

Plans and premium rates under Group Health Insurance Scheme 2024-25:

| PLANS | Plan A | Plan B | Plan C |
|--|---|---------------|---------------|
| Hospitalization Normal (Per Annum Per Person) | | | |
| Annual Hospitalization care limit | 725,000 | 725,000 | 530,000 |
| Daily Room & Board entitlement (Covered from available Annual Hospitalization care limit/ Maternity Limits) | 55,000 | 55,000 | 15,000 |
| Annual Accidental Cover | | | |
| Additional Hospitalization limit in case of Accidental Injury | 87,500 | 87,500 | 65,000 |
| Maternity Benefits | | | |
| Normal delivery / Legal Abortion / D & C / D & E | 339,700 | N/A | 110,000 |
| Cesarean Case | 509,320 | N/A | 180,000 |
| Pre & post Natal expenses / Initial Vaccine for New Born / Circumcision Cover are covered from available Maternity Limits | Covered | N/A | Covered |
| Daycare Surgeries & Specialized Investigations | | | |
| MRI, CT Scan, Endoscopy, Thallium Scans, Angiography, Cataract, Kidney Dialysis, & Cancer treatments and other Daycare Surgeries & Specialized Investigations are covered from available Annual Hospitalization care limit | Covered | | |
| Pre & Post-Hospitalization cost are covered from available Annual Hospitalization care limit | 30 days Covered (Diagnosis, Consultation, Medicines) | | |
| Out Patient Department (OPD) | Not Covered | | |

PREMIUM PER PERSON PER ANNUM:

| PLANS | Plan A | Plan B | Plan C |
|---|----------------|----------------|----------------|
| Member / Spouse < 60 | 61,261 | 61,261 | 33,522 |
| Maternity Premium (upto 45 years) [to be paid in addition to normal premium] | 305,194 | - | 107,323 |
| Member / Spouse 60 to 69 | 141,135 | 141,135 | 107,690 |
| Member / Spouse 70 to 80 | 177,675 | 177,675 | 145,365 |
| Child < 18 years | 48,731 | 48,731 | 25,492 |
| Child 18 years & above (Max age: 30 years for unmarried son) | 27,306 | 27,306 | 17,253 |
| Parents < 60 | 113,819 | 113,819 | 61,407 |
| Parents 60 to 69 | 222,386 | 222,386 | 101,154 |
| Parents 70 to 85 | 275,951 | 275,951 | 139,049 |

Who can avail the benefits of scheme?

ICAP Members, spouses up to the age of 80 years and parents up to the age of 85 years, dependent sons up to the age of 30 years for unmarried son and no age limit for dependent and unmarried daughters.

Salient Features

- Coverage is available up to the age of **80 years for members and spouses, 30 years for dependent son** and **till marriage for daughters** only.
- **Coverage for Parents are available up to the age of 85 years.**
- Spouses/Female married members up to 45 years are eligible for maternity benefit.
- **All Pre-existing Maternity Conditions shall be covered under Maternity Care benefits limits respectively for all eligible covered member.**
- Pre Existing Conditions shall be covered up to 100% of the Hospital Care Limit for all covered members.
- Congenital Ailments shall be covered up to 100% of the Hospital Care & Major Medical Benefit Limits for members, Spouse and Children only.
- Treatment of Hepatitis "B & C" are covered up to 100% of the Hospital Care Limit.
- COVID 19 related covered expenses will be excluded for non-vaccinated individuals, over the age of 18 years.
- Newly born child will be covered from Day 1 up to 50% of the Hospital care limit without any individual risk assessment.
- Salaam Takaful Limited will provide the digital cards to the members over the Salaam App via link: <https://play.google.com/store/apps/details?id=com.avolox.salaamtakaful>
- Reimbursement cases shall be paid as per terms of the policy and reasonable and customary charges will be applicable.

On Network Hospitals: For Treatment at a Network Hospital on cash basis, the Company reserves the right to limit the reimbursement for the medically necessary treatment to only reasonable and customary charges, as agreed by the Company with the same Network Hospital.

For Non-Network Hospitals: For Treatment at a non-Network Hospital, the Company reserves the right to limit the reimbursement for the medically necessary treatment to only reasonable and customary charges, as agreed by the Company with its nearest best Network Hospital.

How to register?

Provide particulars about self and family members by filling out the Registration Form available online at <https://icap.org.pk/members/membership-benefits/members-privileges/health-insurance-policy/>

Premium can be paid through Credit/Debit Card using ICAP's online payment link: <https://online.icap.org.pk/online-payment.php> Cheque / Pay Order / D.D. in favor of ICAP are also acceptable (in case of payment through Cheque / Pay Order / D.D., clearance time of two days will be applicable).

Policy period: 1-August-2024 to 31-July-2025

Start date of registration is 15-July-2024 and Last date of registration is 31-August-2024

Contact persons for further queries:

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| The Institute of Chartered Accountants of Pakistan: Syed Rahil Ahmed, Secretary, Benevolent Fund Tel: 111-000-422 Ext. 353, Email: bfund@icap.org.pk | Salaam Takaful Limited: 24/7 Helpline: 0302-8228212, 0303-8228466 Email: cl.health@salaamtakaful.com |
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Treatment at panel / approved hospital

"Salaam Takaful Limited" provides complete credit facility at **416 Panel Hospitals** all over Pakistan. Panel Hospitals can be increased on members' request and acceptance by the hospital.

Non-panel claim settlement procedure

All non-panels claims can be sent to Salaam Takaful Limited for reimbursement through ICAP Benevolent Fund Secretariat. All hospitals administered by Federal & Provincial Governments and Armed Forces of Pakistan are also approved for treatment on CASH basis and patients may subsequently seek reimbursement from Salaam Takaful Limited through ICAP.

What is not covered under the policy?

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| Difference in charges of visiting consultant to Panel Consultant are not covered. |
| Admission for workup, routine physical examinations and routine preventive measures and/or rest care including confinements, which are primarily for diagnostic purposes, OPD's are not covered. |
| Admission for observation & Rest cures, physiotherapy, is not covered. |
| Telephone charges, linen, laundry, meals, guest meals, are not covered. |
| All Non-Medical items, Discharge/Take home medicines are not covered. |
| Drug addiction/overdose, intentional poisoning, suicidal injuries, psychotherapies, are not covered. |
| Infertility Treatments, contraception, sterilization procedures/medicines, illegal abortion, experimental treatment, are not covered. |
| Excimer & LASIK Procedures, PRK procedures, are not covered. |
| Eyeglasses / Contact lenses / Dentures / Hearing Aids / Braces / Slings/Correction of refractive errors of the eye and procedures such as Radial Keratotomy and Excimer Laser are not covered. Surgery for cataract with IOL lens only (market standard lens) is covered. |
| Dental treatment are not covered. |
| Cosmetic treatment, plastic surgeries, laser skin treatments, are not covered. |
| Organ transplants is covered. However, pre-post 30 days will be covered for the Recipient only on reimbursement basis if he/she is enrolled with STL & PEC, expense will be covered as per the available limit of the member. |
| Treatment of willful self-inflicted illness / injuries are not covered |
| Treatment of obesity, fertility, infertility or menopause related treatments are not covered |
| Medical emergencies, overseas treatment, are not covered. |
| Admission in Hospital for less than 24 hours is not covered. |
| Personal expenses incurred by a covered member while admitted in a hospital such as telephone calls, guest meals, tissue papers, photocopying, etc. |
| Any Hospital confinement or surgical operation that has not been recommended by a legally licensed Physician or Surgeon |
| Treatment or investigation of infertility / sterilization, contraception and any complication relating thereto |
| Pre & Post-Hospitalization cost of Daycare Surgeries & Specialized Investigations are not covered. |