



No. TEVTA/Bud/Health-Ins/2017/1985

Dated the Lahore, 24th August, 2017

NOTIFICATION

Subject: - HEALTH INSURANCE SCHEME

No. TEVTA/Bud/Health-Ins/2017/1982 Technical Education and Vocational Training Authority is pleased to approve and notify policy for health insurance of TEVTA employees for the period 01-02-2017 to 31-01-2018. **M/S Allianz EFU Health Insurance Limited** is appointed for the provision of Health Insurance & Medical facility for TEVTA employees working under TEVTA Service Regulations.

COVERAGE PLAN

1. Structure of Medical Benefits:

The following is Coverage Plan under Health Insurance Scheme:-

Description of Benefits / Plan	A (PS-19 & Above)	B (PS-17 to 18)	C (PS-05 to 16)	D (PS-01 to 04)
Hospital Care	100,000	65,000	50,000	35,000
Major Medical Care	200,000	125,000	75,000	65,000
Maternity Care	35,000 50,000	20,000 30,000	12,000 18,000	6,000 9,000
Daily room & board sub limit	4,000	2,500	900	600
Dai Delivery			2,500	
Corporate out-patient care annual limit available for the whole group.			500,000	

2. Descriptions of the benefits:

i) Hospital Care

All non-pregnancy hospitalization cases, wherein a patient is advised admission to a hospital for treatment due to illness, surgery or accident. Eligible medical expenses during hospital stay are included:

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- Room Limit is a sublimit of the annual assigned limit per life as per policy, under each category.
- All hospitalization charges related to medical or surgical treatment, including the bed charges are covered. The hospitalization charges covered include.
 - Daily room and board charges
 - Intensive care unit (ICU) charges
 - Operation theatre charges
 - Surgeons fee
 - Anesthetist fee
 - Physician's/Consultant's fee during hospitalization
 - Diagnostic tests and medicine expenses during hospitalization
 - Blood and Oxygen supplies
 - Day care surgeries/procedures such as Cataract, Endoscopy, Angiography, Dialysis, Chemotherapy etc.
 - Specialized investigations i.e. MRI, CT Scans, PET Scan, Thallium Scan, Hepatitis B&C (treatment), and IOL (Cataract) surgeries under out-patient setting.
 - Traumatic injuries such as fractures and lacerated wounds
 - Emergency dental treatment due to accidental injuries (within 48 hours for pain relief only)
 - Accidental emergency treatment (within 48 hours)
 - Miscellaneous charges (local road ambulance charges, etc.)

In addition, following pre and post hospitalization expenses incurred outside the hospital are also covered:

- The cost of consultation fee, prescribed medicines and lab tests conducted within thirty (30) days before a subsequent related hospitalization which is covered and payable under the policy. This benefit is payable on reimbursement.
- The cost of consultation fee, prescribed medicines and lab tests after hospitalization within thirty (30) days are covered under the policy. This benefits is payable on reimbursement.

ii) **Major Medical Care**

This clause enhances the limit of hospital care benefit for each insured member, in case the coverage under hospital care has been exhausted then the major medical care limit will automatically be started and become part of hospital care limit. All eligible inpatient expenses covered under hospital care are also covered under major medical care.

- Daily room and board charges
- Operation theater charges
- Surgeons fee
- Anesthetists fee
- Consultant's fee

- Medicines and drugs
- Diagnostics tests
- Blood & oxygen supplies
- MRI, CT Scans, PET Scan, Angiography, Endoscopy, Thallium Scan, Hepatitis B&C treatment and IOL (Cataract) surgeries under out-patient testing.
- Out-patient medical procedures including kidney dialysis and chemo and radiotherapy for cancer.
- Day care surgical procedures
- First aid treatment for accident

iii) **Corporate Out Patient Care (OPD)**

The following medical OPD treatments are covered under policy;

- Heart diseases
- Hypertension
- Diabetes
- Rheumatology

iv) **Coverage Where Hospitalization is not Required:**

- In case of an accidental emergency first aid treatment is covered.
- In case of non-accidental emergency where hospitalization is not required, the insured person has to pay for the expense incurred at the hospital.

v) **Maternity Care**

This benefit pays for medical expenses related to pregnancy and child birth. All expenses directly or indirectly related to pregnancy are paid from this clause. Eligible/maternity charges covered during hospitalization include:

- Pre & post natal outpatient treatment charges up to 10% of the normal maternity limit of Rs. 5,000/- whichever is less (subject to availability of maternity care limit).
- Cost of circumcision for baby boys up to 10% of the normal maternity limit of Rs. 5,000/- whichever is less (subject to availability of maternity care limit).
- Annual maternity care limit
- Daily room and board charges
- Prescribed medicines used and diagnostic tests during hospital stay
- Gynecologist's fee
- Labor Room/Operation theatre charges
- Anesthetist's fee
- Miscarriage
- Diagnostic tests
- Baby's nursing care while the mother is in hospital
- Circumcision and miscellaneous charge
- C-Section/Multiple births
- Miscellaneous charges

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3. **Who is Covered?**

All permanent TEVTA employees working under TEVTA Service Regulations along with spouse, children (self and spouse 60 years, son up to 25 years of age & daughter till marriage) are covered under this policy.

4. **Principal Method of Health Treatment -Health Card**

Health Card will be issued by the company in the name of employee. The names of all insured family members will be written on the health card. The health card will entitle the card bearer to credit facility for treatment from the hospitals on the panel of the company.

A- **Procedure For Admission In A Network (Panel)Hospital**

- i. If a qualified doctor from the panel hospital advises hospitalization, then admission shall be approved on credit basis against health card together with the doctor's admission advice.
- ii. Inform the company or the concerned Network hospital preferably in advance of your hospitalization so that company can coordinate with the hospital regarding treatment and thus enabling doctor to monitor the treatment and welfare of the patient (this is applicable in case of non-emergency conditions only).
- iii. At the day of hospitalization, report to the Network hospital and show your Health Card, along with the photo ID card. The Hospital will extend the required hospitalization services to the insured patient as advised by the attending doctor.
- iv. An Employee can visit any hospital from the list of Network Hospitals irrespective of the town/city the employee lives in or posted.
- v. The health card is applicable only in EFU Allianz panel hospitals.

B- **Procedure For Admission In Non-Panel Hospital**

The company strongly advises against the use of non-panel hospitals. The hospitals on the insurance company's panel are credentialed based on scientific methods and their facilities and general level of care monitored to ensure quality. If an insured wishes to utilize the services of a hospital not on the insurance company's panel, then he can do so and the expense for the same shall be reimbursed to the individual. No **prior approval** is required for admissions at non-network facilities.

In cities where the insurance company has a panel hospital, expenses incurred in a non-panel hospital (except Government & Armed Forces Hospitals) will be reimbursed in comparison with the most expensive hospital in the town.

C- **Re-Imbursement of Claim**

The Insurance Company will pay /reimburse the actual medical expenditure, in case of non-availability of panel hospital to the employees after submitting all relevant documents as per Insurance Policy. The turn-around time for claims settlement will be 10 working days. The following are the documents would be needed for the re-imburement of claim:-

- a. Claim Form (Duly filled signed and stamped)
- b. Copy of valid health insurance card (Allianz EFU)
- c. Patient must be insured and his/her name mentioned on insurance card
- d. Itemized bill(s) of hospital (in original)
- e. All prescribed bills of medicine, lab tests etc. (in original)
- f. Copy of hospital discharges card/report
- g. Copy of medicine prescription, lab test reports etc.
- h. Copy of birth certificate (in case of maternity)
- i. One extra copy of complete case for record

D- Pre-Authorization Form

Following are the diseases / investigations, for which the pre-authorization is required from the company.

- a. **Day Care Surgeries (only in OPD)**
 - i. Day care surgeries, Kidney Dialysis, MRI, CT Scan, PET Scan, Endoscopy, from OPD
- b. **All non-emergency hospitalization in panel hospitals**
- c. **Procedure For Pre-Authorization**

Following are the procedure would be adopted for pre-authorization from the company:-

- i. If you are advised a non-emergency hospitalization by a qualified doctor/physician in a panel hospital.
- ii. Identify yourself as an insured employee to the consultant of your choice at our network hospital and ask him/her to fill your PAF. Also provide the consultant your previous medical record and copies of investigation reports.
- iii. Filled PAF should be submitted at the Admissions Office of the concerned EFU Allianz Health Insurance Network Hospital at least three (3) days before the intended hospitalization date.

5. Exclusions

The following are the items, conditions, treatments, activities and their related or consequential expenses are excluded from the policy for which the company shall not be liable to pay:-

- ✘ Any expenses directly or indirectly incurred for the treatment of any pre-existing medical conditions, except if covered by the company in writing.
- ✘ Any charges in respect of the donor for organ transplant claims.
- ✘ Services or treatment in any spa, hydro clinic, sanatorium, nursing home or long term-care facility that is not a hospital.
- ✘ 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, 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 and any treatment not considered medically necessary.
- ✘ Dental treatment except if necessitated due to accident for pain relief only within 24 to 48 hours of an accident.
 - ✘ Any outpatient treatment other than as a result of an accident and within forty eight (48) hours of an accident.
 - ✘ In cataract surgeries cost of IOL shall be covered for normal foldable lens up to the maximum amount of Rs. 12,500/-. All other lenses including IQ lens/ restore lens shall not be covered.
 - ✘ Cosmetic or plastic surgery, unless it is re-constructive surgery necessitated by an injury.
 - ✘ Pregnancy and complications thereof, childbirth (including surgical delivery), miscarriage, abortion and/or any related prenatal or postnatal care unless an optional maternity benefit is selected.
 - ✘ Tests or treatment relating to fertility, infertility, contraception or sterilization.
 - ✘ Birth defects or congenital illness.
 - ✘ Prostheses, corrective devices and medical appliances which are not surgically required.
 - ✘ Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations) or sexual reassignment (whether or not for psychological reasons).
 - ✘ Experimental treatment and treatment not approved by FDA – USA.
 - ✘ Self-inflicted injury, attempted suicide, abuse of alcohol or drug addiction.
 - ✘ 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.
 - ✘ Aviation other than as a fare-paying passenger of a recognized airline or charter service.
 - ✘ Treatment received outside Pakistan, except in case of an emergency and provided the treatment is otherwise covered under the policy and does not fall under any of the exclusions. The Company will reimburse such expenses in line with the treatment cost incurred at any network hospital in Pakistan, subject to availability of limit.
 - ✘ 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.
 - ✘ Injuries as a result of an illegal act other than a minor misdemeanour or minor delinquency by the insured member.

- ✘ 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.
- ✘ 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.
- ✘ The cost of non-medically necessary goods or services including such items as telephone, televisions, newspapers or accommodation for the insured person's family members.
- ✘ Weight management services and treatment related to weight reduction programs including treatment of obesity.
- ✘ Natural catastrophes, epidemic, including but not limited to, flood, earthquake, avalanche and cyclone.
- ✘ Any disability directly or indirectly related to or resulting from HIV, AIDS or any other sexually transmitted disease.
- ✘ Air ambulance or evacuation or repatriation expenses

6. Contribution by the Employees

a) Deduction from monthly salary will be made from the pay of employees at the following rates:-

PS-01 to PS 10	Nil
PS-11 to PS 16	Rs.100/per month
BS-17 & Above	Rs.250/ per month

Remaining amount will be paid by TEVTA to company out of TEVTA funds

- b) The concerned ZM/DM/Project Director/ Principal/HOI will provide detail of health insurance deduction of all TEVTA employees on prescribed format on monthly basis.
- c) TEVTA would not be responsible for those employees who do not remit the premium of sum assured to TEVTA in time.

7. Additions / Deletions of Insured

The coverage for employees/dependents in case of retirement/termination/resignation will discontinue from the date of leaving TEVTA. Likewise, new employees/dependents are covered from the date of joining of coverage. Pro-rata premium is charged for new enrollees. Similarly, pro-rata premium is charged for those employees who move to a higher benefit plan during a policy year, for instance from plan 'B' to plan 'A'.

Further, children will be accepted for cover from birth, provided that their birth is notified to us within 30 days from the date of birth. Notification received after this period will result in children being accepted for cover from the date of such notification.

8. Fraudulent OR Incorrect Claims

If any claim under this policy in any respect fraudulent or unfounded, all benefits paid and / or payable in relation to that claim shall be forfeited and (if appropriate) recoverable in addition all cover in respect of the insured person shall be cancelled void, without refund of premiums. Further, disciplinary proceeding may be

initiated against the employee in case of fraudulent/incorrect/wrong information provided to insurance company.

9. **Important Contact Number:-**

- ◆ For queries regarding policy documents, health cards and claims, regarding pre-authorization, medical advice, counseling and problems, please contact:

042-111-432-584

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(MUHAMMAD ASHFAQ)
MANAGER (FINANCE)
TEVTA
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A copy is forwarded for information and necessary action to:-

1. All General Managers, TEVTA Secretariat Lahore.
2. All Zonal Managers TEVTA in Punjab.
3. All Managers of TEVTA Secretariat, TEVTA Secretariat Lahore.
4. The Manager (Service Centers), TEVTA Secretariat Lahore.
5. All District Managers TEVTA in the Punjab with the direction to forward all insurance claims to Admin section of TEVTA Secretariat.
6. All Project Directors /Managers of Service Centers in the Punjab.
7. All Principal / HOI/Workshop Managers of TEVTA institutions.