



**Crossborder
Health Partners**



**GLOBEWELL
INTERNATIONAL HEALTH
INSURANCE PLAN**
GRET TREATED WORLDWIDE

Globewell brought to you by

TPL Life and CHP introduce Globewell - International Health Insurance Plan in Pakistan.

With unmatched coverage limits and extended health insurance benefits, you can access the best in private healthcare facilities in Pakistan, Europe, the US and Middle East or practically anywhere in the world.

Enjoy the convenience of direct settlement for hospitalization expenses at panel hospitals in both Pakistan and across the globe.

Rest assured that quality healthcare and treatment are available both locally & internationally. We can get you access to medical experts for anything from a routine checkup to a lengthy hospital stay –whenever and wherever you need it.

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Why Globewell International Health Insurance?

Globewell International Health Insurance to your health insurance needs, keeping you protected and covered anywhere in the world.

Globewell International Health Insurance has you covered with a variety of exclusively structured plans that ensure you have holistic health cover at all times. This includes hospitalization for treatment, emergencies, accidents, companion accommodation, specialized procedures and air ambulance for emergencies (if appropriate). As an innovator in Insurtech, TPL Life, provides an international health plan for Pakistani residents. In line with our vision, TPL Life will continue to provide unique Life and Health Insurance solutions.

Existing international insurance

If you have an existing international medical insurance policy with another insurer, you may be able to switch your cover with the same medical exclusions you have on your current policy. Please speak to an adviser or your intermediary for details.

Areas of Cover

We have four geographical areas of cover for you to choose from. You can receive both planned & unplanned medical treatment in your country of residence or in any other country within the selected Area of Cover.*

1. Worldwide**
2. Worldwide** (excluding United States of America ('USA') and US Minor Outlying islands)
3. Pakistan, India, Thailand, Malaysia & UAE
4. Pakistan, India, Thailand* & Malaysia*

CHP

Crossborder Health Partners is a London and Paris based Managing General Agent focused on Accident & Health lines with the support of AM Best A+ rated international insurers.

We work in partnership with local insurers who are looking at developing International Health, Travel, and Critical Illness plans as well as Personal Accident + Medical Expenses solutions to offer to their clients.

Gen Re

General Re Corporation, a subsidiary of Berkshire Hathaway Inc., is a holding company for global reinsurance and related operations. It owns General Reinsurance Corporation and General Reinsurance AG which conduct business as Gen Re.

Gen Re, as a direct reinsurer, is one of the leading property/casualty and life/health reinsurers in the world. We are represented in all major reinsurance markets through a network of more than 45 offices, supported by over 1,900 employees worldwide.

Through its operating companies, General Reinsurance Corporation and General Reinsurance AG, Gen Re receives outstanding financial strength ratings:

A.M. Best: A++ (Superior)
Moody's Financial Strength Rating: Aa1
Standard & Poor's Claims Paying Ability Rating: AA+

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*20% co-payment will apply to each claim on eligible treatment incurred in Thailand or Malaysia.

** All plans exclude C HP Sanctioned Countries

Key Features

Minimum Age of Entry
15 Day Old Child
(provided they are insured with a parent or legal guardian)

Maximum Age of Entry
70 Years

Coverage is now up to
USD 500,000

Premium Starting at
USD 235 annually

Plans
Titanium Plus - Titanium - Platinum Plus - Platinum Gold - Silver - Bronze

Country of Treatment
You can choose your country of treatment based on the coverage you opt for.

Please refer to the Premium Table.



Direct settlement with panel hospitals worldwide



Chemotherapy and Dialysis included



USD 20,000 emergency cover out of coverage area



Air Ambulance facility (if appropriate)

Coverage Limit (in USD)

Titanium Plus
USD 500,000

Worldwide

Platinum Plus
USD 500,000

Worldwide excluding US

Titanium
USD 250,000

Worldwide

Platinum
USD 250,000

Worldwide excluding US

Gold
USD 125,000

Worldwide excluding US

Silver
USD 55,000

Pakistan, India, UAE, Thailand & Malaysia only

Bronze
USD 30,000

Pakistan, India, Thailand* & Malaysia* only

*20% co-payment will apply to each claim on eligible treatment incurred in Thailand or Malaysia. Please refer to the policy wording for full terms and conditions.

Complimentary Health Concierge Service
Principal country of residence:
Pakistan

Annual Premium

Amount in USD

Age	Titanium Plus	Titanium	Platinum Plus	Platinum	Gold	Silver	Bronze
Area of Cover	Worldwide	Worldwide	Worldwide excluding USA	Worldwide excluding USA	Worldwide excluding USA	Pakistan, India, Thailand, Malaysia & UAE	Pakistan, India, Thailand* & Malaysia*
0	740	665	510	460	415	340	235
1	740	665	510	460	415	340	235
2	740	665	510	460	415	340	235
3	740	665	510	460	415	340	235
4	740	665	510	460	415	340	235
5	740	665	510	460	415	340	235
6	705	630	485	435	395	325	225
7	705	630	485	435	395	325	225
8	705	630	485	435	395	325	225
9	705	630	485	435	395	325	225
10	705	630	485	435	395	325	225
11	705	630	485	435	395	325	225
12	705	630	485	435	395	325	225
13	705	630	485	435	395	325	225
14	705	630	485	435	395	325	225
15	705	630	485	435	395	325	225
16	705	630	485	435	395	325	225
17	705	630	485	435	395	325	225
18	705	630	485	435	395	325	225
19	710	640	490	440	400	325	230
20	720	645	495	445	405	330	230
21	725	650	500	450	410	335	230
22	735	660	505	455	410	335	235
23	740	665	510	460	415	340	235
24	745	670	515	460	420	345	240
25	755	680	520	465	425	345	240
26	760	685	525	470	430	350	245
27	770	690	530	475	430	355	245
28	775	695	535	480	435	355	245
29	780	700	540	485	440	360	250
30	805	720	555	495	450	370	260
31	825	740	570	510	465	380	265
32	850	760	585	525	480	390	270
33	875	785	600	540	490	400	280
34	895	805	615	555	505	410	285
35	915	825	630	565	515	420	295
36	940	845	650	580	530	430	300
37	960	865	665	595	540	440	305
38	1,010	905	695	625	565	465	325
39	1,055	945	725	650	595	485	335
40	1,105	990	760	680	620	505	350

Amount in USD

Age	Titanium Plus	Titanium	Platinum Plus	Platinum	Gold	Silver	Bronze
41	1,150	1,035	795	710	650	530	365
42	1,200	1,075	825	740	670	550	380
43	1,245	1,115	855	770	700	570	395
44	1,290	1,160	890	800	725	590	410
45	1,340	1,200	920	825	750	615	425
46	1,385	1,240	955	855	775	635	440
47	1,430	1,285	985	885	805	660	455
48	1,480	1,325	1,020	915	830	680	470
49	1,525	1,370	1,050	945	855	700	485
50	1,575	1,410	1,085	970	885	725	500
51	1,620	1,455	1,115	1,000	910	745	515
52	1,665	1,495	1,145	1,030	935	765	530
53	1,750	1,570	1,205	1,080	980	805	555
54	1,830	1,645	1,260	1,130	1,030	840	585
55	1,915	1,715	1,315	1,180	1,075	880	610
56	2,000	1,795	1,375	1,235	1,120	915	635
57	2,080	1,865	1,430	1,285	1,165	955	660
58	2,100	1,880	1,445	1,295	1,175	965	665
59	2,260	2,030	1,555	1,395	1,270	1,035	720
60	2,440	2,185	1,675	1,505	1,370	1,120	775
61	2,630	2,360	1,810	1,620	1,475	1,205	835
62	2,835	2,540	1,950	1,750	1,590	1,300	900
63	3,050	2,735	2,100	1,885	1,710	1,400	970
64	3,285	2,945	2,260	2,030	1,845	1,505	1,040
65	3,540	3,175	2,435	2,185	1,985	1,620	1,125
66	3,810	3,420	2,620	2,350	2,135	1,745	1,210
67	4,100	3,675	2,820	2,530	2,300	1,880	1,300
68	4,410	3,955	3,035	2,720	2,475	2,020	1,400
69	4,745	4,255	3,265	2,925	2,660	2,175	1,505
70	5,005	4,490	3,445	3,090	2,810	2,295	1,590

Amount in USD

Renewals only (for above age 70)							
71	5,285	4,740	3,635	3,260	2,965	2,420	1,675
72	5,575	5,000	3,835	3,440	3,125	2,555	1,765
73	5,875	5,270	4,040	3,625	3,295	2,695	1,860
74	6,195	5,560	4,260	3,820	3,475	2,840	1,965
75	6,530	5,860	4,495	4,030	3,665	2,995	2,070
76	6,885	6,180	4,735	4,250	3,860	3,155	2,180
77	7,255	6,510	4,990	4,475	4,070	3,325	2,300
78	7,645	6,860	5,260	4,715	4,285	3,505	2,425
79	8,055	7,225	5,540	4,970	4,515	3,690	2,550
80	8,485	7,610	5,835	5,235	4,755	3,890	2,685

*20% co-payment will apply to each and every claim on eligible treatment incurred in Thailand or Malaysia

Key Benefits Limits

The benefit values are per member for each policy year unless otherwise specified and are reduced each time the member claims only by the net amount (less any co-insurance) we have actually paid.

All limits payable are for an eligible Medical Condition and they are subject to 100% Reasonable and Customary Charges.

This Benefit Schedule is subject to and shall be read together with the provisions of this policy.

Benefits	Description	Titanium Plus	Titanium	Platinum Plus	Platinum	Gold	Silver	Bronze
Overall Yearly Maximum Limit, up to	This is the maximum benefits we will pay for each insured person each policy year. All benefits paid during the policy year will count against the overall maximum limit. Cover does not extend beyond the area of cover shown for insured person's plan unless he/she is eligible for 'outside area of cover' benefit	USD 500,000	USD 250,000	USD 500,000	USD 250,000	USD 125,000	USD 55,000	USD 30,000
Area of Cover	This is the geographical area where the insured person can choose to receive his/her treatment. You can select the area of cover for the insured person at time of application. Your chosen area of cover for the insured person has an impact on your premium.	Worldwide (excluding Sanctioned countries)	Worldwide (excluding Sanctioned countries)	Worldwide excluding USA (excluding Sanctioned countries)	Worldwide excluding USA (excluding Sanctioned countries)	Worldwide excluding USA (excluding Sanctioned countries)	Pakistan, India, Thailand UAE, Malaysia	Pakistan, India, Malaysia *, Thailand* (* 20% co-payment will apply to each and every eligible claim)
Outside area of cover	This benefit pays for emergency treatment which arises suddenly whilst the insured person is outside his/her selected area of cover, provided the insured person's total number of days stay outside his/her area of cover does not exceed 90 days per trip. The number of days outside the insured person's area of cover would include the treatment days.	All areas covered (excluding Sanctioned countries)	All areas covered (excluding Sanctioned countries)	Emergency treatment only and up to a maximum limit of USD 20,000 per policy year and subject to inner limits shown below				
In-patient and daycare treatment								
Daily Accommodation Charges (per day/night)	This benefit pays when your insured person is admitted as an in-patient or daycare patient for an eligible treatment, we will pay the costs of a single room of a standard class up to the limits shown in the benefits table applicable to your insured person's plan. If your insured person stays in a room which is more expensive than the single room of a standard class or in a standard single room that exceeds the limits stated on the benefits table applicable to your insured person, your insured person may have to pay for the difference in room charges. You or your insured person may also have to pay for a share of other medical expenses wherever these increase as a result of the room upgrade. Please check with us prior to admission to avoid unnecessary out of pocket expenses.	Up to USD 125 in Pakistan and India Up to USD 450 Outside Pakistan and India	Up to USD 100 in Pakistan and India Up to USD 350 Outside Pakistan and India	Up to USD 125 in Pakistan and India Up to USD 450 Outside Pakistan and India	Up to USD 100 in Pakistan and India Up to USD 350 Outside Pakistan and India	Up to USD 70 in Pakistan and India Up to USD 175 Outside Pakistan and India	Up to USD 70	Up to USD 70
Pre-notification		Pre-notification/authorisation for all In-patient treatment and Daycare treatment is required otherwise the insured person would have to pay 20% co-insurance on the eligible expenses for treatment for In-patient or Daycare treatment covered under the policy.						
Hospital Charges	This benefit pays for hospital charges incurred for eligible treatment given between admission and discharge including: a) Diagnostic procedures b) Surgical procedures c) Operating theatre charges d) Nursing care, drugs and dressings e) Surgical appliances used by the medical practitioner during surgery except external prosthesis or orthosis or appliances f) Surgeon and anaesthetist charges g) Intensive care unit charges h) Consultations and physiotherapy while admitted for treatment of an eligible medical condition and when such treatment directly relates to it	Included	Included	Included	Included	Included	Included	Included

Benefits	Description	Titanium Plus	Titanium	Platinum Plus	Platinum	Gold	Silver	Bronze
	<ul style="list-style-type: none"> i) Radiotherapy and/or chemotherapy j) Computerized tomography, magnetic resonance imaging, x-rays and other such proven medical imaging techniques k) Special nursing in hospital 	Included	Included	Included	Included	Included	Included	Included
Organ Transplant	This benefit pays for transplantation of kidneys, heart, liver, lung or bone marrow required as a result of an eligible medical condition and provided these organ(s) came from a relative or a certified and verified source of donation. The policy does not cover the costs of collecting donor organs (including but not limited to, transportation and administration costs) or any expenses incurred by the donor.	Included	Included	Included	Included	Included	Included	Included
Reconstructive Surgery	<p>This benefit pays for initial treatment plan for reconstructive surgery and only when it is medically necessary and subject to the following:</p> <ul style="list-style-type: none"> a) it is carried out to restore function after an accident or following surgery for an eligible medical condition, provided that your insured person has been covered under this policy since before the accident or surgery happened; and b) it must be done at a medically appropriate stage after the accident or surgery. 	Included	Included	Included	Included	Included	Included	Included
Surgical Implants	This benefit pays for medical device surgically implanted into the body as part of the treatment (excluding any dental implants, external prosthesis or orthosis or appliances).	Included	Included	Included	Included	Included	Included	Included
Companion Accommodation, per night	This benefit pays for companion's accommodation in the same hospital room with the insured person when the insured person is receiving an eligible in-patient treatment within the area of cover.	USD 35	USD 35	USD 35	USD 35	USD 35	USD 35	USD 35
Cash Benefit, per night	<p>This benefit pays for eligible in-patient treatment when the insured person receives treatment, within the area of cover, provided no cost is borne by us.</p> <p>'Cash Benefit' is only payable when no other benefit is claimed for under this policy for in-patient treatment.</p>	USD 85 per night, up to a maximum of 30 days	USD 85 per night, up to a maximum of 30 days	USD 85 per night, up to a maximum of 30 days	USD 85 per night, up to a maximum of 30 days	USD 45 per night, up to a maximum of 30 days	USD 20 per night, up to a maximum of 30 days	USD 10 per night, up to a maximum of 30 days
In-patient rehabilitation	<p>This benefit pays for in-patient rehabilitation when:</p> <ul style="list-style-type: none"> a) it is carried out by a medical practitioner specializing in rehabilitation; and b) it is carried out in a rehabilitation hospital or unit which is recognised by us; and c) the treatment could not be carried out on an out-patient basis, and d) the costs have been agreed, in writing by us before the rehabilitation begins. <p>We will not pay for in-patient rehabilitation for more than twenty-eight (28) days except in cases such as in severe central nervous system damage caused by external trauma. For cases such as in severe central nervous system damage caused by external trauma, we will not pay for in-patient rehabilitation for more than one hundred eighty (180) days.</p>	Included	Included	Included	Included	Included	Included	Included
Out-patient treatment								
Pre-hospitalisation treatment	This benefit pays up to the limits applicable to the insured person's plan for consultation, prescribed investigation and essential medications by a medical practitioner received as an out-patient within thirty (30) days prior to an in-patient or daycare treatment, where such treatment is eligible for cover under your insured person's plan and where the need for such treatment arose as a direct result of the medical examination and investigation findings drawn from that consultation.	Included	Included	Included	Included	Included	Included	Included
Post-hospitalisation treatment	This benefit pays for follow-up out-patient consultation and treatment following an eligible inpatient or daycare treatment when such consultation is carried out by the treating medical practitioner or a referred medical practitioner and provided such consultation or treatment occurs within thirty (30) days immediately following the date of discharge or daycare treatment from hospital for which the insured person was confined as an in-patient or the date of the daycare treatment.	Included	Included	Included	Included	Included	Included	Included

Benefits	Description	Titanium Plus	Titanium	Platinum Plus	Platinum	Gold	Silver	Bronze
Radiotherapy and/or Chemotherapy	This benefit pays for radiotherapy and/or chemotherapy received as an eligible out-patient treatment at a registered medical facility recognised by us.	Included	Included	Included	Included	Included	Included	Included
Kidney Dialysis	This benefit pays for kidney dialysis received as an eligible out-patient treatment at a registered medical facility recognised by us.	Included	Included	Included	Included	Included	Included	Included
Surgical procedures received as an outpatient	This benefit pays for any eligible surgical procedure received as an out-patient treatment that do not require in-patient or daycare treatment and one (1) post-surgery consultation within thirty (30) days from the date of the surgical procedure.	Included	Included	Included	Included	Included	Included	Included
Emergency out-patient treatment following accident	This benefit pays for out-patient treatment required immediately (within twenty-four (24) hours) following bodily injury arising from an accident, provided the insured person has been continuously covered under the policy since before the accident happened. Follow up treatment for the same bodily injury will be covered up to 30 days from the date of the accident.	Included	Included	Included	Included	Included	Included	Included
Hormone Replacement Therapy	This benefit pays for the consultations and the cost of the implants, injections, patches or tablets when it is medically indicated and resulting from a medical intervention rather than for the relief of physiological symptoms.	Included	Included	Included	Included	Included	Included	Included
Other Benefit								
Local Road Ambulance Transport								
Local Road Ambulance Transport	This benefit pays for a local road ambulance for medically necessary emergency transport to or between hospitals in the same country. The medical practitioner of the insured person will determine if this is medically essential. We reserve the right to ultimately determine whether such transportation was medically appropriate. (This does not form part of the International Emergency Medical Assistance service shown below)	Included	Included	Included	Included	Included	Included	Included
International Emergency Medical Assistance								
International Emergency Medical Assistance	This benefit pays for the following services when your insured person is injured or become ill suddenly and need immediate emergency in-patient treatment: a) Evacuation where the local medical facilities are not adequate according to our appointed doctor. b) Evacuation will be to the nearest medical facility where treatment is adequate. c) Cover for the reasonable and necessary transport and additional accommodation costs for another person, who must be 18 or over, to accompany the insured person if the insured person is under 18 (or in other cases where we believe that the insured person's medical condition makes it appropriate) while the insured person is being moved. d) Upon discharge from a medical facility the insured person was evacuated to, we will cover costs of repatriation of the insured person to the principal country of residence so long as we have authorised it before it takes place. e) Bringing the insured person's body back to a port or airport in the insured person's principal country of residence or the insured person's home country, if the insured person dies outside of his/her home country.	Included	Included	Included	Included	Included	Included	Included
Dental Care								
Accidental Damage to Natural Teeth	This benefit pays for initial treatment required immediately (within seven (7) days) following accidental damage to natural teeth caused by an accident when that treatment is given by a dental practitioner, provided that the insured person has been continuously covered under the policy since before the accident happened.	Included	Included	Included	Included	Included	Included	Included

Benefits	Description	Titanium Plus	Titanium	Platinum Plus	Platinum	Gold	Silver	Bronze
	Benefit is not payable if: a) the injury was caused by consumption of food or drink, or, even if it contains a foreign body, or b) the damage was caused by normal wear and tear, or c) the injury was caused when boxing or playing rugby (except school rugby) unless appropriate mouth protection was worn, or d) the damage was caused by tooth brushing or any other oral hygiene procedure, or e) the injury was caused by any means other than extra-oral impact, or f) the damage is not apparent within seven (7) days of the impact which caused the injury. g) cosmetic treatment h) dental treatment made necessary as a result of neglect (neglect means failure to visit the dentist at least once in every year), such as Treatment of gingivitis or periodontitis.	Included	Included	Included	Included	Included	Included	Included
New born cover								
New Born Accommodation	This benefit pays for the child who is less than 16 weeks old to stay in the hospital while the insured mother is receiving eligible inpatient treatment at such hospital. This is paid from the mother's benefit. The benefit pays for new born nursery accommodation of a standard class, where the new born only receives nursery care during the stay in the Hospital. This benefit is not payable if the new born is hospitalized for treatment of any medical condition of the new born.	Included	Included	Included	Included	Included	Included	Included
Hospice and Palliative Care								
Hospice and Palliative Care up to	This benefit pays when your insured person is admitted to a specialist palliative care centre or hospice, recognized by us, following diagnosis by, and written confirmation (including medical evidence) from a medical practitioner that your insured person is suffering from an eligible terminal medical condition and its associated medical conditions. This benefit is payable up to the lifetime limit shown for this plan, in aggregate, for all such conditions. Once the limit of this benefit is reached no benefit of any kind will be payable in respect of any medical condition for which palliative and/or hospice care has been received.	Lifetime limit up to USD 55,000 <small>Available after 12 months waiting period</small>	Lifetime limit up to USD 45,000 <small>Available after 12 months waiting period</small>	Lifetime limit up to USD 55,000 <small>Available after 12 months waiting period</small>	Lifetime limit up to USD 45,000 <small>Available after 12 months waiting period</small>	Lifetime limit up to USD 25,000 <small>Available after 12 months waiting period</small>	Lifetime limit up to USD 15,000 <small>Available after 12 months waiting period</small>	Lifetime limit up to USD 7,500 <small>Available after 12 months waiting period</small>

Important Notes:

1. The pre-existing condition/limitations will apply to all benefits unless otherwise stated in the benefits table.
2. Pre-notification for all in-patient treatment or daycare treatment is required otherwise the insured person would have to pay 20% co-insurance on the eligible expenses for an eligible treatment for in-patient or daycare treatment
3. The benefit limits are per insured person each policy year unless otherwise specified and are reduced each time the insured person claim only by the net amount (less any deductible or co-insurance) we have actually paid. Please refer to the policy wording on the full terms and conditions applying to these
4. A waiting period of 30 days shall apply to all benefits for an eligible treatment, except for treatment arising from an accident.

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FAQs

1. Who can apply?

- A baby from 15 days old and an adult not more than seventy (70) at the time of application.
- Your principal country of residence must be Pakistan.
- A child aged from 15 days to 6 years must enroll with at least one parent or legal guardian.

2. Do I have to undergo a medical checkup at application?

No medical check-up required. Once you have completed and signed the application form, we will assess your application; inform you prior to the commencement of your cover.

3. Can my family members take up different plans under the same policy?

No, all applicants must apply for the same plan.

4. Are there any waiting periods under my plan?

Yes. There are waiting periods for the first 30 days except for eligible accidental injuries which can take effect immediately and a twelve (12) months waiting period for specific medical conditions:

- Cancer;
- Chronic Obstructive Pulmonary Disease;
- Diabetes;
- Heart Disease: refers to heart attack heart failure, coronary artery disease, ischaemic heart disease, heart valvular disease, cardiac arrhythmia;
- Hepatitis B, Hepatitis C;
- High Blood pressure;
- Kidney Failure;
- Liver Cirrhosis/Liver Failure; and/or Stroke.

5. Are there any policy exclusions?

There are certain conditions, services and supplies under which no benefit will be payable. These are stated as limitations and exclusions in your policy provisions/handbook. You are advised to read the policy provision/handbook for the full list of policy limitations and exclusions.

6. Will I be covered when I am outside of my area of cover?

Yes, you will be covered up to the amount shown in your benefit table for emergency treatment only, which arises suddenly when you are outside your area of cover. You are not covered if you have specifically travelled outside your area of cover to obtain treatment, or for pregnancy or childbirth. The coverage provided under this section of the benefit is for temporary stay outside your area of cover not exceeding ninety (90) days per trip.

7. What cover do I have in the USA?

If you have applied for the Worldwide cover (including USA), your cover applies for eligible In-Patient or day-patient treatment needed in USA. Your policy schedule will show if you have USA cover.

However, if you have not added the USA cover, your plan gives you some emergency cover for a medical condition that you suffer suddenly while you are in USA up to the policy limit stated in the Benet Table as "Outside Area of Cover". Under such a situation, we will not pay if you have traveled to the USA to get treatment or if you have traveled against medical advice.

Please take note if the USA becomes your country of residence, you must tell us and your cover will automatically terminate from the date on which you take up residence in USA.

8. What do I need to do before receiving treatment?

We require all In-Patient and Daycare treatment to be pre-approved by us before you embark on your treatment plan, otherwise you are required to pay a compulsory twenty per cent (20 %) co-payment on eligible expenses in respect of your claim.

Some selected Areas of Cover (as stated in the benefit table) have a compulsory twenty percent (20%) co-payment on top of the penalty co-payment levied for non-pre-approved claims.

Please call us on +92 301-8215798 as soon as you have been referred for private treatment. We can then make the necessary checks that the treatment is eligible before you incur any costs. Where possible, we will assess the eligibility of your claim over the phone, however we may need to ask for more details about your Medical Condition.

Sometimes we will need more information from your Medical Practitioner before we can authorize a claim.

9. What happens if I require emergency treatment?

If the treatment is given as an emergency you may not be able to call us beforehand. Do however, ask somebody to call us as soon as possible and make sure that, when you are admitted to the Hospital, the Hospital is given your membership card so that they can contact us straight away.

10. Can I maintain my policy when I reside outside Pakistan for more than one-hundred and eighty-five days?

Whenever you change your principal country of residence, you must notify us of such changes within thirty (30) days. If you are not a Pakistani national and you are returning to your home country to live, you will not be able to keep this policy.

However, if you are a Pakistani national, we will review your request, as in some cases we may not be able to cover you when you reside outside of Pakistan because of international law or domestic law of the country.

We are unable to cover you if you are an American or Canadian citizen whose principal country of residence is either the United States of America or Canada.

For any change in your principal country of residence, please contact your intermediary immediately.

11. Can I change my plan?

Yes, you can change your plan level upon Policy Anniversary. Any change in plan is subject to our approval.

12. Will I be subject to revision of terms when I renew my policy after a claim?

We will not change the terms of your policy alone simply as a result of your personal claims. However, we will make changes only to reflect any past or foreseeable changes in medical practice or procedures and type of frequency of claims. The purpose of such changes, as far as possible, is to maintain substantially the same level and type of cover in place while ensuring that the plan remains affordable.

Premium rates are not guaranteed and the premium payable at Policy Anniversary shall be determined at each renewal based on the attained age of each member and if there are changes due to increased cost, tCHPtion, regulations or benefit changes.

13. Is there a free-look period when I can cancel my policy without charges?

The policyholder may cancel this policy by contacting us during the fourteen (14) day free-look period. The fourteen (14) day free-look period commences on the day that the contract is concluded or the day that full policy terms and conditions are received by you, whichever is the later. If the policy is cancelled during the fourteen (14) free-look period, we will return any premium paid for the policy provided no claims have been made during this period.

14. Who can I call if I have questions on my enrollment or membership?

For all membership queries: +92 21 111-000-330 or Email: info@tpllife.com

15. How do I make a claim?

The claims can be made on the following numbers t

Emergency Claims Helpline:

Inside Pakistan:

TPL Life Insurance: +923018215798/+923018215799 /+9221-111-000-330

Outside Pakistan:

Crossborder Health Partners, UK

(Third Party Administrator): + 442038367500/ + 77017635253 / +923018215798

16. Will claims be settled through direct billing or on reimbursement basis?

We will settle the eligible In-Patient treatment claims via direct billing to the hospitals on our panel in Pakistan and overseas within the agreed network of providers and in your chosen area of cover. If the hospital within your chosen area of cover is not on the panel of network providers, the reimbursement will be based on usual, reasonable and customary charges in respect of an eligible treatment and expenses incurred. For any reimbursement type claims you must present your treatment related invoices and reports and we will reimburse the claims once we have completed our assessment.

Pre-notification for all eligible In-Patient treatment or Daycare treatment is required otherwise the insured person would have to pay 20% co-insurance on the eligible expenses.

17. Who should I contact in case of emergency?

In case of emergency, you can contact +92 301-8215798 or +92 21 111-000-330 from wherever you are.

18. Is long term treatment for cancer covered under my plan?

Yes. We will pay for active cancer treatment intended to treat, shrink, stabilize or shrink the spread of cancer and not given solely to relieve the symptoms. This is limited to radiotherapy and chemotherapy for all plans up to the benefit limits stated in the benefits table, for which first symptoms become apparent after the member was accepted by us for cover on a particular plan. If there were any symptoms prior to your application and inception of your policy, such conditions must be declared in good faith to us at the time of insurance application.

19. Can I choose the doctor/ country for my treatment?

Yes, you are free to choose any recognized doctor for your treatment in any country within your chosen Area of Cover, subject to reasonable and customary charges. We have contractual agreement through our partners with a list of medical centers where we have preferred rates and direct billing arrangements. Your Use of the applicable network to your plan will minimize delays in settling claims.

20. Do you have a list of panel hospitals at TPL Life?

Yes, please contact us for more information on the network, if required.

21. How can I make sure I am fully covered when I require in-patient treatment?

You can contact on the following numbers for pre-authorization
Emergency Claims Helpline:
Inside Pakistan:
TPL Life Insurance: +923018215798/+923018215799 /+9221-111-000-330
Outside Pakistan:
Crossborder Health Partners, UK
(Third Party Administrator): + 442038367500/ + 77017635253 / +923018215798

By seeking pre-authorization in advance, we will confirm if your treatment is eligible under your policy and if the cost is within the benefit limit of your policy. This means you can minimize any unexpected costs.

Important Information: The precise terms and conditions of the plan are specified in the policy provisions/handbook. Buying health insurance products that are not suitable for you may impact your ability to finance your future healthcare needs. You may wish to seek advice from a TPL Life medical assistant or consultant before making a commitment to purchase the product.

Glossary

Areas of Cover

Refers to one of the following as stated in your plan on the policy specification and/or endorsement:

- Titanium Plus Plan: Worldwide** (excluding CHP Sanctioned Countries)
- Platinum Plus Plan: Worldwide** (excluding CHP Sanctioned Countries* and United States of America ('USA') and US Minor Outlying islands)
- Titanium Plan: Worldwide** (excluding CHP Sanctioned Countries)
- Platinum Plan: Worldwide** (excluding CHP Sanctioned Countries* and United States of America ('USA') and US Minor Outlying islands)
- Gold Plan: Worldwide (excluding CHP Sanctioned Countries* and United States of America ('USA') and US Minor Outlying islands)
- Silver Plan: Pakistan, India, Thailand, Malaysia, UAE
- Bronze Plan: Pakistan, India, Thailand*, Malaysia*

Worldwide**

** Except for the countries subject to sanctions ruling which include: Iran, North Korea, Syria, Cuba, Venezuela, Crimea (including Sevastopol) [i.e. a region and main port city of Ukraine annexed by Russia], Belarus, Democratic Republic of Congo, Somalia, South Sudan, Zimbabwe, Russia, Ukraine, Sudan.

Worldwide excluding USA**

** Except for the countries subject to sanctions ruling which include: Iran, North Korea, Syria, Cuba, Venezuela, Crimea (including Sevastopol) [i.e. a region and main port city of Ukraine annexed by Russia], Belarus, Democratic Republic of Congo, Somalia, South Sudan, Zimbabwe, Russia, Ukraine, Sudan.

Thailand* & Malaysia*

*20% co-payment will apply to each claim on eligible treatment incurred in Thailand or Malaysia

Principal Country of Residence

The country where you live or intend to live for most of the year being one hundred and eighty five (185) days or more which is Pakistan.

Benefit Table

The table applicable to your plan showing the maximum benefits we will pay for each insured.

Chronic

A disease, illness or injury that has one or more of the following characteristics:

- it needs ongoing or long-term monitoring through consultations, examinations, check-ups and/ or tests
- it needs on-going or long term control or relief of symptoms
- it requires your rehabilitation or for you to specially trained to cope with it
- it continues indefinitely
- it has no known cure
- it comes back or is likely to come back

In-Patient

When a member is admitted to hospital, and needs to occupy a bed overnight or longer for medical reasons.

Day-Patient

When a member is admitted to a hospital or daycare unit because they need a period of medically supervised recovery, but don't need to occupy a bed overnight.

Out-Patient

When a member attends a hospital, consulting room or out-patient clinic, and is not admitted either as a day-patient or an in-patient.

Family Member

Your partner and your unmarried children (or those of your partner) living with you when you take out the policy or when it is renewed. By partner we mean your husband or wife with whom you live permanently. Children cannot stay on your policy after the renewal date following the 21st birthday, unless they are unmarried and full-time students in educational institution, the cover may be renewed up to their age of twenty five (25) years old.

Panel Hospitals

The network of hospitals with which we have direct settlement agreements. This means that if the insured person choose any of the hospitals listed in the panel, we will be able to settle the bills for eligible in-patient treatment directly with the hospital, provided you have informed us of the treatment in advance. This shall also refer to CHP's Network of Hospitals.

Hospital

Any establishment which is licensed as a medical or surgical hospital, or provider in the country where it operates and which is recognized by us.

Lifetime

The period in which the insured is alive. This does not refer to the life of the policy.

Medical Condition

Any eligible disease, illness or injury covered by this policy.

Medical Practitioner

A person who, being recognized by us, has the primary degrees in the practice of medicine and surgery following attendance at a recognized medical school and who is licensed to practice medicine by the relevant licensing authority where the treatment is given. By "recognized medical school" we mean "a medical school which is listed in the current World Directory of Medical Schools published by the World Health Organization."

Non-Disclosure

Refers to material facts (facts that would influence our underwriting decision to accept the risk and advise the terms and condition that should apply) that are either not declared or that have not been declared fully by the policyholder or you.

Policy Anniversary

The same day and month each policy Year as the policy Date.

Policy Year

Refers to each term of cover under the policy, which is stated in the policy specifications or endorsement.

Pre-Existing Condition(s)

Any medical condition precedes to the member plan's policy commencement date or policy reinstatement date or plan upgrade, whichever date is later:

- has been diagnosed; or
- for which the member has received medication, advice or treatment, or
- which the policyholder and/or member should reasonably, in our opinion, have known about; or
- for which the member has experienced symptoms even if the member has not consulted a medical practitioner

Reasonable and Customary (R&C)

The standard fee that would usually be charged for the treatment you are receiving, in the country in which you are receiving treatment, and is not more than the hospital or Medical Practitioner would normally charge in that country. We may verify the fees with a government health department or the Independent third party if necessary.

Waiting Period

The period the benefit concerned will not be payable and this is based on the effective date of your plan, or the plan upgrade, or the reinstatement date, whichever date is later. Please refer to the benefits table and/or policy specifications for the details of the waiting period applicable to you plan.

This brochure contains general information only and does not constitute any contract between any other parties and TPL Life Insurance Limited. It is not a policy or contract for insurance. For detailed terms, conditions and exclusions of the plan please refer to the policy provisions/handbook for health care plans.

All information stated in the brochure is correct as of 27th November, 2023.

A complete list of panel hospitals can be found here:

<https://tpllife.com/Doc/wp-content/uploads/2024/03/medical-booklet-21.03.23.pdf>

