




KALONJI

INTERNATIONAL HEALTH INSURANCE



*Kalonji is a product of UBL Insurers Limited designed by
RIB Insurance Brokers in collaboration with UBL Insurers
and reinsured by AXA PPP healthcare Limited, part
of the AXA group.*

About Kalonji

During the middle of the pandemic in 2020, RIB Insurance Brokers started discussions with Global Health Reinsurer's to help and protect the health of individuals and families in Pakistan. From this was born "Kalonji" a name familiar for its health benefit and well known locally.

RIB insurance Brokers, working with UBL Insurers and in partnership with AXA Life and Health Reinsurance Solutions (part of the AXA group), launched Kalonji in Pakistan. Our goal is to offer affordable health plans to all local nationals who can avail the benefits of health insurance both locally and worldwide, and provide access to over 1.4 million hospitals and medical facilities globally with the AXA Global Healthcare's network.

With insurance coverage starting from USD 50,000 our health insurance plans go upto USD 1,000,000 coverage per person. For more information, please read our benefits summary.

About UBL Insurers

UBL Insurers Limited is an associated company of UNITED BANK Ltd. It is jointly owned by United Bank Limited (UBL) and the Bank's sponsors, the Bestway Group. UBL Insurers is among the top 5 insurance companies in Pakistan, rated AA by JCR and has paid over PKR 8 Billion in claims since its inception in 2007.

Its among the fastest growing insurance companies in Pakistan and has now for the first time launched International Health Insurance "Kalonji" for all local citizens of Pakistan.

About RIB

RIB provides comprehensive Insurance Broking solutions and services. Our approach is client-centered, consultative and strategic. Our clients benefit from a dedicated, culturally sensitive team of specialists who provide a personal service and global solutions, working with insurance markets worldwide. At RIB, we make sure that every client is provided with cost effective risk solutions with A class securities locally and internationally.

About AXA

AXA Life and Health Reinsurance Solutions Pte. Ltd., AXA - Global Healthcare and AXA PPP healthcare Limited are part of the AXA Group. Present in 54 countries, AXA's 153,000 employees and distributors are committed to serving 105 million clients globally. Their areas of expertise are applied to a range of products and services that are adapted to the needs of each and every client across three major business lines: property-casualty insurance, life & savings and asset management.*

Eligibility

Minimum Entry Age

- Eighteen (18) years for policy holder and spouse
- Fifteen (15) days for dependent child

Maximum entry age

- Sixty five (65) years at the time of application
- Eighteen (18) years for dependent child who is studying on a full time basis and is financially dependent on the policy holder.

Plans

PLATINUM, GOLD, SILVER & BRONZE

Overall limit per person

PLATINUM	GOLD	SILVER	BRONZE
USD 1 MILLION	USD 500,000	USD 250,000	USD 50,000

The Benefit Limits is in United States Dollar (USD)

Benefit	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan
Overall Yearly Maximum Limit	USD 1 Million	USD 500,000	USD 250,000	USD 50,000
Area of cover	Worldwide or Worldwide exclude USA	Worldwide or Worldwide exclude USA	Worldwide or Worldwide exclude USA	Worldwide exclude USA
Inpatient and daycare treatment				
Daily accomodation charges (per day/night)	Up to USD 250 in Pakistan Up to USD 750 outside Pakistan	Up to USD 200 in Pakistan Up to USD 400 outside Pakistan	Up to USD 100 in Pakistan Up to USD 250 outside Pakistan	up to USD 100 in Pakistan up to USD 200 outside Pakistan
Hospital Charges	Included	Included	Included	Included
Organ Transplant	Included	Included	Included	Included
Reconstructive Surgery	Included	Included	Included	Included
Surgical implants / appliances	Included	Included	Included	Included
Companion Accommodation, per night	USD 100	USD 100	USD 100	USD 100
Hospital Cash Benefit, per night	USD 200 per night, up to a maximum of 30 days	USD 100 per night, up to a maximum of 30 days	USD 50 per night, up to a maximum of 30 days	USD 50 per night, up to a maximum of 30 days
Inpatient rehabilitation	Included	Included	Included	Included
Out-patient treatment				
Pre-hospitalisation treatment	Included	Included	Included	Included
Post-hospitalization treatment	Included	Included	Included	Included
Radiotherapy and/or Chemotherapy	Included	Included	Included	Included
Kidney Dialysis	Included	Included	Included	Included

Surgery procedures received as an outpatient	Included	Included	Included	Included
Emergency out patient treatment following accident	Included	Included	Included	Included
Hormone Replacement Therapy	Included	Included	Included	Included
Other Benefit				
Local Road Ambulance Transport				
Local Road Ambulance Transport	Included	Included	Included	Included
International Emergency Medical Assistance				
International Emergency Medical Assistance	Included	Included	Included	Included
Dental care				
Accidental Damage to Natural Teeth	Included	Included	Included	Included
New born cover				
New Born Accommodation	Included	Included	Included	Included
Hospice and Palliative Care				
Hospice and Palliative Care	Lifetime limit up to USD 50,000	Lifetime limit up to USD 20,000	Lifetime limit up to USD 10,000	Lifetime limit up to USD 5,000
	12months waiting period	12months waiting period	12months waiting period	12months waiting period
Pre-existing conditions				
Pre-existing conditions	USD 10,000	USD 5,000	USD 2,500	USD 500

Hospital Charges:

This benefit pays for hospital charges incurred for eligible treatment during hospitalization of insured persons including:

- Diagnostic procedures, Surgical procedures, Operating theatre charges.
- Nursing care, drugs, and dressings.
- Surgical appliances used by the medical practitioner during surgery except external prosthesis or orthosis or appliances.
- Surgeon and anaesthetist charges.
- Intensive care unit charges.
- Consultations and physiotherapy while admitted for treatment of an eligible medical condition and when such treatment directly relates to it.
- Radiotherapy and/or chemotherapy.
- Computerized tomography, magnetic resonance imaging, x-rays and other such proven medical imaging techniques.
- Special nursing in hospital.

Pre and Post Hospitalisation Treatment

- Costs related to consultation, prescribed investigations & essential Medications prior to eligible In-Patient Treatment.
- Costs related to consultation and treatment following an eligible Inpatient Treatment or Day-Care Surgery.

Radiotherapy, Chemotherapy &/or Kidney Dialysis:

Radiotherapy, chemotherapy &/or Kidney Dialysis received as an eligible Outpatient treatment at a registered medical facility recognised by us.

Surgical Procedure:

Eligible surgical procedure received as an Outpatient treatment that do not require Inpatient or day-care treatment and one (1) post-surgery consultation within thirty (30) days.

Emergency Outpatient Treatment

This benefit pays for outpatient treatment due to accident required immediately (within 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.

Hormone Replacement Therapy

Consultations and the cost of the implants, injections, patches or tablets when it is medically indicated and resulting from a medical intervention (and not for the relief of physiological symptoms) are covered.

Cash Benefit:

'This Benefit' is only payable when no other benefit is claimed for under this policy nor any costs is borne by us for an eligible Inpatient treatment which the insured person received treatment within the area of cover. The benefit amount is subject to the plan you choose.

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 before the accident happened.

Companion Accommodation:

This benefit pays for the cost of companion accommodation in the same hospital room with you when you are receiving an eligible In-Patient treatment within the Area of Cover.

Local Road Ambulance:

The cost of a local road ambulance for medically necessary emergency transport to or between hospitals in the same country are covered under this plan.

International Emergency Medical Assistance:

Evacuation to the nearest Medical Facility where the local medical facilities are not adequate according to our appointed doctor are covered under this plan.

A companion in case of an insured person who is under 18 years of age will also be allowed.

This includes costs of necessary transport and accommodation costs, if we confirm that it is medically appropriate. In the unfortunate demise of the insured person, costs of bringing the body back to a port or airport in either the principal country of residence or home country are covered provided such evacuation was approved under the terms of the policy.

New Born Accomodation:

This benefit pays for the child who is less than 16 weeks to stay in the hospital while the insured mother is receiving eligible In-Patient treatment. This includes the cost for standard nursery accommodation during the insured mother's stay in the Hospital.

Hospice & Palliative Care:

This benefit becomes available when the insured person is admitted to a specialist Palliative Care centre or Hospice, recognised by us, following diagnosis, written confirmation (including medical evidence) by a medical practitioner that the insured person is suffering from an eligible terminal medical condition or conditions. This is subject to a lifetime limit and the benefit is available only after 12 consecutive months of membership.

FREQUENTLY ASKED QUESTIONS

Q. Who can apply?

A. -You can apply if you are an adult not more than sixty five (years) at the time of the application.
-Your principle country of residence must be Pakistan.
-You can also insure your spouse and children having ages between 15 days upto 18 years.

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

A. 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.

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

A. No, all applicants must apply for the same plan.

Q. Can I change my plan?

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

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

A. For all membership queries: +92 21 111-845-111 or Email: info@ublinurers.com

Q. How do I make a claim?

A. Simply call +92-21-111-266-639 from around the world We will help you process your claim as quickly as possible.

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

A. 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 insuring 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 their medical conditions and if there are changes due to increased cost, taxation, regulations or benefit changes.

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

A. The policy holder 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 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.

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

A. 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.

Q. Who should I contact in case of emergency?

A. In case of emergency, you can contact +92-21-111-266-639 from wherever you are.

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

A. 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.

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

A. 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. Use of the applicable network to your plan will minimize delays in settling claims.

Q. Do you have a list of panel hospitals at UBL Insurer?

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

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

A. Please contact the 24/7 claims customer service team. For the authorization of claims on following numbers.

- Claims in Pakistan/outside Pakistan: +(92-21) 111-266-639

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 Policy documents/ 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 medical assistant or consultant before making a commitment to purchase the product.



GLOSSARY

Area Of Coverage:

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

Platinum Plan: Worldwide or worldwide excluding USA.

Gold Plan: Worldwide or worldwide excluding USA.

Silver Plan: Worldwide or worldwide excluding USA.

Bronze Plan: Worldwide excluding USA.

Worldwide Excluding USA:

Except for the countries subject to sanctions ruling which include but may not be limited to: Iran, North Korea, Syria, Cuba, Venezuela, Crimea (including Sevastopol) Belarus, Democratic Republic of Congo, Somalia, South Sudan, Zimbabwe, Russia, Ukraine, Sudan. (This list is subject to changes at any time by the relevant organizations/countries.)

Principle 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.

Table of Benefits

Refers to the benefit table applicable to the plan stated in the Policy schedule showing the maximum benefits We Company will pay for each of the Insured Person for each period of insurance, and the overall yearly maximum limit, which is the maximum amount we will pay in total for all benefits.

Inpatient

Refers to eligible Treatment for a covered Medical Condition where the Insured Person stays continuously in a Hospital bed for one or more nights.

Day-care/ Day-care Treatment

Refers to an eligible Treatment (excluding Outpatient Treatment) at a Hospital or Day-care unit (where a discharge summary is issued by the Hospital) and the Insured Person requires a medically supervised recovery but does not occupy a bed overnight.

Outpatient

Refers to eligible Treatment by a Medical Practitioner at an Outpatient clinic, a Medical Practitioner's consulting room, or in a Hospital where the Insured Person is not admitted as a Day-patient or Inpatient.

Dependents

Your partner and your unmarried children (or those of your partner) living with you when you take up 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 18th 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 in such cases.

Network Providers

The group of Medical Practitioners, Hospitals, clinics, and other medical related entities, which we have arranged for direct claims settlement facilities.

Hospitals

Refers to any establishment which is licensed as a medical or surgical Hospital or provider in the country where it operates, and which is recognized by the Company and it meets all the following requirements:

- it operates primarily for the reception, care and Treatment of sick, ailing, or injured persons as Inpatients;
- it provides twenty-four (24) hours a day nursing service by nurses;
- it has staff of one or more licensed Medical Practitioners available at all times;
- it provides organized facilities for diagnosis and major surgical facilities;
- it is not primarily a nursing home, rest home, convalescent home or similar establishment, geriatric ward, an institution for Treatment of substance abuse, such as but not limited to alcoholic or drug rehabilitation or similar purposes.

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 Year

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

Pre-Existing Conditions

Any Medical Condition preceding policy commencement date or reinstatement or plan upgrade whichever date is later, for which:

- You have been diagnosed.
- For which you have received medication, advice or treatment.
- Which you should reasonably have known based on our appointed independent Medical Practitioner's opinion
- For which you have experience symptoms even if you have not consulted a Medical Practitioner

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 your plan.

This Leaflet contains general information only and does not constitute any contract between UBL Insurer Limited and the other party. It is not a policy or contract of insurance. For detailed terms, conditions and exclusions of the plan please refer to the complete policy documents you can also visit our website kalonji.pk