

OPD and IPD Health Policy & FAQs (FY 2024-25)

Outpatient Department (OPD)

WHO IS COVERED UNDER OPD

- Self, spouse, children and parents are covered under OPD.

WHAT IS COVERED UNDER OPD

- Medical treatment / investigations prescribed in writing by a Registered Medical practitioner with a valid PMDC number. **(PMDC number is mandatory)**
- Medicines prescribed by a doctor
- All consultant fees (must be stamped)
- Physiotherapy is covered only if advised by Registered Medical Practitioner, not by a doctor of physiotherapy
- Vaccinations prescribed by Registered Doctor along with a vaccination card
- Over the counter medicines (not prescribed by a doctor), up to an amount of Rs. 15,000/- per year
- Supplements and multivitamins, only if prescribed by a Registered Medical Practitioner
- Homeopathic treatment by a registered practitioner up to 50% of Total Annual Limit
- *Hikmat* treatment by a registered practitioner
- Consultation by a licensed therapist/counsellor for psychological treatment. One time submission of Prescription in a policy year with diagnosis and number of required sessions
- Prescription/Receipts for psychological treatment should be on proper letterhead with the clinic's address and phonenumber.
- Only the following dental treatments are covered:
 - a. Filling
 - b. Root Canal
 - c. Extraction
 - d. Gum Curettage
 - e. Scaling / Descaling
- **Optical:** Treatment and checkups only
- **Note:** Lab investigations will be covered only upon submitting prescription of the treating physician along with the lab reports.

WHAT IS NOT COVERED UNDER OPD

- Medical tests and examinations not prescribed in writing by a doctor
- Cosmetic treatments that include treatment of scars, laser treatment of acnes/warts/moles, beauty/food supplements, sun block, face wash / shampoo whitening creams

- Alopecia/hair growth treatment.
- Weight reduction treatment
- Anti-drying agents / creams / moisturizers, emollient / petroleum jelly
- Optical devices – eyeglasses / spectacles / contact lenses.
- Lasik treatment
- Lenses solution
- Botox injections
- Effect of narcotics, willful exposure to danger/initiated self-injury and attempted suicide etc.
- Dental: cosmetic treatment, braces, filling with precious metals, implants, dentures and polishing
- Durable medical appliances
- AIDS & AIDS related disabilities
- Specialized investigations that are already included in IPD policy (including for parents)
- Treatment related to IVF, sexual health & well-being are not covered.
- All types of surgery / procedures that are already covered in IPD policy, including Daycare procedures
- Treatment / expenses covered under IPD policy or expense over and above hospitalization limit
- Cosmetic or plastic surgery including related medicines and products, unless medical treatment is necessitated by an accidental injury occurring while the Insured is covered under this policy and treatment does not fall under IPD

TERMS AND CONDITIONS OF MAKING CLAIMS

- Employees must submit doctor's prescription and computerized invoices in support of medical expenses.
- Medical treatment/investigations prescribed by doctors having inactive/invalid PMDC no. not payable.
- Medicines will be paid for one month only during the policy year. Medicines purchased in the current month will be paid according to the utilization for that month only and not for the future months.
- OTC Medicines Include Anti-pyretic, Analgesics/pain killers, anti-allergic, anti-tussive/cough syrups, and antacids.
- Where computerized invoice is not available, manual bill must include name of medical store, address and contact details.
- In case of chronic illness doctor's prescription is valid for 1 year only and is to be submitted with every claim.
- Duplicate receipts, reprint receipts, photocopied invoices, tampered and overwritten receipts, and claims without receipts will not be accepted.
- In case of chronic illness, doctor's prescription is valid for 1 year only and is to be submitted with every claim.
- Valid CNIC for parents' claim is mandatory for processing the bills. The IGI Claims Portal will allow the insured to add their parents' CNICs in the system
- Therapy sessions will require supportive advice/documentation and will not be entertained on verbal advice.

- Employee should submit the medical claim for reimbursement within 30 days of the treatment/occurrence of expense.
- Unclaimed amounts, if any, cannot be carried forward to the next year.
- IGI will flag and report any bills or claims it suspects as being forged, fake, inflated, etc.
- The turnaround time for processing of claims filed by employees will not exceed a period of 15 working days.
- IGI will provide underlying reasons of rejections / deductions on portal and/or through emails, where required.
- The minimum claim submission amount is 1000 rupees.

Inpatient Department (IPD)

WHO IS COVERED UNDER IPD

- Self, spouse, and children (parents are NOT covered)

WHAT IS COVERED UNDER IPD

- Daycare procedures/specialized investigations coverage includes (only): ▪ Lithotripsy ▪ Endoscopy ▪ Gastroscopy ▪ Dilation & Curettage ▪ Partial Mastectomy ▪ Non-Malignant tumors / Abscess ▪ Chemotherapy (for malignant cancer only) ▪ Radiotherapy (for Malignant cancer only) ▪ Cataract surgeries ▪ MRI ▪ Angiography ▪ CT Scan ▪ Echo ▪ Bronchoscopy ▪ Dialysis ▪ Tonsillectomy/Adenoidectomy ▪ Veins/Varicose (cutting operation only) ▪ Cholecystectomy ▪ Herniorrhaphy ▪ Appendectomy

Note: Daycare procedures/specialized investigations are covered subject to prior approval, i.e., these will be reimbursed on the condition that prior approval has been applied for and approved.

- Dental Treatment: When required due to "accident" for "pain relief" only. (General OPD dental treatments are not covered).
- Local Ambulance: "To" and "between" the hospital (within the local city only). Congenital Conditions: Covered up to total hospitalization limit.
- Hepatitis Treatment
- Accidental Emergencies: Covered. 100% enhancement in hospitalization limit in case of RTA (Road Traffic Accident) injuries. (Short stay at the hospital is also covered in this case).
- Medical Emergencies: Covered only at NHMC Lahore, for the rest of the hospitals it is covered on a reimbursement basis (it also includes a short stay at the hospital, but approval depends on the nature of the case).

- Pre-Hospitalization: 30 days (includes consultation, medications, laboratory/radiology investigations during thirty days prior to hospitalization).
- Post-Hospitalization: 30 days (includes consultation, medications, laboratory/radiology investigations during thirty days post hospitalization).
- Psychiatric Treatment: Covered in case of hospitalization/IPD only.
- Visiting Consultant: Covered on a reimbursement basis subject to UCR (up to mutually approved rates with the hospital).
- Cataract Surgery: Covered with standard foldable lens only.

WHAT IS NOT COVERED UNDER IPD

- General outpatient treatment (OPD)
- War risk (whether declared or not)
- AIDS and/or AIDS related diseases
- Maternity Benefits x Self-inflicted injuries x Alcoholism & Addiction x Cosmetic or plastic surgery x Dental examinations, x-rays, extraction, fillings, and general dental care x Supply of fitting of hearing aids, eyeglasses, and contact lenses
- Vision tests, which are not related to specific symptoms and/or disease x Radial & Laser Keratotomy
- Examinations for check-up purposes not incident to, or necessary to, diagnosis of a sickness or bodily injury
- Expenses incurred on account of: ▪ Durable medical appliances (e.g., nebulizer) ▪ Anorexia, Obesity, insomnia, baldness ▪ Contraceptive measures ▪ Ovulation induction, invitro-fertilization (IVF) ▪ Food supplements (e.g., vitamins), herbal medicines ▪ Preventive treatment and vaccinations acupuncture ▪ Rest cures, sanitaria, periods of quarantine or isolation
- All expenses which are not reasonable, customary, and necessary for the treatment of an injury or illness.

WHAT IS THE IPD APPROVAL PROCESS

1. Show your IGI insurance E-card at the reception or corporate office of the panel hospital.
2. The hospital will give the patient a pre-authorization form (to be filled by the patient and the treating doctor).

3. The hospital itself will send intimation and seek approval from IGI upon the patient's submission of the filled pre-authorization form, insurance card, CNIC, and doctor's prescription for admission or treatment.
4. IGI will then share the approval letter with the hospital, mentioning the approval status along with the services covered and the approved financial limit.

Note: After the intimation is sent by the hospital to IGI for any treatment, it takes at least 60 to 90 minutes for IGI to share the approval letter with the hospital.