

Health Insurance

PRODUCT DETAILS

WEBDOC in collaboration with the underwriters brings In-Patient Health INSURANCE coverage for the People of Pakistan.

Increasing medical inflation has significantly impacted the financial stability of individual belonging to all classes. Therefore, the need for a complete package of health care is highly significant fulfilling the present-day needs.

Webdoc Health Services is the answer to all such needs. This product is most customized, highly valued and competitive premium are the key aspects of this product. Because when it comes to your Personal lifestyle protection, Webdoc is the partner you can trust.

PAYMENT OPTIONS AND COVERAGE

Clients can pay on following basis and avail a HEALTH INSURANCE COVER.

PAYMENT OPTIONS	CHARGES	COVERAGE	CHARGES	COVERAGE	CHARGES	COVERAGE
Daily	2	10000	2	10000	2	10000
Weekly	12	10000	12	10000	12	10000
Monthly	60	10000	60	10000	60	10000
Bi-Annually	500	30000	500	30000	500	30000
Annually	1000	30000	1000	30000	1000	30000

ELIGIBILITY AND ENROLLEMENT

Applicants are eligible to apply for a Health Insurance Plan under the Policy if Applicants meet

ALL the criteria set out below:

- All Eligible Applicants shall be natural persons. Corporations, partnerships and businesses shall not be eligible for coverage under the Policy.

- All Eligible Applicants shall be a minimum of eighteen (18) years of age and a maximum of sixty (65) years of age at the time of registration.
- If the Applicant wishes to apply for and subscribe to a Plan under this Insurance Policy, the Applicant will be required during the registration process to:

1.

1. Acknowledge that the Applicant has read and understood the terms of the Policy
2. Confirm that the Applicant meets the eligibility criteria.

INTENTIONAL FALSE STATEMENT OF THE INSURED

- In the event of any concealment or misrepresentation the Policy shall become null and void with respect to the relevant Insured.
- Insurance Benefits payable are subject to the Applicant's confirmations being true and correct; and if the Applicant's confirmation is untrue or incorrect, no Insurance Benefits will be payable, and the End User Price the Subscriber paid will not be refunded.

COVERAGE

IPD (In patient Hospital) only. If the customer is hospitalized for more than 24 hours due to any disease in any registered from government hospital can apply for claim.

Admission must be advised by the doctor.

EXCLUSIONS

Payment of claims is subject to exclusions, as outlined below. Income Insurance Cover shall not cover

- OPD is not covered
- Any pre-existing conditions
- Attempt to suicide, self-inflicted injury, participation in criminal act or violation of law
- Failure to seek or follow medical advice-taking of drugs or alcohol
- Treatment related to dental
- Pregnancy, miscarriage, childbirth or any malignant disease occurring in or in connection with the female reproductive organs
- Claim arising due to an act of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution,

insurrection by military or usurped power, riot or civil commotion, an illegal organization, an industrial dispute, or death at a place cleared as active and declared war zone or where UN has active peacekeeping operations

- Cosmetic or surgical procedures are not covered
- Regular medicine & SI doesn't fall under IPD
- Cover restricts to IPD, Patient must be admitted at-least 24 hours on Bed to avail cover
- Cosmetic, aesthetic and related treatment
- Congenital anomalies
- HIV-AIDS or any sexually transmitted disease
- Any fertility/impotence/ sterilization procedure or treatment
- Psychiatric treatment
- Cost of limbs/ prosthetics/ hearing aids / crutches /dentures
- Any outpatient expenses
- COVID -19 related covered expenses will be excluded for non-vaccinated individuals, over the age of 18

NOTICE OF CLAIMS

The Company shall be notified of the occurrence of Insured Claim as soon as possible, but not later than 30 (Thirty days) from the date of discharge and his/her loss, which it shall be treated as time-barred and the Company shall not be bound to pay the Claim.

REQUIRED DOCUMENTS FOR CLAIMS

For each Claim reported, the Company shall obtain: From the Claimant:

- Admission and Discharge Slip
- CNIC Both Sides
- Lab Reports, if any
- Hospital Bills should be signed and stamped from the hospital
- Prescription Slip/Admission note of doctor
- Detail of treatment

- Service Number

CLAIMS SETTLEMENT PERIOD

Claims Payments will be made after receiving the documentation from the client as per below.

- All claims for Rs. 1 Policy will be paid in 15 working days.
- All other claims will be paid in 30 working days.

IN CASE OF DISPUTE IN CLAIMS

If there is a dispute, suspected fraudulent activity on the claim or a unique situation which requires further clarification, the payment period can be extended but shall not exceed ten (15) working days, or as long as the dispute takes to resolve in the legal system.

TERMINATION OF INSURANCE

The insurance of an Insured shall automatically terminate at the earliest time below:

- Upon cancellation or withdrawal of subscription
- Claims Payments

WHATSAPP AND HELPLINE NO

Our services are available from Monday 09:00 A.M to Saturday till 09:00 P.M

- 0311-9271928 Whatsapp Number for claims documents
- 9362 Helpline Number

PRO-RATA TABLE FOR CLAIM PAYMENTS					
AMOUNT	BENEFIT	AMOUNT	BENFIT	AMOUNT	BENEFIT
2	10000	2	10000	2	10000
12	10000	12	10000	12	10000
60	10000	60	10000	60	10000
500	30000	500	30000	500	30000
1000	30000	1000	30000	1000	30000

2	10000	2	10000	2	10000
12	10000	12	10000	12	10000
60	10000	60	10000	60	10000
500	30000	500	30000	500	30000
1000	30000	1000	30000	1000	30000
2	10000	2	10000	2	10000
12	10000	12	10000	12	10000
60	10000	60	10000	60	10000
500	30000	500	30000	500	30000
1000	30000	1000	30000	1000	30000