

## Group Health Insurance Scheme

### 1. What is covered?

The scheme provides cover for:

- Basic Hospitalization
- Additional accidental covers equal to 50% of basic hospitalization limit
- Major Medical Care
- Maternity Benefit (Supplementary)
- **Specialized Investigations:**  
MRI, CT Scan, Endoscopy, Angiography, Thallium Scan, Mammography, Pet Scan, Colonoscopy, Biopsy under L/A & G/A, Echo Stress Test, EEG Test
- **Day Care Surgeries:**  
Cataract (foldable IQ lens), Dialysis, Treatment of fractures and lacerated wounds; Emergency dental treatment due to accidental injuries, Emergency room treatment for accidental emergencies, Local road ambulance for emergencies only;
- Pre & post hospitalization expenses for 30 days.
- Pre-existing conditions including pregnancies are covered.

Detailed policy document / brochure can be viewed / downloaded from ICAP website using the following link:

<https://www.icap.org.pk/members/membership-benefits/members-privileges/health-insurance-policy/>

### 2. What is NOT covered?

Cosmetic surgeries, dentistry, organ transplants, treatment of willful self-inflicted illness / injuries, treatment of obesity, fertility, infertility or menopause related treatments, Routine check-ups or consultations under OPD, medical emergencies, overseas treatment, are not covered.

### 3. Who can avail the benefits of scheme?

ICAP Members, spouses, children and parents can participate as per terms agreed with the insurers. Siblings are not eligible to participate. Employees of Chartered Accountant Firms can participate through their firms.

### 4. Can a member get insurance solely for spouse, children or parent(s)?

Member's participation is mandatory for family members to be considered for participation. Married members are required to participate along with spouse and children to get insurance cover for parents.

### 5. I am located abroad but my family lives in Pakistan. Can I get cover only for my spouse, children, or parent(s)?

Members' participation along with spouse and children is mandatory to cover the parents. Overseas members can participate to get a cover for self and family. However, health cover will be provided in Pakistan only.

## **6. What is the maximum limit for an individual covered in the policy?**

Limit varies from plan to plan. Details can be viewed / downloaded by following the ICAP website link:

<https://www.icap.org.pk/members/membership-benefits/members-privileges/health-insurance-policy/>

## **7. What is the procedure of registration in Health Insurance Scheme?**

A member is required to provide particulars about self and family members in prescribed format. Members are required to pay the premium amount as indicated in the premium chart available at the website of the Institute, towards the scheme during the specified period. The details of the scheme and premium payable are sent to the members along with renewal notices, emails, Newsletter etc.

The premium can be paid in Cash, by Cheque, Pay order, D.D. favoring 'ICAP' or by ONLINE payment at the ICAP Website link:

<http://www.icap.org.pk/index.php/members/online-payment>

A card is provided by insurers for each member which can be presented at the approved hospital to avail the benefit of schemes.

## **8. What is the period of policy?**

Policy period is of one year from July 01 to June 30.

## **9. Can I join during the year?**

Existing members can join the scheme within the specified time. Newly qualified members are eligible to participate during the year after applying for membership of the Institute.

## **10. What do I get after getting insured, policy / health card?**

Participation of a member / family is confirmed by insurers through policy endorsement. Health insurance card is also issued in respect of each member that is sent to member's communication address.

## **11. What is the procedure of hospitalization under insurance cover?**

Credit facility is available for hospitalization at Panel Hospitals. Prior approval of the insurers is mandatory for planned / non- emergency cases. Members need to visit the hospital and present their health insurance card to hospital's Corporate Department. Hospital will contact insurers for approval accordingly.

## **12. What is the procedure of claim settlement?**

All claims other than panel hospitals are filed on claim form with supporting documents, by the members and sent to insurers through ICAP Benevolent Fund Secretariat. Claim form can be downloaded from the link:

<https://www.icap.org.pk/files/per/members/health-insurance/In-patientclaimform.pdf>

## **13. Where I can locate / access from the policy document?**

Policy document, details of the scheme, relevant forms, and list of panel hospitals are available at the Institute's website and can be accessed using following link:

<https://www.icap.org.pk/members/membership-benefits/members-privileges/health-insurance-policy/>