



CUI Medical Insurance Policy

2024-2025



**CONTRACT AGREEMENT FOR MEDICAL INSURANCE
BETWEEN**

**STATE LIFE INSURANCE CORPORATION OF
PAKISTAN**

AND

COMSATS UNIVERSITY ISLAMABAD



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Legal binding

1. This contract, when signed by **COMSATS University Islamabad (Wah Campus, Attock Campus & Abbottabad Campus)** situated *Wah, Attock and Abbottabad* (Hereafter referred to as **CUI: Segment-3** in this contract) and **State Life Insurance Corporation of Pakistan** (Hereafter referred to as **Insurance Company** in this contract) and will come into force from **July 01, 2024 and valid till June 30, 2025** and cancels all other prior contracts, agreement, written or verbal, if any. No other document/contract or agreements will be signed, considered, or referred to for settlement of medical cases.
2. Coverage will be given to employee(s)/Ex-employee(s) & their dependent(s) which includes Spouse, Children & Parents. No age limit restriction will apply to members; however, **CUI: Segment-3** will filter its list as per **CUI: Segment-3** medical attendance rules and will provide a list of all lives to be insured to the Insurance Company at the start of the policy year. For simplification, hereafter, both Employee and Ex-Employee will be referred to as Employee in this contract. The coverage will start immediately from the time of written intimation (email or letter) to the Insurance company.
3. The total annual premium will be calculated and paid as per the actual number of employees/dependents in a particular category and the Insurance Company will generate an invoice of the same, to be verified by **CUI: Segment-3**. Premium Rate of each category will be calculated as under:

Net Premium = Rate of Per Person Premium (each category) X No. of lives in the category

Total Annual Premium = Net Premium + All Admin charges, taxes & Duties

4. For the number of employee(s) to be added during the year, the premium will be charged as per premium rate per person in the relevant category.
5. **CUI: Segment-3** will pay premium for each employee and their dependents for which he/she will get coverage for the same. Insurance Company will not object to the fact that the employee is getting insurance benefits from other sources such as Health Card, insured by other insurance company. However, an employee/dependent in **CUI: Segment-3** will be given single insurance coverage limit by Insurance Company.



6. All the lives insured under the policy shall be given medical coverage (including pre-existing, congenital, special investigation, eye treatment, IPD, Dread Disease and maternity coverage) of any physical or mental disease/disorder.
7. All payments related to IPD, maternity, dread disease & reimbursement claims shall be made by the Insurance Company. Coverage includes surgeon fees, doctor fees, nursing charges, hospital/clinic registration charges, anesthesia charges, medicine charges, surgery charges, gown or room/ward/operation theater charges, dress charges, medical tests, treatment, and hospital stay, as prescribed.
8. One-month Pre & one-moth Post hospitalization benefits shall be paid/reimbursed by the Insurance Company within the overall coverage limit of IPD. These include doctor visit fee, tests, medication, bandage, stitches removal etc.
9. In the case of promotion of employees, where change of category has occurred, **CUI: Segment-3** will, through written request along with proof of promotion, communicate the change of category and pay the difference of the premium between the categories.

Coverage Limits/Benefits

Benefits	E	A	B	C	D
Indoor IPD: Per insured per AILMENT	240,000	190,000	152,000	127,000	105,000
Maternity Limit: (Normal/Caesarian)	138,000	111,000	91,000	72,000	58,000
Dread Disease Limit: (Per insured per ANNUM)	1,035,000	835,000	710,000	570,000	430,000
Room Limit: (Within overall insurance limit)	Private Room	Private Room	Room /Special Ward	Room /S. Ward/ G. Ward	Room /S. Ward/ G. Ward
	35,000	29,000	23,000	17,000	12,000
Accidental Coverage	50% enhancement in the IPD Limit				



Premium Calculation

(A) Number of Lives

Wah Campus						
Relationship	A	B	C	D	E	Grand Total
Self	65	129	67	97	15	373
Spouse	61	111	65	86	13	336
Kids	160	232	173	192	31	788
Parents	75	162	56	111	14	418
Grand Total	361	634	361	486	73	1915

Attock Campus						
Relationship	A	B	C	D	E	Grand Total
Self	35	96	49	104	1	285
Spouse	33	85	45	96	1	260
Kids	98	176	105	223	1	603
Parents	39	131	60	116	0	346
Grand Total	205	488	259	539	3	1494

Abbottabad Campus						
Relationship	A	B	C	D	E	Grand Total
Self	159	317	155	141	5	777
Spouse	143	251	143	124	5	666
Kids	389	547	406	243	12	1597
Parents	169	353	170	134	0	826
Grand Total	860	1468	874	642	22	3866

Consolidated: Segment 3						
Relationship	A	B	C	D	E	Grand Total
Self	259	542	271	342	21	1435
Spouse	237	447	253	306	19	1262
Kids	647	955	684	658	44	2988
Parents	283	646	286	361	14	1590
Grand Total	1426	2590	1494	1667	98	7275



General Clauses

10. Cases shall not be refused by Insurance Company due to the non-availability of PMDC No. Furthermore, cases shall also not be refused by giving the reason that "General Practitioner is not authorized to do the treatment."
11. Insurance Company is bound to pay IPD/Maternity/Dread Disease coverage and reimbursements without the condition of time lapse.
12. Insurance Company shall ensure that all kinds of valid approvals to panel hospitals in respect of insurance coverage shall be given as demanded by hospital and well in time.
13. Insurance Company shall ensure that deficiencies, if any, on the reimbursement claims are intimated to the concerned focal person in one go within 15 days' time and the settlement of claim is made within maximum of 30 days' time.
14. In case of deficiencies of the documents, the Insurance Company shall only withhold the claimed amount relating to the deficiency, the rest of the claim shall be settled. The withheld amount shall be settled after the provision of the required documents.
15. Regular meetings between Insurance Company nominated representative and focal person of **CUI: Segment-3** shall be held on quarterly basis or as and when required, to settle the disputed issues.
16. New/Fresh coverage limit will be given to the employee/dependents for the same ailment after a gap of 30 days from the date of discharge from hospital.
17. No prior approval from the Insurance Company shall be required to avail non-panel hospital facilities, hence no deductions shall be made in this regard. However, in case of Panel Hospital, the employee must intimate the Campus focal person or State Life Help Line to be admitted. In case of no response from Panel Desk/State Life Help Line, an employee has the right to avail panel hospital facility on cash payment, the reimbursement will be paid by the Insurance Company as per their policy with the right to make legitimate deductions.
18. Only the focal person of **CUI: Segment-3** will deal and communicate with the Insurance Company for reimbursement, claims, approval, objections etc.
19. The Medical Insurance cards shall be provided by the Insurance Company within seven working days after the provision of the updated list of employees and their dependent(s) to the Insurance Company. However, in case of non-issuance of card, Insurance Company shall facilitate the insured employee/dependent(s) as per the list provided by **CUI: Segment-3** at the start or intimated by **CUI: Segment-3** from time to time. If a family member is erroneously placed under different Folio Number, incorrect spelling or any other clerical mistake, **CUI: Segment-3** will certify and correct the data.



Medical insurance coverage will be extended/given to the member and will not be denied because of incorrect information; however, the name of the employee/dependent must be on the list.

20. LAMA (Leave Against Medical Advice)/ Discharged from hospital on the wish/request of the patient would not restrict the patient's right of reimbursement of the treatment he/she has already been given in hospital. However, in this case, the patient will pay in cash and the reimbursement will be paid by the Insurance Company as per their policy with the right to make legitimate deductions.
21. Treatment of multiple ailments in single confinement/admission will be covered under multiple coverage. Coverage will be extended per ailment and not per confinement.
22. The coverage will be for the medical treatment of the ailment regardless of the cause of the ailment.
23. In case of fake/ fraudulent claim is found by the Insurance Company, a formal letter/email would be required from Insurance Company along with relevant facts/ proof for verification/vetting by **CUI: Segment-3**. After vetting, the company will have the right to reject the claim. **CUI: Segment-3** will also initiate a disciplinary inquiry against the employee.
24. Claim reports (for hospitalization & reimbursements) would be required from Insurance Company on monthly basis, on request or available on web portal. A separate account for all units/campus (as mentioned in Clause No. 1) would be maintained on the Web Portal separately.
25. In case of injuries to the covered lives insured by Insurance Company due to Military or Air Force, Police, or security forces operations or due to terrorism, shall be covered as per assigned limits.
26. The Insurance Company shall be bound to extend coverage limit or make reimbursement, for cases where the attending specialist doctor or doctor on duty, has in writing, advised admission to the patient except exclusions.
27. Open Reduction Internal Fixation (ORIF) will be covered as IPD.
28. PCR Test/HRCT test will be considered/acceptable/reimbursed as recommended for initiating the treatment.
29. Angiography shall also be covered in IPD.
30. Lab tests which are not available within Pakistan may be conducted from outside of Pakistan through Pakistan registered laboratories and will be reimbursed subject to the fact that these tests are not conducted/available in Pakistan.
31. In case the lab tests could have been conducted in Pakistan, the amount of these tests will be paid according to the charges of the local lab.
32. DRAP (Drug Regulatory Authority of Pakistan) non-approved medicine will not be reimbursed/covered.



33. Indoor dental treatment/planned treatment is not covered; however, in case of accident the dental treatment will be covered.
34. All kinds of treatments for removal of kidney/ gallbladder stones etc. (including all types of lithotripsies) are covered in IPD Limit. Percutaneous Nephrolithotomy (PCNL), Nephrostomy/ Nephropathy are also covered as IPD.
35. Treatment of organs through laser will be allowed under IPD/DD, as the case may be.

Eye Treatment

36. Eye treatment Cataract surgery will be treated as IPD with the full category-wise insurance limits. In the case of reimbursement of eye treatment, the maximum cost of Lens would be **Rs.40,000/- per lens** and reimbursement for all other expenses would be as per actual bills. Each eye will be treated as a separate ailment/treatment.

Day Care

37. Day Care surgeries will also be covered and treated regardless of LA/GA. "A patient who is admitted for operation on a planned basis and who nonetheless requires facilities for recovery." Doctor fee, medical tests will be covered and payable; further, the stay period, if required and advised by the doctor will be covered. The following day care surgeries/procedures are included:

- CV Line /CVP Line
- Band ligations for piles
- RF ablation of ectopic foci in heart
- Excision biopsies/Needle Biopsies from breast and Thyroid and other body
- Foreign body removals from throat, nose, and ear
- Closed reduction of fractures
- Dressings for extensive burns 20% or more

Accidental Coverage

38. In the case of Road Traffic Accidents (RTA) or Off-Road accidents, the IPD limit will be enhanced by 50%. Any damage/injury WILL BE COVERED (including bone fracture/breakage, dental treatment, stitching, bandage emergency treatment, hospital stays, medical tests etc.).
 - a) Accident is defined as "Accident means an unexpected, unusual, and specific event and injury, external or internal. "On-Road Accident" means Road Traffic Accident (RTA) and



“Off-Road Accident” means all those accidents not involving RTA like falling from the roof, ladder, stairs, slipping, sports injuries, dog bite etc.

39. If a patient goes to emergency for treatment under accident (off-road or on-road) and the treatment is split into sessions, the patient will still be entitled to the 50% additional IPD limit. e.g., in case of accident, patient is treatment in emergency room and is advised discharge on that day but is advised tests/treatment/surgery in the proceeding time but upto 14 days; the complete treatment will be covered in IPD with 50% enhancement of accidental coverage.

Specialized tests

40. Specialized tests like MRI, CT-Angio, CT-Scans (All type included), Echo, E.M.G, N.C.S, E.E.G, DEXA Scan, PET Scan, Thyroid scans/test, Thallium Scan, mammography, Endoscopy, Colonoscopy, Fundoscopy, Barium Meal, Barium Enema, E.T.T will be reimbursed/paid. However, doctor prescription, test reports and fee receipt/invoices will be required for reimbursement.
41. Biopsy will also be covered and reimbursed unconditionally (Both +ve or -ve).
42. PCR Test (if positive will be covered) along with the treatment.
43. Rapid Antigen Tests in case of admission will be covered.

Emergency Coverage

44. The established emergencies related to on-Road, off-road, accidental, or medical/surgical emergencies will be covered including, but not limited to, retention of patient for control of blood pressure, control of diabetes, presented with SOB (Shortness of Breath due to asthma) and treated with oxygen/nebulization, wound stitching, stomach wash due to accidental poisoning, bone fracture & X-Ray and POP charges and Angina pain in emergency room are all allowed and is covered under IPD limit (fees, medication within the emergency room, hospital stay/emergency room stay included).

Maternity, Gynecology and Baby Care

45. Neonatal Babies is considered as a new life and the insurance coverage to neonatal babies shall immediately be assigned as a separate life and will be assigned IPD/Dread Decease Limits of the parent.



- a) Any ailment/disease/complication/admission of the new-born baby shall be treated as per prescribed IPD/dread disease limits irrespective of the fact that the insurance card has not been made/issue.
 - b) Nursery care for the baby, Charges for Phototherapy for Neonatal Jaundice, hypoglycemia, IV fluids and Transient Tachypnoea of Newborn (TTN) will also be covered from IPD.
46. Ultrasound facility, tests, consultation charges/fee & medicine would be allowed during maternity period with no time bound (within the policy year) and circumcision of baby boy will also be covered (within the same policy year **OR** birth year). The ultrasound facility, tests, consultation charges/fee & medicine and circumcision fee will be within the overall maternity limits.
 47. In case of extension of contract, full maternity limits will be renewed.
 48. Gynecology related matters, other than maternity, shall be settled/covered from IPD limit subject to admission; however, medicine and treatment for fertility or oophorectomy (birth-control) will not be covered, however removal of Cyst, oophorectomy (cancerous case) will be covered in IPD/DD.
 49. Any indoor treatment of the parent (mother) will not be deducted from the Maternity limit such as Jaundice of mother before birth/during pregnancy, Hypertension, treatment of high BP or high Sugar etc. and will be treated separately from IPD limit of the mother.

Room Coverage

50. Room Charges/Limits mentioned in this document specifically means the room charges as per the entitlement/category-wise limit defined under "**Coverage Limits/Benefits**".
51. The Heating and Cooling charges, gowns, bed sheets, Medical Officer (MO) & nursing charges along with all other allied facilities are considered as included in the Room Charges. Standard facilities such as drinking water & meals (for patients only) etc. will also be included in the room charges and will be covered.
52. Coverage also includes short stays in Emergency or during maternity stay and will be paid within the entitlement limit subject to the coverage/entitlement of the treatment.
53. Epidemic Test & Treatments (such as Dengue Treatment, Corona Virus and other epidemic declared by Govt. of Pakistan) will be covered as IPD.

Dread Disease Coverage



54. The prescribed limit of this coverage is valid for one policy year, each expense to be debited to the respective account. i.e., the coverage per insured person is per year, and not per ailment or confinement. Payment under this clause shall continue until the dread disease benefit limit is exhausted ***without the condition of being admitted***. The preventive medication for cancer, hepatitis, epilepsy, tuberculosis will also be covered subject to doctor prescription and relevant tests which will be required every 6 months. The patient will need to produce a fresh prescription and relevant tests every 6 months for reimbursement.
55. In cases where doctor recommends/prescribe medication for a longer period, medicine for a maximum period of 6 months/end of policy can be purchased and will be reimbursed. In the event of a change in medication before 6 months, a deduction of the difference in the new bill will be made for the remaining months. A fresh prescription, relevant tests will be required for further reimbursement. In case of extension in contract, the medicine will be paid on the same prescription, if under 6 months.
56. The dread disease benefit limit shall apply only to expenses arising from any one or a combination of dread diseases that the insured may acquire during the period or has from before while the insured person is covered under this clause.
57. For Hepatitis B and C treatments, the expenses (including pre & post diagnosis test) of only recognized treatments are covered.
58. For Hepatitis B & C, the tests (initial for diagnosis purpose, if positive, against which the treatment initiated and two post-tests after the treatment, whether +ve or -ve) shall also be valid and covered including F3-F2 Tests.
59. The Insurance company shall pay for expenses of hospitalization and pre/post hospitalization of an insured person, in connection with treatment of a dread disease named and defined as under.
- a) Heart Attack/Cardiac Arrest/ Acute Myocardial Infarction / Coronary Artery Bypass Grafting (CABG), Bypass Surgeries for Coronary Artery Disease or Arteriosclerosis including cost of pacemaker, Open Heart Surgeries, Heart Valve Replacement, Angioplasty.
 - b) Vascular Surgeries
 - c) Carotid Arteries Surgeries
 - d) The cost of Stents is covered. No restriction on the number of stents.
 - e) Stroke / Cerebrovascular Accident (C.V.A) / Paralysis / Paraplegia
 - f) Respiratory Distress Syndrome (RDS) in newborn
 - g) Patient on Ventilator, treatment will be paid from dread disease limit.
 - h) Cancer
 - i) Lung Disease (Pneumonia , Tuberculosis)
 - j) Tumors (Malignant or Benign)
 - k) Renal failure including Dialysis.



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- l) Major Organ Transplant such as, Kidney, Lung(s), Liver, Heart, Bone marrow. Cost of organ and donor expense not included.
 - m) Major Burns, over 20% body surface area
 - n) Multiple Sclerosis
 - o) Knee & Hip Implants (replacement or removal both covered)
 - p) Hepatitis B & C treatment, one +ve pre-test and two +ve OR -ve post tests
 - q) Liver Disease including Cirrhosis
 - r) Back surgery (Spondylolisthesis , Laminectomy)
 - s) HIV-AIDS
 - t) Major Head Trauma/Injury
 - u) Epilepsy

Exclusions

In case of any conflict of any treatment/procedure in the overall contract and "exclusions" section; the treatment/procedure will be considered as covered/reimbursable.

- 60. Any modality of medical treatment/investigation/procedure other than proven and recommended by allopathic system of health care.
- 61. OPD base investigations and admissions for workup except Specialized Investigations are not covered.
- 62. Cosmetics, termed as medicines.
- 63. Food supplements and Vitamin preparations
- 64. Baby Milk formulae
- 65. Blood charges and organ charges
- 66. Scientifically un-proven products/procedures
- 67. Elective tubal ligation / vasectomy
- 68. Tests & Procedures/treatment for fertilization like artificial insemination / test tube baby, and contraceptive measures
- 69. Active immunization other than covered by EPI.
- 70. Medical checkups and vaccination for business or leisure travel, hajj/umrah, or visa purpose
- 71. Elective health care screenings / routine medical checkup.
- 72. Liposuction, cosmetic surgeries, and procedures.
- 73. All kinds of medical equipment & appliances e.g., glucometer, B.P apparatus, thermometer, pulse oximeter, nebulizer, Oxygen concentrator, dispenser & cylinder, spectacle frames, wheelchair, crutches, walker, stretcher, air mattress, and contact lens (for cosmetics purposes).



74. Laser and cross linkage treatment for refractive error.
75. Suicidal attempts, drug, and alcohol/ narcotics use/abuse and criminal or subversive involvement and resulting directly from self-inflicted wound, domestic violence/family injuries will not be entitled for treatment.
76. Alternative, Complimentary, Integrative, Herbal, Hikmat, Homeopath, Natural Are Not Covered, New Age, Religious, Holistic & Folk Medicine are not covered even if made by a qualified medical doctor/specialist. Common examples include Acupuncture, Applied Kinesiology, Therapeutic Aromatherapy, Ayurveda, Bioenergetic & Unani Biofeedback Therapy, Chinese Medicine, Chiropractic Care, Craniosacral Therapy, Enzyme Therapy, Gemstone/Crystal/Chakra Therapy, Heating Pads, Herbal Therapy, Hijama/Cupping Therapy, Iridology, Karate, KKT, Magnetic Field Therapy, Play therapy, Faith Healing, Massage, Meditation, Mind/Body & Music Therapies, Naturopathic Therapy, Orthomolecular Therapy, Ozone Therapy, Reflexology, Shiatsu, Tai Chai, Therapeutic Touch/massages and Yoga, etc.

Premium Cost & Payments:

77. Premiums will be calculated on a yearly basis; however, paid to the Insurance company, in advance, for every 06 months.
78. Ten percent of the premium payments shall be withheld as performance security and until satisfactory completion of the contract; and released on written request by the Insurance Company.
79. Payment against endorsement premium (employee/dependents added during the year), special facilitation shall be settled and paid at the end of the year.
80. All applicable taxes shall be deducted as per government rules.

Duration & Extension:

81. This contract would be valid for one year, from **July 01, 2024, to June 30, 2025**, and extendable/renewable for further two years (on annual basis) on the same terms & conditions, premium rates and with the consent of both the parties, subject to satisfactory performance, which is to be evaluated and decided by **CUI: Segment-3**. After getting consent from the Insurance company, **CUI: Segment-3** will be the final authority to decide the extension of the contract.



Dispute Resolution

- 82. Matters not covered specifically here within this document, or dispute if any, will be settled mutually and amicably between **CUI: Segment-3** and Insurance Company.
- 83. In case of any dispute case remains, **CUI: Segment-3** will hold performance security until the resolution of the cases.

Signatures

- 84. Subsequent to all codal formalities and approval, the medical insurance contract 2024-25 is being officially signed between **CUI: Segment-3** and **Insurance Company** on **June 28, 2024**.

Focal Person for
**CUI (Wah, Attock & Abbottabad)
Segment-3**

Representative for
**State Life Insurance Corporation of
Pakistan**

Authorized person:
Name: Syeel Shafiq-ur-Rehman
Designation: Deputy Treasurer
COMSATS University Islamabad
Wah Campus

Authorized person:
(Dr. Saleem Akbar)
Regional Chief (H&A) Islamabad.

DR. SALEEM AKBAR
Regional Chief (H&A)
State Life Ins. Corp. of Pakistan
Regional Office, Islamabad

Countersigned

(Mr.)
Prof. Dr. Muhammad Abrar
Director - Wah campus.