

**SAU HEALTH POLICY COVERAGE****CATEGOTRY**

SAU Health Coverage Policy is devided in following categories.

Sr #	Category / Plan	Grade/Pay Scale	Annual Limit	
			Employee & Faimly	Parents
1.	Executive	BPS- 16 & Above	6,00000.00	3,00000.00
2.	Management	BPS- 1-15	4,00000.00	2,00000.00

**ELIGIBILITY**

Following employees, pensioners, family members including parents are to be covered with full-insured limits;

- Employees' upto 65 years
- Spouse(s) upto 65 years
- Son(s) upto 25 years
- Daughter(s) till married
- Parents' upto 85 years

**SCOPE OF WORK**

The scope of services will be based on the following benefits:

- In-Patient Treatment (Hospitalization) and/or Day Care Treatment;
- Maternity;
- Other Medical Services/Facilities

**IN PATIENT TREATMENT (HOSPITALIZATION & DAY CARE) BENEFITS**

The In Patient (hospitalization and day care) benefit must cover all medical expenses incurred up to the specified limit while an insured is hospitalized due to illness, surgery, operative procedures or accident.

Description of benefits / Plan	Plan -A	Plan -B
	<b>Executive</b> Grade 16-22	<b>Management</b> Grade 01-15
<b><u>Hospital Care:</u></b> Total hospital, surgical & misc. expenses inclusive of daily room rent charges		
• Annual limit per insured person (employee, spouse and children including pensioners upto 65 years age)	Rs.600,000/-	Rs.400,000/-
• Annual limit per insured person for parents	Rs.300,000/-	Rs.200,000/-
50% increase in basic hospitalization limit, if the hospitalization is due to an accident.		
• Annual limit per insured person (employee, spouse and children including pensioners upto 65 years age)	Rs.300,000/-	Rs.200,000/-
• Annual limit per insured person for parents	Rs.150,000/-	Rs.100,000/-
<b><u>Hospital Accommodation &amp; board:</u></b> Private, Semi Private, General Ward (as per hospital facility)	Upto Rs.16,000/-	Upto Rs.8,000/-
<b><u>Maternity Care:</u></b>		
○ Normal Delivery / Forceps	Rs.80,000/-	Rs.55,000/-
○ Cesarean/Multiple birth	Rs.125,000/-	Rs.80,000/-
○ Pre-Natal & Post natal OPD is covered		
○ Delivery conducted by certified midwife at home on provided birth certificate issued by NADRA	25% of Normal Delivery	25% of Normal Delivery

Eligible medical expenses shall include hospitalization and Day Care as follows:

HOSPITALIZATION	DAY CARE
<ul style="list-style-type: none"> <li>-Daily Room and Board charges;</li> <li>-In-hospital consultations charges;</li> <li>-Surgical Fees;</li> <li>-Anesthetist's Fee;</li> <li>-Diagnostic Investigations;</li> <li>-Operation Theatre Charges;</li> <li>-Blood &amp; Oxygen supplies;</li> <li>-In-patient medicines expenses;</li> <li>-ICU / CCU charges;</li> <li>-Organ Transplant;</li> <li>-Burns</li> <li>-Stroke/CVA</li> <li>-Local ambulance services;</li> <li>-Pre &amp; post-hospitalization out-patient;</li> <li>-Expenses, such as; consultation charges, cost of prescribed medicines and diagnostic tests before &amp; after (30 days).</li> <li>-Angioplasty/By-Pass Heart Surgery;</li> <li>-Thyroid Dichotomy</li> <li>-Other Operative Procedures</li> <li>-Viral Infection i.e., Covid 19, other pandemics</li> </ul>	<ul style="list-style-type: none"> <li>-Lithotripsy;</li> <li>-Endoscopy;</li> <li>-Excision Biopsy;</li> <li>-Gastroscopy;</li> <li>-Partial Mastectomy;</li> <li>-Tonsillectomy/Adenoidectomy;</li> <li>-Veins/Varicose;</li> <li>-Non-malignant tumors/Abscess;</li> <li>-Cholecystectomy;</li> <li>-Herniorrhaphy;</li> <li>-Appendectomy;</li> <li>-Cataract Surgery, Extracapsular Surgery, Phacoemulsification Surgery, Retinal Detachment Surgery and/or all cataract relevant scanning/procedure.</li> <li>-Angiography;</li> <li>-MRI;</li> <li>-CT Scan;</li> <li>-Covid 19 PCR;</li> <li>Mammography;</li> <li>-Thallium Scan;</li> <li>-Kidney Dialysis;</li> <li>-Ultrasound for all diagnosis purpose;</li> <li>-X-Ray for all diagnosis purpose;</li> <li>-Treatment of cancer which may include chemotherapy, surgery, radiation therapy, immunotherapy, and other targeted treatments consultations, lab tests, and hospitalization includes pre &amp; post-hospitalization expenses up to the full hospitalization limit;</li> <li>-Treatment of Hepatitis B &amp; C such as, Inj. Interferon therapy/ Tab. Sovaldior or equivalent along with all combination therapy, consultation &amp; laboratory tests such as PCR/LFT) up to full hospitalization limit;</li> <li>- Treatment of Congenital Adrenal Hyperiasia CAH treatment, including consultations, medications, and lab tests expenses, If hospitalization is involved (for severe cases, surgery, or complications), pre- and post-hospitalization may be covered up to the full hospitalization limit.</li> <li>-Treatment of all injuries/fractures and lacerated wounds</li> <li>-Accidental Dental treatment</li> <li>- Other Operative Procedures</li> </ul>

- Congenital Birth Defects (CBD) should be fully covered under basic hospitalization;
- Cataract to be covered upto Rs. 50,000
- 40% Co-Pay will be applicable at AKUH, South City, OMI, Dr. Ziauddin
- 30% Co-Pay will be applicable at Hashim Medical Centre
- 40% Co-Pay will be applicable on all Elective Reimbursement Cases
- No deductions or comparison for re-imburement on Pre & Post 30 days related hospitalization claims except non-medical items & medical equipment;
- No deductions or comparison for re-imburement in case of emergency medical treatment from any non-panel hospital, the company shall reimburse the amount of expenditure incurred on such treatment subject to strict verification and counter check on its own.
- Ambulance charges would be covered from hospitalization benefit (In case of accident and life threatening situations).

### **MATERNITY**

- Follow-up visits of patients during or after pregnancy;
- Normal/Caesarean/Multiple Birth/Force/Complicated;
- Pre & Post Natal Expenses are to be covered up to the maternity limit (after Delivery);
- Obstetrician's Fee for delivery & Consultation during hospitalization;
- Coverage of congenital birth defect/illness under all benefits;
- Newly born babies are to be covered from very 1st day of birth;
- New born baby's nursery care charges during mother's hospitalization, including incubator facility;
- Miscarriage resulting into D&C or D&E payable from normal maternity limit once in a year.

### **OTHER MEDICAL BENEFITS, FACILITIES /SERVICES**

1. Pre-& Post admission treatment, tests and doctors' visits for one month including medicine and laboratory tests.
2. Treatment of Hepatitis A, B, C & E such as, Inj. Interferon therapy/ Tab. Sovaldior or equivalent along with all combination therapy, consultation & laboratory tests (i.e PCR/LFT) up to full hospitalization limit;
3. Treatment of Congenital Adrenal Hyperiasia CAH treatment, including consultations, medications, and lab tests (i.e Electrolyte, 17OHP, Renain, etc) expenses may be covered up to the full hospitalization limit.
4. Treatment of paralysis such as, Inj. Physiotherapy/ Medicine along with all combination therapy, consultation & Labs expenses may be covered up to the full hospitalization limit.
5. Circumcision of Baby Boy under local/general anesthesia by qualified Doctor, with treatment of complication, if occurred.
6. Vaccinations of the children's according to a standard immunization schedule recommended by health authorities or the child specialist. Common vaccines include those for measles, mumps, rubella (MMR), diphtheria, tetanus, pertussis (DTaP), polio, hepatitis, and others, with treatment of complications, if occurred.

7. Accidental injuries including road accident, driving acid burn injuries, poisoning, snake scorpion or other insect bites;
8. Other diseases for which the qualified medical officer refers the cases for hospitalization under consultant's medical case;
9. Employee's Accidental Death coverage (company offer should clearly mention the payout terms and conditions including exclusions and limitations etc.)
10. Ortho Fracture & any emergency;
11. Congenital diseases are fully covered;
12. International treatment care covered on re-imburements and in comparison to AKUH, Karachi rates;
13. Special pool of Rs.2,250,000/- available, shall be utilized for whole Executive/Management plan with consent of the SAU – Health Management Committee. in case of exceeding prescribed limit for any insured member.
14. Any other Chronic ailment apart from the mentioned diseases.

SAU Health Insurance Policy (2026-27)