LUMS
A Not-for-Profit University

OPD Health Policy & FAQs
(FY 2025-26)

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, 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 phone number.
- 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 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, serums and lotions.

- Alopecia/hair growth treatment.
- Weight reduction treatment
- Anti-drying agents / creams / moisturizers, emollient / petroleum jelly
- Optical devices – eyeglasses / spectacles / contact lenses.
- Investigations for screening purpose unless prescribed with indication.
- 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, orthodontics.
- Durable medical appliances
- HIV/AIDS & its related disabilities
- Specialized investigations that are already included in IPD policy (including for parents)
- Treatment related to IVF, sexual health & well-being.
- All types of surgery / procedures that are already covered in IPD policy, including Daycare procedures (including procedures, surgeries and admissions for parents)
- 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, reprint, photocopied, tampered, overwritten & quotation receipts and claims without receipts will not be accepted.
- 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.