** filled Claim Form for reimbursement of claim via claims online submission portal. Claim evaluation/ processing takes 10-15 working days approximately. In case of any further requirement raised by our Claims Dept. due to unavailability/incomplete claim documents, we will inform you accordingly to fulfil the same in order to proceed further.

***Notes:**

- **In case you utilize facility in a Network Hospital as a Private patient and claim the amount from us – It will be reimbursed as a Non-Network Hospital.**
- **In case of non-network claim, the claims are evaluated and settled in line with the most expensive hospital located in the same city to which an insured member is entitled.**

SPECIAL TERMS:

- All pre-existing medical conditions whether disclosed or undisclosed would be covered **Hospital Care, Major Medical Care and Corporate Outpatient Care up to 65 years of age, & Maternity Care up to 45 years of age.**
- **For parents**, all pre-existing medical conditions whether disclosed or undisclosed would be covered under **Hospital Care and Corporate Outpatient Care up to 80 years of age.**
- Medicines, Consultations & Investigations related to **Hepatitis "B" & "C"** would be covered under **Hospital Care and Major Medical Care Benefits.**
- **Congenital Disorders** are covered for **all** insured members under **Hospital Care & Major Medical Care** benefit.

- **Mental wellbeing** is covered up to **Rs. 50,000/-** under **Hospital Care benefit**.
- **Life threatening** / saving medical emergencies shall be covered up to **Hospital Care Limit**.
- Free of Cost **GP tele-consultation** will be covered for entire policy year.
- An insured will only be entitled to obtain services at **AKUH, OMI, Hameed Latif Hospital, Doctor's Hospital, Shifa International Hospital and South City Hospital**, if the room limit entitlement of the insured is at least equal to the **General Ward** room rent applicable at these respective Hospitals.

POLICY EXCLUSIONS:

The following treatments, events, conditions, activities and their related or consequential expenses are excluded from the Hospitalization Policy, unless specifically agreed upon in writing by the Company:

- 5.1 Any charges in respect of the donor for organ transplant Claims.
- 5.2 Services or Treatment in any spa, hydro clinic, sanatorium, nursing home or long term-care facility that is not a Hospital.
- 5.3 Routine medical examinations or check-ups including charges arising out of any Hospital confinement or admission primarily for diagnostic purposes unless specifically authorized by the Company, routine eye or ear examinations, vaccinations (except WHO recommended EPI vaccinations for Children), medical certificates, examination for employment or travel, spectacles, contact lenses, hearing aids. Cost of correction of refractive errors of the eye and procedures such as Radial Keratotomy and Excimer Laser.
- 5.4 All dental Treatment or oral surgery apart from Emergency Accidental Dental Treatment.
- 5.5 Any Out-Patient Treatment, except that arising out of an Accident, which is provided under Benefit as "Emergency Accidental Out-Patient Cover".
- 5.6 Cosmetic or plastic surgery, unless it is re-constructive surgery necessitated by an Injury that occurred during the period whilst the Insured Member was covered under this Policy and subject to the limits and sub-limits stated in the Benefits Table.
- 5.7 Pregnancy and complications thereof, childbirth (including surgical delivery), miscarriage, abortion and/or any related prenatal or postnatal care unless covered by a separate rider under this Policy.
- 5.8 Tests or Treatment relating to fertility, infertility, contraception or sterilization.
- 5.9 Prostheses, corrective devices and medical appliances which are not surgically required.
- 5.10 Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations) or sexual reassignment (whether or not for psychological reasons).
- 5.11 Experimental Treatment and Treatment not approved by FDA - USA
- 5.12 Self-inflicted Injury, attempted suicide, abuse of alcohol or drug addiction.
- 5.13 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.
- 5.14 Aviation other than as a fare-paying passenger of a recognized airline or charter service.
- 5.15 Treatment received in a location other than the insured member's Geographical Area of Coverage, as indicated in the Benefits table.

- 5.16 Injury or Treatment resulting from war, riots, invasion, act of foreign enemies, hostilities or warlike operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular uprising, military uprising, insurrection, rebellion, military or usurped power or any act of any person acting on or on behalf of or in connection with any organization actively directed towards the overthrow or to the influencing of any government or ruling body by force, terrorism or violence.
- 5.17 Injuries as a result of an illegal act other than a minor misdemeanour or minor delinquency by the insured member.
- 5.18 Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste, from the process of nuclear fission or from any nuclear weapons material.
- 5.19 Any increase in the expenses incurred for Treatment on account of the insured member being admitted to a more expensive room than allowed by his Daily Room and Board Limit.
- 5.20 The cost of non-medically necessary goods or services including such items as telephone, television, newspapers or accommodation for the insured member's family members.
- 5.21 Weight management services and treatment related to weight reduction programs including treatment of obesity.
- 5.22 Natural catastrophes, epidemic, including, but not limited to, flood, earthquake, avalanche and cyclone.
- 5.23 Any Disability directly or indirectly related to or resulting from HIV, AIDS or any other sexually transmitted disease.
- 5.24 Air ambulance or evacuation or repatriation expenses.
- 5.25 In Cataract Surgeries, the cost of IOL exceeding Rs.40,000/- is not covered under the Policy.
- 5.26 Assistant Surgeon/Physician Charges are not covered under the policy.
- 5.27 All kinds of Robotic/ Robot-assisted surgeries shall not be covered in the policy.

EFU MYHEALTH APP:

We are delighted to inform you about our newly launched pocket companion mobile app called EFU MyHealth. This state of the art mobile app, available on both Google Play Store and iOS App Store, has been designed to efficiently serve our valued insured members.

Please find below our Mobile Application links for Android and IOS



<https://www.efuhealth.com/img/google-play-store.svg>



<https://www.efuhealth.com/img/apple-app-store.svg>

For any assistance/guidance, feel free to contact us at (021) 111-4357-00 (during working hours 9:00 a.m. till 5:00 p.m.) or email @ MyHealthapp@efuhealth.com

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