

Jubilee
LIFE INSURANCE



JUBILEE HEALTH SHIELD
HEALTH INSURANCE PLAN

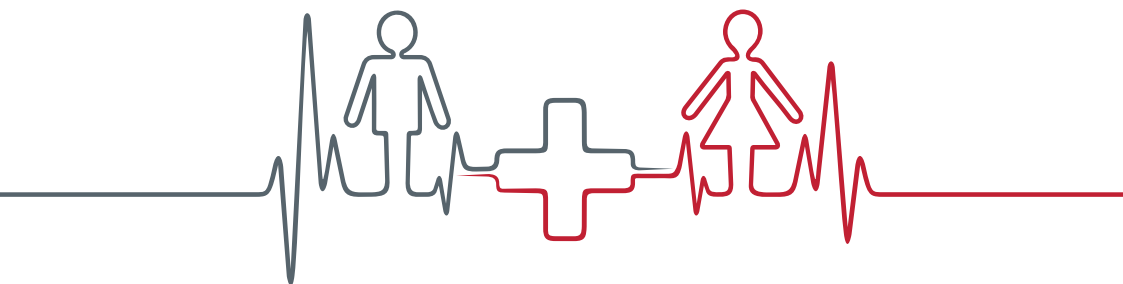


The **FIRST**
WEALTH is
HEALTH



In today's fast paced life, we put in all our energies into our work and daily chores – which results in various ailments and stress related to our health and impacts us in the most undesirable and serious ways. Our life starts to get affected as fear and insecurity takes a strong foot hold in our minds and adds that sense of insecurity in our family's as well. In such a situation, it puts pressure on our immediate cash flows – where we either decide to liquidate our assets or borrow money to pay our Medical Expenses, resulting in our temporary failure to meet our other meaningful financial commitments such as Savings for our children's education or marriage or gives birth to the uncalled for liabilities that are to be paid later resulting in putting further strain on us mentally and financially.

“We at Jubilee Life, strongly believe that no matter what the situation is, One must not compromise on their dreams and long term financial goals. For the same purpose of providing our valued customers with the best of its kind support during the times when it is most required, Jubilee Life offers you – an attractive Health Insurance Plan called Jubilee Health Shield, that provides you financial support and assistance in case you or your family members have had a medical emergency but also provides various additional built in benefits such as inclusion of Pre-existing conditions cementing further that Jubilee Life cares for you and your family.”



Why Jubilee Health Shield should be your first choice?

Jubilee Health Shield comes with the following set of attractive benefits that are unmatched in nature & are true value for money.

Offers	Status	Limit Upto
In-Patient Hospitalization Benefit	Yes	500,000
*Pre-Existing Conditions Covered	Yes	50%
*Spouse & Children Cover	Optional	500,000

**Pre-existing conditions will be covered from 13th month onwards @ 10% addition every year up to maximum of 50% of the Annual Benefit Limit. The Rupee Value of the Pre-Existing coverage will be determined by applying the Percentage of Pre-existing conditions covered to the Annual Benefit Limit.*



Product Packages:

Jubilee Health Shield comes in 2 attractive packages that you can choose from as per your need and convenience. Both Packages of Jubilee Health Shield have different Annual Benefit Limits as stated below:

Jubilee Health Shield	Shield	Super Shield
In-Patient Hospitalization Benefit	250,000	500,000
Room Limit	7,500	20,000
*Spouse & Children Cover	Optional	Optional

What is In-Patient Hospitalization Benefit?

In-Patient Hospitalization Benefit means treatment and services provided for sickness, injury 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 Health Shield as per the terms and conditions of its Policy Document.

What is the Term of Jubilee Health Shield?

Jubilee Health Shield can be availed for at least 5 years. After every 5 years, you would be required to re-apply for the product. Renewal of the policy after the end of its initial 5 year term shall depend upon acceptance by the policy holder of the terms and conditions offered by the Company at the time of renewal

Jubilee Health Shield	Shield	Super Shield
Term	5 years	

Who can be covered under Jubilee Health Shield?

Anyone who is 1 month to 55 years of *age can avail Jubilee Health Shield.

Jubilee Health Shield	Shield	Super Shield
Entry Age	01 Month to 55 Years	

* As per Terms & Conditions.

FREQUENTLY ASKED QUESTIONS(FAQ'S)

How can I avail Jubilee Health Shield?

You can avail Jubilee Health Shield in 3 simple steps:

1 Choose your package

2 Sign up the Application Form

3 Pay Premium



Why choose Jubilee Health Shield?

Jubilee Health Shield provides following benefits:

Annual Benefit Limits	Basic Cover	*Inclusion of Pre-Existing Conditions
250,000 or 500,000	In-Patient Hospitalization Benefit	In-Patient Hospitalization Benefit (10% - 50%)
<i>*Pre-existing conditions will be covered from 13th month onwards @ 10% addition every year up to maximum of 50% of the Annual Benefit Limit. The Pre-Existing Condition shall follow a schedule as provided in the policy terms and conditions.</i>		

- In-Patient Hospitalization Cover - as per your choice of Package
- *Applicability of Pre-Existing Conditions Coverage
- ** Pre & Post Hospitalization Cover
- 24 / 7 / 365 days round the clock service
- Accessible in all major hospitals across Pakistan
- Real value for money

** Pre-existing conditions will be covered from 13th month onwards @ 10% addition every year up to maximum of 50% of the Annual Benefit Limit.*

*** For Expenses (Investigation, Consultation & Medicines) occurred upto 30 days before admission into the hospital and upto 30 days after discharge from the hospital.*

Is there any waiting period under the Plan?

Yes, the Plan has an initial waiting period of 60 days for Sickness, during which claims arising due to Sickness will not be payable. The Coverage for Sickness under the Plan takes effect sixty (60) days after the later of the Policy Issue Date and the Last Alteration Date for attachment of Benefit Assured under this Policy. There is no waiting period in case of Injury.

Is there a Free Look Period under the Plan?

This plan offers a free look period of 14 days starting from the receipt of policy documents. You can apply for cancellation and refund of premium, as settlement benefit, if you are not satisfied with the terms and conditions as long as the benefits available have not been utilized. Your Premiums will be refunded, as settlement benefit, if a written request for cancellation is received within the Free Look Period. Requests for refunds should be communicated to our Customer Helpline (111-111-554).

What is a Pre-Existing Condition?

Pre-Existing Conditions' means any 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 Issue Date of the Policy for the Insured Person concerned, or
- which originated or was known or reasonably should be known to the Life Assured or the Insured Person to exist prior to the Issue Date of the Policy, whether or not treatment, or medication, or advice, or diagnosis was sought or received.

What does the "Inclusion of Pre-Existing Conditions" mean?

"Inclusion of Pre-Existing Condition" means that in case if a customer has been suffering from an ailment/medical condition prior to availing the Jubilee Health Shield



Plan, then in that case *expenses related to that particular ailment/medical conditions will also be covered.

Under Jubilee Health Shield, the Pre-Existing Conditions would be covered from the 13th month from the commencement of the cover.

**As per Terms & Conditions.*

Would all Pre-Existing Conditions related expenses be covered from the 13th month from the commencement of the cover?

No. Pre-Existing Conditions will only be covered up to the percentage of the Annual Benefit Limit as mentioned in the below schedule:

Year	Pre-Existing Conditions Covered
*1	0%
2	10%
3	20%
4	30%
5	40%

**Pre-existing conditions will be covered from 13th month i.e. (after 1st Year) onwards @ 10% addition every year up to maximum of 50% coverage.*

Can I continue Jubilee Health Shield after 5 years as well?

Yes, you have the option to renew Jubilee Health Shield again in case you wish to. Renewal of the policy will depend on your acceptance of the Terms & conditions offered by the Company at time of renewal (at the end of the initial policy term of 5 years).

Would my Pre-existing Condition Inclusion start from 0% again, in case I plan to re-avail the 5-year Product?

No. *In case of re-availing Jubilee Health Shield, your Pre-existing Condition counter would initiate from your previous maximum. However, the maximum coverage for Pre-Existing Conditions will only be up to 50% of the Annual Benefit Limit.

Can I avail Jubilee Health Shield for my Spouse & Children?

Yes. You may add your Spouse and children with in this Plan. However, you will have to pay additional Premium as per the age of the Spouse and the children.

Which Network Hospitals are available?

Jubilee Life has developed a network of around 400 carefully selected hospitals spread across the country. A **hospital panel list** shall be provided to you along with the policy document at the time of purchase of this plan.

What are the advantages of a Network Hospital?

In case of hospitalization, you can select any of the Network Hospitals to obtain quality medical care without having to pay out of pocket. You can avail the credit facility arranged by Jubilee Life through a simple Pre-authorization procedure and Jubilee Life will settle



your bills directly to the hospital as per your entitlement. This relieves you from the financial distress and you can concentrate on the recovery process.

Which Top Network Hospitals are available in main cities of Pakistan?

By opting for Jubilee Health Shield, you have access to Top Network Hospitals located in the main cities of Pakistan which include the following:

NETWORK HOSPITALS

City	Hospital
Karachi	Aga Khan University Hospital (AKUH)
	Orthopedic and Medical Institute (OMI)
	South City Hospital
	Liaquat National Hospital
Lahore	Doctors Hospital and Medical Center
	Hameed Latif Hospital
Islamabad	Shifa International
	Qaid-e-Azam International Hospital
Rawalpindi	Maryam Memorial Hospital
Faisalabad	Faisal Hospital
	Mujahid Hospital
Multan	City Health Care Pvt Ltd
	Fatima Medical Centre

“TOP HOSPITAL FACILITIES AVAILABLE IN MAJOR CITIES OF PAKISTAN”

Definitions:

In-Patient Hospitalization: A patient admitted in the hospital for the treatment of medical condition.

Network Hospitals: Hospitals which are on the panel lists of Jubilee Life

In-admissible conditions: Medical conditions which are not covered under Jubilee Health Shield.

Pre-authorization: Obtaining prior approval before incurring an expense for the treatment of medical condition covered under this product.



What is the Premium that I will have to pay?

The premium for Jubilee Health Shield will be based upon the age of the customer and other members as per the below table.

Age	Shield	Super Shield
0	9,500	18,950
1	9,500	18,950
2	9,500	18,950
3	9,500	18,950
4	9,500	18,950
5	9,500	18,950
6	9,500	18,950
7	9,500	18,950
8	9,500	18,950
9	9,500	18,950
10	9,500	18,950
11	9,500	18,950
12	9,500	18,950
13	9,500	18,950
14	9,500	18,950
15	9,500	18,950
16	9,500	18,950
17	9,500	18,950
18	7,000	13,850
19	7,000	13,850
20	7,000	13,850
21	7,000	13,850
22	7,000	13,850
23	7,000	13,850
24	7,000	13,850
25	7,000	13,850
26	7,400	14,700
27	7,850	15,600

Age	Shield	Super Shield
28	8,300	16,500
29	8,750	17,450
30	9,150	18,200
31	9,150	18,200
32	9,150	18,200
33	9,150	18,200
34	9,150	18,200
35	9,150	18,200
36	9,800	19,500
37	10,450	20,900
38	11,150	22,300
39	11,850	23,700
40	12,450	24,900
41	12,450	24,900
42	12,450	24,900
43	12,450	24,900
44	12,450	24,900
45	12,450	24,900
46	14,050	28,150
47	15,700	31,550
48	17,450	35,000
49	19,200	38,600
50	20,650	41,500
51	20,650	41,500
52	20,650	41,500
53	20,650	41,500
54	20,650	41,500
55	20,650	41,500



Important Notes:

1. All scheduled admissions must be reported to Jubilee Life at least 48 hours prior to admission. Members must seek Jubilee Life's authorization before proceeding.
2. For emergency admissions, the hospital/members will contact us within 24 hours for authorization.
3. A separate health card shall be issued to the policyholder after enrollment.
4. Members must present their medical cards in order to obtain treatment on credit at the accredited panel of providers. Each member will also be required to complete and sign a claim form available at the service provider.
5. In case of a medical emergency, members can reach us on the 24 hours emergency lines.
6. A member on travel outside the country during short period business or holiday travel outside Pakistan (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 reimbursement basis and will be within the Reasonable and Customary Charges for medical treatment of a standard and type usually available in Pakistan.
7. This leaflet is for illustrative purposes only. You are advised to refer to the Illustration before purchasing a plan, and to refer to the terms and conditions in the policy document for details of the important features of the plan.
8. The policy will cease on the earlier of:
 - Death of Life Assured;
 - End of Policy Term
 - Due date of the first unpaid Premium, given that Premium is not paid within the Grace Period.

Exclusions:

The exclusions in this section are in addition to any other exclusion that may be contained in the Benefit Assured section of the Policy Document. This product does not insure and no benefits shall be paid for expenses resulting from all and any of the following Exclusions:

1. Any *Pre-Existing Conditions will not be covered under the Policy during the first Policy Year. Subsequently, Pre-Existing conditions will be covered according to the following table:

Year	Pre-Existing Conditions Covered
*1	0%
2	10%
3	20%
4	30%
5	40%

**Pre-existing conditions will be covered from 13th month onwards @ 10% addition every year up to maximum of 50% coverage. The Pre-Existing coverage provided in the above schedule is as a percentage of the Annual Benefit Limit.*



2. 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.
3. Any Treatment not recommended by a Physician licensed and approved by the Pakistan Medical and Dental Council or which is not Medically Necessary.
4. Routine physical check-ups, rest cures, services including immunization.
5. 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.
6. Supply or fitting of eye glasses, contact lenses, hearing aids, wheelchairs and medical appliances not required surgically.
7. Any dental Treatment, X-rays, extractions or fillings unless necessitated due to Accidental Injury occurring and up to the extent of pain relief.
8. Cost of limbs of any other organ (prostheses) or any kind of supporting equipment for revival or correction of the function of body.
9. Treatment of any refractive errors of the eyes including cost of procedures such as 'Radial Keratotomy ' and ' Excimer Laser '.
10. Procedures and treatment for Obesity, weight reduction/enhancement.
11. Cosmetic/plastic surgery, unless medically necessitated due to Accidental Injuries occurring while the Insured Person was covered.
12. 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.
13. Engaging in air travel, except when travelling in a licensed aircraft being operated by a licensed airline according to published schedules.
14. 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.
15. Treatment or surgical operation for congenital defects or deformities, including physical and mental defects present from birth.
16. Pregnancy and complications thereof, childbirth (including surgical delivery), miscarriage, abortion and/or any related prenatal or postnatal care, circumcision etcetera.
17. Treatment of infertility, impotency, sterilization & contraception including any complication relating hereto.
18. 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.
19. 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.
20. Outpatient Services.
21. 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.



22. 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.
23. 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.
24. 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.
25. Sexually transmitted disease and any treatment or test in connection with Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases.
26. Services or treatment in any home, spa, hydro-clinic, sanatorium or long term care facility that is not a Hospital as defined.
27. Continuance of fees from a referring Physician after the date on which an Insured Person has been referred to another Physician or Specialist.
28. Costs or treatment after an annual renewal date (Due Date) arising from accident, illness or death occurs during the previous Period of Insurance except as hereinbefore defined.
29. 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.
30. Any treatment or expense in respect of persons more than 60 (Sixty) 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.
31. This Policy has a Waiting period of sixty (60) days, during which claims arising due to In-patient Hospitalization (apart from hospitalization due to Accident) will not be payable.



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