

# BHEALTHY PRODUCT

## POLICY DETAILS

This hospital admission insurance policy provides a fixed monthly sum to the Insurance Subscriber in the event of Hospitalization of the Insurance Subscriber. In the event of death of the Insurance Subscriber whilst or after Hospitalization, the fixed daily sum will become payable to the Beneficiary. Payment will only be made to the Insurance Subscriber or the Beneficiary, not to their dependents.

The Insurance Cover provided by the Insurer is subject to and will be administered in accordance with the laws of the Islamic Republic of Pakistan and the Courts of the Islamic Republic of Pakistan shall have jurisdiction in any dispute arising hereunder.

## ELIGIBILITY

Any person is eligible to apply for Insurance Cover under the Policy if that person is:

- a) a person; and
- b) have valid CNIC; and
- c) of the Age:

Group	Minimum Age at Entry	Maximum Age at Entry
Adults	18 years	64 years
Children	From birth	17 years
Parents	18 years	79 years

## Subscription

The following information regarding the Insurance Subscriber is required for an eligible Subscription:

- a) Confirmation of the first and last name; and
- b) Age or Date of Birth;
- c) CNIC number; and
- d) plan option selected

During registration for the Policy, the Insurance Subscriber will also be required to:

- a) acknowledge that the Insurance Subscriber has read and understood this Policy and the Payment Terms; and
- b) authorize BIMA to make monthly deductions each month from the Insurance Subscriber's provided account for End User Price for the Policy;

## PRODUCT BENEFITS AND PRICING OPTIONS- PLANS

The Bhealthy policy will consist of a core inpatient hospital cash and outpatient medication support benefit:

- **Hospital Cash Insurance** – provides a fixed cash benefit per night of inpatient hospitalisation, subject to eligibility criteria.
- **Medication Support** – A customer earns cover on a monthly basis that may be used when prescribed medication is required. The amount earned for Medication Support via the Health Wallet accumulates after every month of premium payment and is capped at the equivalent of twelve (12) months' worth of benefit.
- **Annual Health Check-up** – The highest tier, Diamond, will also include an annual health check benefit. A customer is eligible for a basic health check package at a standard lab at end of the year.
- **mHealth** – All lives insured on the Bhealthy policy are eligible for unlimited access to qualified tele-doctors from BIMA over the phone 7 days a week, 24 hours a day for both general and specialist consultations. This benefit is applicable for all benefit tiers.

The available plan options are as follows:

- **Single** - *An individual*
- **Joint** - *An individual + an insured relative (can be spouse, child, parent or parent-in-law)*
- **Family** - *An individual + spouse + unlimited number of children\**
- **Family plus** - *An individual + spouse + unlimited number of children\* + parents + parents-in-law*

*\*There will be no limit on the number of children that can be included on Family policies.*

### Single

Benefits	Single		
	End User Price	Per night Hospitalization	Per month Medication Support
<b>Tier 1 (SILVER)</b>	414	5,000	250
<b>Tier 2 (GOLD)</b>	555	7,500	375
<b>Tier 3 (PLATINUM)</b>	732	10,000	500
<b>Tier 4 (DIAMOND)</b>	957	12,000	600

**Joint**

Benefits	Joint		
	End User Price	Per night Hospitalization	Per month Medication Support
Tier 1 (SILVER)	732	5,000	250
Tier 2 (GOLD)	980	7,500	375
Tier 3 (PLATINUM)	1,310	10,000	500
Tier 4 (DIAMOND)	1,664	12,000	600

**Family**

Benefits	Family		
	End User Price	Per night Hospitalization	Per month Medication Support
Tier 1 (SILVER)	1,404	5,000	500
Tier 2 (GOLD)	1,859	7,500	750
Tier 3 (PLATINUM)	2,419	10,000	1,000
Tier 4 (DIAMOND)	2,927	12,000	1,200

**Family Plus**

Benefits	Family Plus		
	End User Price	Per night Hospitalization	Per month Medication Support
Tier 1 (SILVER)	1,876	5,000	500
Tier 2 (GOLD)	2,585	7,500	750
Tier 3 (PLATINUM)	3,457	10,000	1,000
Tier 4 (DIAMOND)	4,248	12,000	1,200

Note: The per night benefit will be payable per night spent as an inpatient in a hospital. There is no minimum number of hours for which the insured life must be admitted overnight in a hospital facility to be eligible for a claim.

Premiums are payable monthly, through automatic deductions, and the cover is monthly renewable.

Following policy registration, the first premium payment will be taken the following day, and cover will commence the very next day when premiums have been successfully

deducted. The Policyholder receives an SMS every month to inform them of the amount that has been successfully deducted and therefore, the amount of cover provided in the current month.

### Policy Term

The policies will be sold on a monthly renewable, reviewable basis.

### Payment Channels

Subscriber can make payment of End User Price directly, via means of JazzCash, EasyPaisa, Debit card or Credit card & Cash on delivery.

### Wait Period

- **Hospitalisation Benefit** – There is no waiting period to access the hospitalisation benefit, and therefore customers can claim immediately for accidental and non-accidental causes of hospitalisation.
- **Medication Support benefit** – There is no waiting period to access the medication support benefit.

### Yearly Maximum Benefit

The Hospitalisation benefits will be shared by all insured lives on the policy. If the annual maximum for the number of hospital nights covered is reached within a policy year, then no further nights spent in hospital may be claimed (for any reason, and for any life on the policy) until the policy anniversary is reached.

New customers and insured relatives can access their accumulated Medication Support benefit immediately upon successful collection of the first full month premium for the policy.

The Health Screening will be accessible after the successful collection of twelve (12) months' full premium payment. Therefore, some customers may in practice access the Health Screening several months after their policy anniversary depending on when the customer accumulates twelve (12) months of full premium.

Annual Limits	Hospital Cash Cover (No. nights/year)	Medication Support	Health Screening
Single Policy	30	Minimum of 1 month of balance to claim	Minimum of 12 months of premium payment to access. <i>Only policyholder eligible for Health check-up.</i>
Joint Life	50		
Family	70		
Family Plus	90		

Cover is provided on a per policy basis. There is no individual limit applied to the number of nights for which any one individual may claim from the total benefit. Furthermore,

there is no aggregate limit on the number of nights that may be claimed for throughout the policy duration (i.e., there is no overall lifetime limit for any of the lives covered on the policy).

## **PAYMENT OF CLAIMS**

BIMA will process all valid health claims within three (3) working days upon the complete submission of all required documents as above.

For Health Wallet (medication prescription) benefits, BIMA will aim to process valid claims within one (1) working day upon the complete submission of all required documents.

If there is a dispute, suspected fraudulent activity on the claim or a unique situation which requires further clarification, the claim processing time can be extended but shall not exceed ten (10) working days, or as long as the dispute takes to resolve in the legal system.

All valid claims payments will be made to the policyholder, except in the event where the policyholder dies while in hospital in which case the hospitalisation benefit will be paid to the policyholder's named beneficiary.

Benefits offered under the Health Wallet may only be claimed for while the customer is an active policyholder. Any benefits accruing under the Health Wallet shall be extinguished upon lapse, cancellation, or termination (i.e., there will be no surrender value for any benefits on the policy).

## **EXCLUSIONS AND LIMITATIONS**

No benefit will be payable if the incident causing Hospitalization was directly or indirectly caused or accelerated by any of the following events:

- a) War, invasion, acts of foreign enemies, hostilities, or warlike operations (whether war be declared or not), civil war, mutiny, strike, riot, civil commotion, military rising, insurrection, rebellion, conspiracy, revolution, military or usurped power, martial law, state of siege, any event or cause that determine the proclamation or maintenance of martial law or state of siege;
- b) Nuclear, Biological and Chemical Risks and losses;
- c) Suicide or self-inflicted injury within the first twelve (12) months of policy registration
- d) Pregnancy/childbirth within twelve (12) months of policy registration
- e) elective treatment, such as cosmetic surgery; and
- f) Alcohol abuse/illegal drug use