



JUBILEE PREPAID HEALTH INSURANCE

Unexpected emergencies may require immediate medical attention that could prove to be fatal if not given on time and therefore access to easily accessible and affordable healthcare is necessary to ensure the safety of your life. Jubilee Life Insurance presents Jubilee Prepaid Health Insurance Plan, an online healthcare solution for you and your family that provides financial support and assistance in case of hospitalization due to any medical emergency.

1. What are the benefits of Jubilee Prepaid Health Insurance Plan?

Jubilee Prepaid Health Insurance offers In-Patient/Accidental Hospitalization Benefit, Pre and Post-Hospitalization Benefit and Emergency Local Ambulance.

The benefits available under this plan are given below:

Basic Plan Benefit

- **In-Patient Hospitalization Limit** - In-Patient Hospitalization Benefit means treatment and services provided for sickness, injury and/or a surgical operation to a patient who is admitted to a hospital and assigned a bed. Expenses that arise out of such an admission will be paid under the coverage of the Jubilee Prepaid Health Insurance Plan, as per the terms and conditions of its Policy Document.
- **Accidental Hospitalization Limit** - In the event of Hospitalization due to accidental injuries, the policyholder will be entitled to the above in-patient Hospitalization Benefit as a cover for hospital expenses.
- **Pre and Post-Hospitalization Expenses** - Provides reimbursement of all expenses incurred from Medically Necessary diagnostic procedures ordered by a Physician within 30 (thirty) days before the insured person has been registered as an in-patient to an Approved Hospital, or within 30 (thirty) days after the insured person has been discharged from an Approved Hospital.
- **Local Ambulance Service** - The Medically Necessary ambulance transportation of the Insured Person through road vehicle to a local Approved Hospital.

2. What are the available options under Jubilee Prepaid Health Insurance Plan?

The following options are available under Jubilee Prepaid Health Insurance Plan:

Coverage	Bronze	Silver	Gold
In-Patient/Accidental Hospitalization Limit	PKR 200,000	PKR 300,000	PKR 500,000
Room Limit	Semi-Private	Semi-Private	Private

3. What is the premium for this plan?

The premium for this plan is based on the type of plan selected (Bronze, Silver & Gold) and age at nearest birthday of the policyholder at the time of purchasing this plan:

Age Bands (Years)	Bronze (PKR)	Silver (PKR)	Gold (PKR)
18-29	2,950	3,250	7,150
30-39	3,800	4,150	9,250
40-49	5,050	5,550	12,600
50-59	8,300	9,050	20,850

4. Who can be covered under this plan?

Any individual (Male or Female), aged 18 to 59 can purchase this Plan.

5. What is the term of Jubilee Prepaid Health Insurance Plan?

The plan provides coverage for 1 year from the date of activation.

6. How can I purchase the Jubilee Prepaid Health Insurance?

You can purchase the Plan by following the simple steps given below:

- The Plan can be availed by visiting Jubilee Life's website/portal (www.jubileelife.com) or Mobile App where you will have an option to select the Jubilee Prepaid Health Insurance.
- You will be required to enter your personal information (such as Name, Contact Number and Address) and agree to the Terms and Conditions.
- Selected product can be purchased by following the steps on website.
- Payment can be made either:
 - a) Online with a debit card/credit card (VISA, MasterCard), FINTECH OR any other payment methods.

OR

b) Via "Cash on Delivery" Services

- When the online payment is made, a text message will be sent to you confirming the receipt of your information and payment. In case of COD, a text message will be sent after payment is made at the time of delivery of the card.
- A Jubilee Prepaid Health Insurance scratch card with a unique serial number will be delivered to your address with instructions given on the back of the card.
- Upon receiving scratch card, you will send your relevant details to the scratch short code given on the card via SMS.
- A Customer Services Representative will call you to verify the details of the Plan purchased and make sure that you have understood the terms and condition of the plan.
- You shall receive an "Activation" SMS/Email validating successful issuance of the Policy.
- Documents of the Jubilee Prepaid Health Insurance Plan along with E-Health card will be sent to your email address or couriered in case you want a hard copy.

Note: You will receive an Activation SMS indicating that your information has been successfully verified by the company and your Plan has been activated. The Plan will not be

considered activated if you do not receive the Activation SMS or in case of Non-Payment of premium. If you have not received your Activation SMS after confirming your details with the Call Centre, then please call our Customer Helpline at (021) 111-111-554 for further assistance.

7. Are there any Terms and Conditions that I will need to agree to?

Before purchasing the Plan, you will have to verify the following:

- I have not been admitted to a hospital in the past 12 months
- I do not have any Pre-Existing Conditions. (Please refer to Question 11 for more details)
- I do not presently have or have ever had any form of disability, deformity or partial paralysis.

8. How will I know that my Policy has been issued?

You will receive an Activation SMS/Email confirming that your policy has been issued until one year from date of activation.

9. How will my beneficiaries make a claim under the Jubilee Prepaid Health Insurance?

God Forbid, in case of occurrence of the insured event, your beneficiaries should contact our Customer Helpline at (021) 111-111-554. Our Customer Representative shall contact them immediately to register a claim.

10. Is there a Waiting Period under the Jubilee Prepaid Health Insurance?

The Plan has a 30-day Waiting Period from Date of Policy Issuance, during which claims arising will not be payable except only in case of hospitalization due to Accident. Full coverage under this Policy takes effect thirty (30) days after the Policy Issue Date.

11. What is a Pre-existing Condition?

Pre-Existing Conditions means serious 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 commencement of cover for the benefit,

OR

- Which originated or was known or reasonably should have been known to exist prior to the commencement of cover for the benefit whether or not treatment, or medication, or advice, or diagnosis was sought or received.

If it is deemed that the hospitalization has occurred due to a Pre-Existing Condition, the benefit against hospitalization will not be paid.

12. When will coverage under this Plan terminate?

Coverage under this Plan would terminate and cease on the earlier of:

- a) Termination Date of this Plan as specified in the Policy Schedule
- b) Death of the Policyholder

- c) The policyholder indulges in fraud and / or in any criminal activity or misdemeanor or is declared a proclaimed offender by any court of law in or outside Pakistan.

13. Does this Plan have a Free Look Period?

The Policy Owner can return the Policy for a refund of Premium and cancel this Policy if he is not satisfied with these terms and conditions and has not utilized any benefits available under this Policy. The Company will refund the Premium if the written request for cancellation is received within fourteen (14) days of the Issue Date of this Policy. Request for Refund should be communicated to our Customer Helpline (021) 111-111-554.

14. Are there any exclusions under this plan?

No benefits will be paid for expenses resulting from all or any of the exclusions given in the policy document. The following list provides an overview of exclusions given in the policy document:

- Any Pre-Existing Conditions will not be covered under the Policy.
- Any Treatment received in a 'Non Approved Hospital' by the Insured Person. Use of 'Non Approved Hospitals' and physicians who have not been authorized 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 immunization.
- Treatment of mental illness, psychiatric & 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 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 body.
- Treatment of any refractive errors of the eyes including 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 licensed 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 authorized 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 etcetera.
- Treatment of infertility, impotency, sterilization & contraception including any complication relating hereto.
- Treatment for 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 whom 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 advisers to be reasonable and necessary having regard to the medical facts and circumstances.

- 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 benefits payable under any legislation or corresponding insurance cover relating to occupational death, injury, illness or disease. This Policy is not in lieu of and does not affect any requirement for coverage under the Workmen's Compensation Act.
- Any treatment or expense in respect of persons more than 59 (Fifty-nine) 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 In-patient Hospitalisation (apart from hospitalisation due to Accident) will not be payable.

Please refer to the Policy Document for a detailed list of exclusions.

15. What are the considerations and procedure for reimbursement for Emergency / Accidental Hospitalization in a Non Approved Hospital?

In case of an emergency/accident, the Life Assured can avail the services of a hospital that is not included in the Approved Hospitals list. The expenses incurred during hospitalization will be reimbursed by the company. For reimbursement of emergency/accidental hospitalization expenses incurred in a Non Approved Hospital, the following procedure should be followed:

- a) Inform the company within 24 hours of hospitalization
- b) Pay the hospitalization expenses.
- c) Submit the following documents to the company within 30 days of discharge from the hospital:
 - Complete Discharge Summary
 - Hospital Invoice
 - Doctors notes of treatment
 - Laboratory Reports
 - Details of medicines used during Hospitalization.

Settlement of claim will be made in line with the prevailing terms and conditions of this plan.

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

Important Notes:

1. A Prepaid Health Insurance Scratch Card shall be issued to the policyholder.
2. The Hospitalization/E-Health Card should be presented at the Approved Hospital (included in the List of Approved Network Hospitals).
3. Treatment at Non-Approved Hospital can only be availed in case of accidental hospitalization.
4. All scheduled admissions must be reported to Jubilee Life at least 48 hours prior to admission. For emergency admissions, the hospital/insured persons will contact JLI within 24 hours for authorization.
5. An insured person travelling outside Pakistan for business or holiday travel (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 and type usually available in Pakistan.
6. This leaflet is for illustrative purposes only. You are advised to refer to the terms and conditions in the policy document for understanding important features of the plan.
7. This Policy would terminate (for the Life Assured / Insured Person) and all the benefits under this Policy would cease on the earlier of:
 - a) Date of termination of the policy or due to any other reason as per the Standard Policy Conditions;
 - b) Date of death of the Life Assured;
 - c) The Life Assured / Insured Person indulges in fraud and / or in any criminal activity or misdemeanor or is declared a proclaimed offender by any court of law in or outside Pakistan.

Disclaimer

- This product is underwritten by Jubilee Life Insurance Company Limited.
- Please refer to the Policy Documents for a detailed understanding of the various terms and conditions (Including exclusions).

- Not more than 1 (One) Prepaid Health Plan of the same variant (Bronze, Silver or Gold) can be issued on a single CNIC number. Any request for insurance cover beyond this limit shall be declined and the Premium will be refunded to the Policyholder.
- Benefits may be available if the life covered is aged 59 years or less, age nearest birthday at the time of issuance.
- Jubilee Life Insurance is the underwriter and provider of this health plan and shall be responsible for the settlement of claims to the insured person(s).

Contact Details

In case of a complaint or for further details, please contact:

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