



SL – Employee Health Insurance Policy Version 1.2

1st of January, 2023

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Health Insurance

Purpose:

The purpose is to communicate Systems limited health Insurance policy and procedure to all full-time/permanent employees.

Eligibility:

All full time/Permanent employees are covered along with his/her spouse, children living in Pakistan.

Health insurance coverage starts from employee's joining date till last working day (notice period inclusive).

Category:

Medical expenses are categorized in two major categories:

- 1- In Patient – Hospitalization
- 2- Out Patient

In Patient – Hospitalization:

IGI is our healthcare partner for in patient hospitalization. Hospitalization and maternity entitlements are as per grading structure.

Entitlements:

| | | | Hospitalization | | Maternity | | |
|------|----------------|------------|-----------------|---------------------|-----------------|-----------|----------------|
| PLAN | SL Grade | Daily Room | IPD Coverage | Dread Disease Cover | Normal Delivery | Caesarean | Legal Abortion |
| A1 | Grade 1A | 20000 | 500000 | - | 120000 | 200000 | 90000 |
| A | Grade 1-2A | 15330 | 375000 | - | 90000 | 160000 | 70000 |
| B | Grade 2-4 | 12000 | 300000 | - | 75000 | 140000 | 60000 |
| C | Grade 5- 7A | 7000 | 250000 | - | 60000 | 120000 | 55000 |
| D | Grade 7- Below | 4500 | 200000 | - | 50000 | 100000 | 50000 |

Eligibility (In Patient):

- Employees and spouse up to age 70.
- A dependent son up to age of 25 and a dependent daughter till her marriage or is employed.
- Maternity benefit is restricted up to 2 children, if the insured has no or 1 child then he/she can avail maternity benefit, however if insured have more than two children, he/she cannot avail maternity benefit.
- If the new born is retained in the hospital for medical treatment, it will be treated as a separate hospitalization upon submission of addition enrollment form.

If employee choose any non-panel hospital, all expenses will be paid in cash to hospital by the employee him/herself and claim hospitalization expenses through IGI IPD Claim form up to entitlement.

Coverage (In Patient):

Hospitalization (more than 24 hours) coverage include:

- Patient's Meal Charges
- Hospital services and supplies during confinement such as:
 - Physician's, surgeon's or anesthetist's fees; (As per the standard Doctor Fee)
 - Prescribed drugs & Pathological / Radiological Investigations;
 - Operation theater charges;
 - ICU/CCU confinement;
 - Radiotherapy and Chemotherapy;
 - Any other medically necessary inpatient services

- Day Care Procedures (less than 24 hours):

Chemotherapy, Colonoscopy, Eye Surgery e.g Cataract, Vitrectomy, YAG/ARGON Laser, Hemodialysis, Incision and Drainage of abscess, Lithotripsy (Kidney Stone removal), Liver aspiration, Tonsillectomy, Endoscopy, Angiography, Thallium Scan, MRI, CT Scan, Hepatitis B&C.

- Emergency Treatments

Acute Asthma, Hypotension, Chest Pain, Hypertensive emergencies, Dyspnea, Pulmonary Edema, Pulmonary Embolism, Hyperglycemia, Hypoglycemia, Bleeding disorder, ENT Foreign Body, Eye Foreign Body, Slight burn, RTA, POP (fracture).

Exclusion (In Patient):

The following treatment, items, conditions, activities and their related or consequential expenses are excluded from this Policy unless cover is specifically provided.

The Company shall not be liable for:

- Any pre-existing conditions, unless fully disclosed prior to the date of eligibility for insurance and coverage approved 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 and any treatment that is not considered medically necessary.
- Any In-patient dental treatment, X-Rays, extractions or fillings unless necessitated due to accidental injury occurring while the insured was covered.
- Any out-patient treatment, except that arising out of an accident, unless covered under a separate optional extension under this policy.
- Cost of medicines for cosmetic treatment and/or treatment of falling hair or hair implant or plastic surgery, unless it is re-constructive surgery necessitated by an injury that occurred during the period whilst the Insured member was covered under this policy and subject to the limits and sub-limits stated in the benefits table.
- Pregnancy and complications thereof, childbirth (including surgical delivery), miscarriage, abortion and/or any related prenatal or postnatal care unless covered by a separate rider under this policy.
- Tests or treatment relating to fertility, infertility, impotence, contraception or sterilization and any complication relating thereto or hormone treatment and investigations.
- Expenses directly or indirectly resulting from or consequent upon birth defects, congenital defects / illness and deformities (including physical and mental defects) of any nature whatsoever.
- Prostheses, corrective devices and medical appliances e.g eye glasses, contact lenses, hearing aids, and wheelchairs etc. which are not surgically required.

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- Psychotic, mental or nervous disorders (including any neuroses and their physiological or psychosomatic manifestations) or sexual reassignment (whether or not for psychological reasons) or emotional or psychological disturbance, anxiety, allergy or mental stress.
 - Any increase in the expenses incurred for treatment member being admitted to a more expensive room than allowed by his daily room and board limit.
 - Acquired immune deficiency syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and or related to HIV virus unless covered under any endorsement.
 - Expenses incurred on account of: durable medical appliances (e.g., nebulizer). anorexia, obesity, weight reduction, insomnia; ovulation induction, invitro-fertilization (IVF); food supplements (e.g., vitamins), herbal medicines; preventive treatment and vaccinations/immunization, acupuncture; rest cures, sanatoria, custodian care of periods of quarantine or isolation.
 - Correction of refractive errors of the eye and procedures such as radial keratotomy and lasik /excimer laser or any treatment arising out of use of contact lenses.
 - Cost of limbs or prosthesis or supporting equipment for revival or correction of the function(s) of body.
 - Personal comfort items such as, charges for telephone, meals for other than the patient or other items not medically necessary.
 - Any difference in expenses incurred on account of availing services of a consultant of own choice even at a network hospital.
 - Treatment for injuries sustained as a result of participation by the Insured in an act which is illegally according to the laws of Pakistan.

Enrolment Procedure:

Employees are required to send dependents information to healthcare representative as per following:

- For addition of spouse, copy of marriage certificate is required.
- For addition of child, copy of birth certificate is required.
- No supporting document is required for deletion of dependents.

In case of employee and his/her spouse both working at Systems, one has to inform healthcare team and his/her spouse and children can be added & consequently covered with one employee only. In case employee does not inform healthcare team, it will be considered as a violation of the policy & liable to disciplinary action.

Dependent addition/deletion details are to be shared by the employee within 10 working days with the healthcare team. If the information is shared within this timeline, then the dependent enrollment date would be the effective date otherwise the enrollment date would be the date on which complete details are shared by the employee.

Your health insurance card will be issued to you within 14 working days starting from the date the self & dependent details are shared with the health insurance representative. You will be emailed for card collection by the respective health insurance representative once the card is received.

Out Patient:

OPD covers medical expenses including consultancies, investigations, checkups, Lab test, child mandatory vaccinations, treatments (allopathic/homeopathic) prescribed medicines for existing and pre-existing medical conditions (if any).

Prescriptions will be required for antibiotics, lab tests and over the counter medicines (OTC) which are standard medicines including syrups, pain killers, antihistamines, ORS, antacids, etc.

Dental covers treatment of teeth/gum (only if medically required), standard extraction of teeth, root canal and crown, scaling and polishing covered only after root canal filling, X-rays.

Dermatology covers prescribed treatment medically required including Eczema/Dermatitis /Autoimmune skin diseases.

Optical covers checkups, tests and medicines only.

Exclusion (Out Patient):

- Medical equipment e.g. BP apparatus, glucometer, sugar strips, nebulizer, hearing aids, thermometers, weight machine.
- Rehabilitation items like crutches; wheel chairs, cervical collars, lumbar support belts, arm slings.
- Baby milk formulas, Vitamins /Supplements.
- Osteopathy, Chiropractic, Acupuncture & Hijama.
- Reimbursement of life support treatments and therapies like Physiotherapy, Speech-Therapy etc. can be requested for up to 50% of actual expense. All such requests will be time bound (not more than 2 years) and will be evaluated against the criticality of the case and will be approved by the CFO. Management holds the right to reject the claim depending on the nature of the claim.
- Dental crowning, bridging, capping, dentures, braces, scaling/polishing, implants, toothpaste, tooth brushes, mouthwash.
- Cosmetic treatment including whitening cream and medication, hair fall treatment/transplant, oils, face washes moisturizers, soaps, sunblock, aesthetic treatment, skin laser treatment, sanitation items, shampoo.
- Eye contact lenses, powered glasses, frames and powered lens solutions.
- Contraception, fertility treatments.
- Obesity treatment, energy drinks, protein supplements for bodybuilding and physical fitness.

OPD Claim procedure

Employees are encouraged to prefer authorized hospitals or clinics for any medical needs and pay medical related cost from their own pocket then for reimbursement they are required to be submit expense over ESS plus portal.

1. Generate expense report from ESS medical expense module and provide original payment receipt /bill receipts/memo (mentioning amount) with copy of prescription and supporting document in hard form. Patient's name should be mentioned clearly in doctor's prescription. Copy of vaccination card is required for claiming child vaccination expenses.
2. In cases of non-computer generated/manual invoice or receipt, the stamp of the hospital/pharmacy is a mandatory requirement. On manual invoice/receipts there should be no over writing / cutting. The date of the manual receipts should match with the prescription date.
3. Drop the hard copy of expense report along with original bills/receipts/prescriptions in medical claim box.
4. Make scanned/hard copies of your claim documentation before dispatching them to health insurance representative. Record keeping of claims/documents pertaining to the claim is employee responsibility.
5. Employee can claim expenses within 03 months from the date they are incurred. Claims submitted after this time period will not be reimbursed i.e. claims older than 90 days will not be processed/paid.
6. Medical claim officer reserves the right to refer any or all bills for further verification submitted by employee for reimbursement.
7. Any forged billing in this regard will be considered gross misconduct and will therefore, invoke disciplinary action accordingly, leading to possible dismissal.
8. Expense claim has to be submitted within first 10 days of each month to receive the reimbursement in same month else it will fall for next month reimbursement cycle.
9. OPD expenses are disbursed on monthly basis and transferred to employee salary bank accounts in last week of each month before payroll.

IPD Claim Procedure

IPD facility can be availed at all the panel hospitals nationwide on the health card along with the CNIC of the employee and patient. If the employee has availed services of a non-panel hospital, he/she can submit the claim manually to healthcare team with Insurance IPD claim form (signed and stamped from the hospital), original payment/bill receipts with itemized details, original discharge slip/certificate/summary and medicines cash memo (if any).

1. Insurance company takes 14 working days to process the claim, incase insurance shares any objection or require case related documentation for verification, it may take more days depending on submission of required documents from employee.
2. Insurance company provide cross cheque on employee name.

3. Healthcare team will intimate the resource through email to collect his/her reimbursement cheque.
4. Insurance company has the right not to claim medical expense if any forged bill is submitted or verification from any non-panel hospital is not received.
5. Employee can claim expenses within 02 months from the date they are incurred or max before annual policy renewal. Claims submitted after this time period will not be reimbursed i.e. claims submitted after the annual policy renewal will not be processed/paid.

Digital Health Card:

IGI Mobile application is available on PlayStore and iOS with name of **IGI Health** and information of all permanent resources are available over App.

Features of App

- Access Insurance Card Digitally
- Review Policy Benefits
- View Claim Status
- View Penal Hospitals
- Call Helpline

Kindly follow the step-by-step process to get your Digital Health card.

The application will require the following details:

1. Login/Register: for General
2. Username: name as per CNIC.
3. Email: can add either systems email address or personal email address.
4. Mobile Number: active mobile number to receive OTP Pin
5. Password: any of your choice
6. CNIC: number is mandatory and should be accurate while registering
7. Card Number: SL employee id

In case of any emergency, employee can contact medical representatives:

- Healthcare (healthcare@systemsltd.com)