

BIMA SEHAT

This health insurance being underwritten by IGI General Insurance and distributed by Milvik (BIMA) Mobile Pakistan in the capacity of Corporate Insurance agent.

a. PRODUCT OVERVIEW

Protect your family's health and financial security with BIMA Sehat — a comprehensive monthly hospitalization insurance plan that also includes convenient health services. You can easily pay for your BIMA Sehat plan through daily or monthly deductions from your Jazz airtime balance, Postpaid bill or JazzCash wallet, ensuring seamless and worry-free coverage.

Features and benefits:

- 24/7 unlimited teleconsultations with qualified doctors via a dedicated helpline 042 111 11 9878.
- Appointment-based specialist consultations, including gynecologists, nutritionist, dermatologist, Pediatricians, Mental health experts, Internal Medicine and Physiotherapist
- Hospitalization Cover – up to 30 nights covered in a year.
- Swift & Hassle-free insurance claim settlement through Online payment channels within 3-10 working days.
- Doorstep delivery of discounted medicines (Up to 10% discount)
- Doorstep home sampling with Discounted Lab tests (Up to 40%)
- Personalized diet & workout plans.
- Regular health tips to improve your daily life.
- Coaching from mental health experts.

b. How to subscribe:

Subscribing to BIMA Services is quick and easy!

- Via App: You can download the FikrFree App and subscribe to BIMA services directly through the app in just a few taps.
- Call us: Simply dial 042 111 119 878 on your jazz number — it's completely free of charge.

c. Charges and BIMA Sehat Cover:

Plan	Daily Price	Monthly Price	Annual Price	Payment Option	Hospitalization Coverage per Night (up to 30 nights per year)
Bronze	Rs. 1.2	NA	NA	Prepaid Balance	PKR 500
Silver	Rs. 3	Rs. 104	Rs. 1,240	Prepaid Balance / Postpaid Bill / JazzCash	PKR 1,250

Gold	Rs. 5	Rs. 173	Rs. 2,076	Prepaid Balance / Postpaid Bill / JazzCash	PKR 3,000
Platinum	Rs. 9.5	Rs. 328	Rs. 3,936	Prepaid Balance / Postpaid Bill / JazzCash	PKR 7,000
Diamond	Rs. 17	Rs. 587	Rs. 7,044	Prepaid Balance / Postpaid Bill / JazzCash	PKR 15,000
Crown	—	Rs. 867	Rs. 10,404	JazzCash / Debit or Credit Card	PKR 20,000
Master	—	Rs. 1,300	Rs. 15,600	JazzCash / Debit or Credit Card	PKR 30,000

- For Prepaid Balance and Postpaid Bill users, the monthly price is divided into 30 equal daily installments.
- Each day, one installment is deducted automatically until the full monthly amount is received.
- If your prepaid balance is low or your postpaid credit limit is reached, the daily charge for that day may not be deducted. In such cases, a proportionately reduced insurance benefit will still apply, even if payment was received for only one day.
- The Crown and Master plans are not available through prepaid or postpaid billing. These premium plans can be purchased only via JazzCash or Debit/Credit Card, with payments accepted on a monthly or annual basis, and are exclusively available through the FikrFree App.

How do I Claim:

Filing a claim is quick and easy. You can download the FikrFree App from the Play Store or App Store and submit your claim directly through the app. Claims should be filed within 30 days of the hospitalization or covered incident, along with all required supporting documents for verification. Alternatively, you can call the BIMA Helpline at 042-111-119-878 for assistance with your claim.

d). Terms and Conditions

The Insurance is underwritten by IGI General Insurance and delivered by MILVIK (BIMA) BIMA Since 2010, has been revolutionizing lives in emerging markets with its innovative mobile-led insurance and health products. Serving over 7 million active customers across 6 countries in Asia and Africa, BIMA has established itself as a global leader in the industry.

Milvik (BIMA) Mobile Pakistan, established in 2015, partnered with Mobile Network Operators (MNOs) and insurance companies to provide digital healthcare and insurance services that are affordable and accessible to all the Pakistanis. Product is proudly underwritten by IGI General Insurance. IGI General Insurance offers first class security and service to the insuring public at an international standard.

Jazz Telecom is facilitating this offering but shall not be responsible for any grievance of the Jazz Customer relating to the Insurance Services and IGI General Insurance's or MILVIK's performance of its obligations.

BIMA SEHAT POLICY

Whereas the Insured Person by a proposal which shall be the basis of the contract and be held as incorporated herein has applied to the Company for the insurance hereinafter contained and has paid or agreed to pay the first premium as consideration for such insurance.

Now this policy witnesses that subject to the terms conditions and exceptions contained herein or endorsed hereon, if at any time during the period of insurance, if the Insured Person shall be hospitalized due to any reason (with the exception of the exclusions) the Company will pay to the Insured Person or his beneficiary

DEFINITIONS

- **BIMA SEHAT** means monthly hospitalization insurance policy with Tele-Health Services
- **IGI** refers to the **COMPANY**, the **INSURER**, or **IGI General Insurance Company Limited**.
- **APPLICANT** means the individual who applies for BIMA Sehat Plan under this Policy.
- **BENEFICIARY** is defined as Beneficiary in the application or the person substituted as such.
- **INSURANCE BENEFIT(S)** are amounts payable in the event of an indemnifiable claim and as detailed in the Schedule of Insurance Benefits attached hereinafter.
- **MILVIK** refers to MILVIK Mobile Pakistan.
- The **COMPANY** is stated as IGI General Insurance Company Limited.
- **ELIGIBLE APPLICANT** means an Applicant who meets the eligibility criteria set forth in this Policy.
- **END USER PRICE** means the amount to be charged to the Subscriber for getting the Insurance Policy and it shall include the Premium, Jazz's Consideration and any applicable taxes on the telco services involved in the provision of Insurance Services.
- **HOSPITAL** is defined as "Any institution in Pakistan that has been registered as a hospital with the local authorities and is under the supervision of a registered and qualified medical practitioner."
- **HOSPITALISATION:** staying minimum of one night in a facility recognized as hospital.

- **INSURANCE COVER** means the amount which shall be paid by IGI to the Beneficiary or the Insured as per the terms and conditions of the Insurance Policy.
- **INSURANCE POLICY** means this insurance policy setting out the terms and conditions on which insurance coverage is granted to a Subscriber.
- **INSURANCE SERVICES** shall mean the insurance services to be provided to Jazz Customers.
- **The INSURED or INSURED PERSON** means any Jazz Telecom subscriber who opt to purchase policy
- The **INSURER** is stated as IGI General Insurance Company Limited.
- **MSISDN** shall mean Mobile Subscriber Integrated Services Digital Network Number.
- **PREMIUM** means the premium payable by an Insured Member to Insurer in relation to the Insurance Policy.
- **SUBSCRIBER** means those Jazz Customers who subscribe for the Insurance Services to get this Insurance Policy.
- **JAZZ** refers to Pakistan Mobile Communications Limited, a company duly incorporated and registered under the Companies Ordinance 1984 of Pakistan, and having its registered office at 1-A, IBC Building, F-8 Markaz, Islamabad, Pakistan.
- **JAZZ CUSTOMERS** shall mean the customers of Jazz using Jazz's System.
- **JAZZ SYSTEMS** mean Jazz's GSM mobile cellular system.
- **JAZZ PAYMENT TERMS** mean Jazz's payment terms published at jazz.com.pk, as revised from time to time.

EXCLUSIONS

The BIMA SEHAT plan shall not cover any hospitalization claim which is caused by, or resulting, directly or indirectly, wholly or partly, from any of the following factors:

- intentional self-inflicted injury, suicide attempt, or arising out of non-adherence to medical advice;
- elective treatment, such as cosmetic surgery; and
- pregnancy and any complications arising from pregnancy during the first nine (9) months from the Subscription.

GENERAL PROVISIONS

1. Eligibility & Enrolment

Applicants are eligible to apply for BIMA Sehat insurance plan under the Policy if Applicants meet ALL the criteria set out below:

- 1) Eligible Applicants include individual prepaid and postpaid Jazz customers. It is understood and agreed by both Parties that only one (1) person can be insured per prepaid or postpaid mobile connection, or through a JazzCash wallet account.
- 2) All Eligible Applicants shall be natural people. Corporations, partnerships and businesses shall not be eligible for coverage under the BIMA Sehat Policy.
- 3) All Eligible Applicants shall be a minimum of eighteen (18) years of age and a maximum of sixty-four (64) years of age at the time of registration. If the Applicant wishes to apply for and subscribe to the BIMA Sehat Plan under this Insurance Policy, the Applicant will be required during the registration process to:
 - I. acknowledge that the Applicant has read/listen and understood the terms of the Policy and the Jazz Payment Terms.
 - II. confirm that the Applicant meets the eligibility criteria set out in General Provision 1 of the policy.
 - III. confirm the BIMA Sehat Plan that the Applicant wishes to apply for.
 - IV. Authorize Jazz to make 30 daily deductions each month from the prepaid account and bill the amount for postpaid or monthly deduction through Jazz Cash account.
 - a) the Insurance Benefits payable are subject to the Applicant's confirmations being true and correct; and
 - b) if the Applicant's confirmation is untrue or incorrect, no Insurance Benefits will be payable, and the End User Price the Subscriber paid will not be refunded.

2. Participation Requirement/Process

Customers can enroll in the BIMA Sehat Insurance service through a digital onboarding process, either directly via the FikrFree App, with assistance from a call center or field agent, or by submitting their information electronically using their handset. The enrollment is completed in two simple phases:

1st Phase:

Customers provide basic information, including:

- Name of the Customer
- Age and/or CNIC Number
- Name of the Beneficiary
- Beneficiary relationship with Customer
- Insurance Benefits selected by the Customer

2nd phase:

- After completing Phase 1, the customer receives an SMS or in-app notification summarizing the selected insurance benefits and applicable charges.

- The customer may opt out by sending a free cancellation SMS to 9878 or using the FikrFree App within 24 hours of receipt.
- If no cancellation is received within the stipulated time, enrollment is deemed confirmed, and the first premium deduction will proceed. This confirmation constitutes the customer's digital consent, serving as official acceptance and authorization for policy activation under the BIMA Sehat Insurance cover.
- Customers making payments through JazzCash are required to complete the payment process by entering their MPIN and OTP on a system-generated secure payment link.
- This step serves as verification that the customer is personally and willingly opting into the service.
 - Customers who opt for the service through a digital channel provide their consent by entering the OTP received on their mobile, which serves as their official confirmation.

3. Beneficiary Nomination

The insured person may update or change the beneficiary at any time by providing a written notice to the insurer or by calling the BIMA Helpline at 042-111-119-878 from their registered mobile number. All benefits will be paid to the recorded beneficiary, and the insurer will not be liable for any delay or dispute arising if the beneficiary details are not correctly provided. Payment made in good faith to the recorded beneficiary will fully discharge the insurer of all obligations under this policy.

4. Mistake In Age

The Company will pay insurance benefits based on the age of the insured as disclosed at the time of enrollment. It is the customer's responsibility to provide accurate information. If the disclosed age is incorrect, the Company will not be liable to pay any benefits under this policy for that particular case.

5. Intentional False Statements of the Insured

- Any intentional concealment, misstatement, or false declaration by the insured person during enrollment, claim submission, or any correspondence with the insurer will render the policy null and void for that insured person.
- In such cases, all benefits under the policy will be forfeited, and the insurer reserves the right to recover any amounts already paid based on the misrepresentation.
- The insurer may, at its sole discretion, terminate coverage and decline any future enrollment of the insured person under this or any other policy.

6. Multiple Policies Restriction

Each insured person may only be covered under one (1) active policy at any given time. In the event that the insured person is enrolled under multiple SIM cards,

multiple policies, or a combination of old and new policies, only the first valid policy issued shall be considered for claim payment. The insurer reserves the right to cancel or void any duplicate or overlapping coverage without liability for additional benefits, refunds or compensation. Any attempt to obtain or maintain multiple active policies through misrepresentation, concealment or fraudulent enrollment shall constitute grounds for denial of claims, recovery of any amounts already paid, termination of all related policies and blacklisting of the insured person's CNIC.

7. Data Protection and Privacy

The insurer shall collect, process and retain personal and health information of the insured person solely for the purpose of providing insurance coverage, administering policies, and processing claims. Such information shall be stored securely, retained only for as long as necessary, and shall not be disclosed to third parties except as required for risk management, claims processing, regulatory compliance or as otherwise required by law.

8. Premium Collection & Lapse Mechanism

Prepaid and Postpaid Users: If the daily premium cannot be deducted due to insufficient balance or exhausted credit limit, no coverage will apply for that day. If premium deductions fail for 30 consecutive days, the policy will automatically lapse, and coverage will be suspended without further notice. Reinstatement will occur only once deductions resume successfully for at least one day and may require the insurer to request updated health information, supporting documents, or evidence of insurability. The insurer reserves the right to decline reinstatement in cases of suspected misuse, fraud, material misrepresentation, or regulatory restrictions. Any lapse due to non-payment does not create liability for claims arising during the period of suspension.

JazzCash Users: For payments made via JazzCash, the monthly payment secures coverage for the following month. Policies will only be suspended after 180 days of non-payment. Coverage will automatically resume once payment is made for any missed month, subject to the insurer's right to request updated information or documents in cases of suspicion of misuse or fraud.

9. Grace Period / Reinstatement

A grace period of three (3) days shall be allowed following the due date of any premium deduction. If payment is not received within this period, coverage shall automatically terminate without further notice. Reinstatement of coverage shall be at the sole discretion of the insurer and may require evidence of insurability. The insurer retains the right to decline reinstatement where there is suspected or reasonably believed fraud, misrepresentation or regulatory restrictions. No claims arising during the grace period or the period of suspension shall be payable unless premiums are successfully collected.

10. Refunds on Cancellation

Premiums once deducted shall be non-refundable under all circumstances, including but not limited to voluntary cancellation by the insured person, policy lapse due to non-payment, suspension, or termination of coverage by the insurer in accordance with these Terms and Conditions. Refunds shall only be permissible where expressly required by applicable law or due to an error attributable to the insurer.

11. Waiting Period / Pre-Existing Conditions

A general waiting period of thirty (30) days shall apply from the date of enrollment, during which no hospitalization claims shall be payable, except in the case of accidental injury. In addition, Coverage for hospitalization resulting from pre-existing medical conditions shall not be payable during the first 90 days from the date of enrollment. Pre-existing conditions are defined as any illness, disease, or injury for which the insured person received medical advice, diagnosis, or treatment, or for which signs or symptoms were present, prior to the commencement of coverage.

12. Notice Of Claims

1. the Company shall be notified of the hospitalization of the Insured as soon as possible, but not later than 270 (two hundred & seventy) days from the first night of hospitalization after which it shall be treated as time-barred and the Company shall not be bound to pay the Claim.
2. For each Claim reported, the Company shall obtain:
 - From the Claimant:
 - CNIC; final hospital invoice or discharge report which states date of admission and discharge dully signed stamp from the treating doctor.
 - Insurer may require any other document it reasonably deems necessary before approving a claim under the Policy.
3. (3) The Company shall process and pay genuine and approved claims on receipt of required documents from the Claimant within (7-10) working days.
4. (4) If there is a dispute, suspected fraudulent activity on the claim or a unique situation which requires further clarification, the payment period can be extended but shall not exceed ten (10) working days, or as long as the dispute takes to resolve in the legal system.

13. Coordination of Benefits

If the insured person is covered under any other health or hospitalization policy, benefits under this policy shall be strictly limited to the portion of expenses not recoverable from such other policy, and in no event shall total recovery exceed actual incurred expenses. The insured person is obligated to disclose the existence of any other insurance coverage at the time of enrollment and at the time of claim submission. Failure to disclose such coverage may result in denial of the claim, adjustment of benefits or termination of this policy.

14. No Duplicate Settlement

In the event that any hospitalization expenses or claims have already been paid, reimbursed, or financed by another insurance company, Takaful operator, or any third party, the Hospital Cash Coverage under this policy shall not be payable. Where partial settlement has been made by another party, the insurer's liability shall be limited to the uncovered portion, subject always to the maximum benefits of this policy.

The insured person is obligated to disclose the existence of any such other benefits or reimbursements at the time of claim submission. Failure to disclose may result in denial of the claim, recovery of amounts already paid or termination of coverage.

15. Timelines for Claim Processing

Claims shall be processed within three to ten (3-10) working days from the date of receipt of complete documentation. Any delay caused by incomplete documentation, third-party verification, hospital or provider response times or circumstances beyond the insurer's control shall not constitute a breach of this obligation. The insurer shall in no event be liable for penalties or additional benefits solely due to processing delays.

16. Definition of Working Days

For the purpose of these Terms and Conditions, "working days" shall mean days on which banks are open for business in Pakistan, excluding Saturdays, Sundays, and public holidays. If any due date for premium deduction, claim processing or communication falls on a non-working day, such action shall be deemed timely if performed on the next working day.

17. Fraud, Misrepresentation, and Audit

The insurer reserves the right to investigate any claim and may require access to medical records, independent medical examination, verification with healthcare providers, or other documentation or evidence as deemed necessary. Any claim found to be fraudulent, false, intentionally exaggerated, or misrepresented shall result in denial of the claim and immediate termination of coverage, with recovery of any amounts already paid. Submission of forged documents, concealment of facts or failure to cooperate with investigations shall likewise constitute grounds for denial of claim and termination of coverage.

18. Force Majeure / System Outages

The insurer shall not be liable for any failure, interruption or delay in premium collection, claims processing, or service delivery arising from circumstances beyond its reasonable control, including but not limited to natural disasters, epidemics, pandemics, strikes, lockouts, acts of terrorism, government actions, regulatory restrictions, power failures, system outages, cyber incidents or

telecommunication breakdowns. During such periods, coverage shall remain suspended, and no liability shall accrue for claims arising directly or indirectly from the force majeure event. Coverage shall be restored once normal operations resume.

19. Automatic Termination Of Individual Insurance

The insurance of an Insured shall automatically terminate at the earliest time below:

- Upon Death of Policy Holder or
- Upon cancellation or withdrawal of subscription by Jazz of the contract/relationship with the Insured, whatever the reason may be, or
- In case of non-payment of the individual End User Price for the Insurance Policy.

20. Termination or Refusal of Renewal by Insurer

The Insurer may terminate or refuse renewal of an individual policy by written notice or a recorded call to the insured. This may occur in cases including, but not limited to:

- Fraud, misrepresentation, or non-disclosure of material facts
- Submission of false or altered documents
- Concealment at the time of enrollment
- Claims exceeding the utilization limits defined in this policy
- Adverse impact on the sustainability of the risk pool
- Regulatory or legal requirements

In such cases, the Insurer may also blacklist the CNIC of the insured to prevent future enrollments under any BIMA insurance product. All decisions will be made in good faith, in compliance with applicable law, and communicated in writing.

21. Right of Underwriting and Renewal

In accordance with applicable insurance regulations in Pakistan, the insurer reserves the right, at its sole discretion, to decline coverage for specific individuals at the time of enrollment, or to refuse renewal of coverage under certain conditions, including but not limited to adverse claims history, fraud, misrepresentation, or regulatory restrictions. Such decisions shall be made in compliance with prevailing laws and communicated to the insured person

22. Premium & Benefits Revision

The insurer reserves the right to revise premium rates or benefits, subject to regulatory approval. Any such revision shall be communicated at least seven (7) days in advance, and the insured person shall have the right to cancel coverage prior

to the effective date of such change without penalty. Failure by the insured person to cancel coverage before the effective date shall be deemed acceptance of the revised terms.

23. Dispute Resolution Hierarchy

Any dispute, grievance, or claim arising under this policy shall first be referred in writing to the insurer's internal dispute resolution process. The insurer shall review and decide such complaints within thirty (30) days of receipt. If unresolved, the dispute may be referred to the Insurance Ombudsman in Pakistan in accordance with applicable law. Arbitration may only be pursued where legally permissible and after exhaustion of statutory remedies. The insurer shall not be liable for any costs, expenses, or damages incurred by the insured person in pursuing remedies unless expressly awarded by a competent authority.

24. Arbitration

All differences arising out of this policy shall be referred to the decision of an arbitrator to be appointed in writing by the parties in difference or if they cannot agree upon a single arbitrator to the decision of two arbitrators one to be appointed in writing by each of the parties within one calendar month after having been required in writing so to do by either of parties or in case the arbitrators do not agree of an umpire appointed in writing by the arbitrators before entering upon the reference. The umpire shall sit with the arbitrators and preside over their meetings and the making of an award shall be a condition precedent to any right of action against the Company. If the Company shall disclaim liability to the Insured Person for any claim hereunder and such claim shall not within twelve calendar months from the date of such disclaimer have been referred to arbitrator under the provisions herein contained then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

Notwithstanding the points stated above, dispute resolution forums given under the Insurance Ordinance, 2000, such as the Insurance Ombudsman, Small Disputes Resolution Committee and the Insurance Tribunals, shall prevail in the order of precedence, and over the seat of Arbitration

25. Compliance with Policy Provisions

Failure to comply with any of the provisions contained in the policy shall invalidate all claims hereunder.

26. Insurance Benefits

The Company hereby agrees to pay the following benefit subject to the terms and conditions provided under the BIMA SEHAT Policy as defined hereunder.

If an Insured is hospitalized due to any reason (with the exception of exclusions), on a twenty four (24)-hour worldwide basis, the Company will, upon receipt of due proof in writing of the hospitalization of the insured, pay the Insured or Beneficiary

as the case may be the sum assured, according to their Insurance Cover level as described in this Insurance Benefits Section of the Policy Wording

27. Hospitalization Nights Limit

Coverage is limited to a maximum of thirty (30) hospitalization nights in any twelve (12) month period, measured from the policy start date and renewed on each policy anniversary. Within this annual limit, no more than three (3) nights may be claimed in any single calendar month. Any hospitalization nights beyond these limits shall not be payable under any circumstances, regardless of medical necessity, physician recommendation or continued hospitalization. Multiple admissions within the same month shall be aggregated for the purpose of calculating the three (3) nights monthly maximum. Fraudulent or exaggerated reporting of hospitalization nights may result in claim denial, recovery of amounts already paid and termination of coverage.

Benefits:

The amount of benefit received by the Insured or the Beneficiary in the event of hospitalization from the first night of hospitalization of the Insured will be according to the amount of premium paid and subject to the terms and conditions of the product.

Terms and conditions of this cover are as follows:

- Coverage operates on a monthly renewal basis. Premiums paid in the current month generate coverage for the following month.
- If no premium is received for a given month, coverage for that subsequent month shall lapse automatically, and the Insured shall not be eligible for any claim arising during the period without an active premium.
- Only one (1) policy shall be issued per applicant.
- All claims must be reported to the Company within two hundred and seventy (270) days from the date of occurrence of the Death or Permanent Disablement.

Payment of any claim is subject to policy exclusions and verification of premium payment status at the time of the event.

The BIMA Sehat service is extended to one (1) person per Jazz subscriber who is a successful Applicant for the BIMA Sehat Insurance Cover.

PKR 1,250 Per night

Amount of End User Price paid in calendar month (PKR)	Per night cover in the following calendar month
90	1,250

87	1,208
84	1,167
81	1,125
78	1,083
75	1,042
72	1,000
69	958
66	917
63	875
60	833
57	792
54	750
51	708
48	667
45	625
42	583
39	542
36	500
33	500
30	500

27	500
24	500
21	500
18	500
15	500
12	500
9	500
6	500
3	500
0	Nil

PKR 3,000 per night

Amount of End User Price paid in calendar month (PKR)	Per night cover in the following calendar month
150	3,000
145	2,900
140	2,800
135	2,700
130	2,600
125	2,500
120	2,400

115	2,300
110	2,200
105	2,100
100	2,000
95	1,900
90	1,800
85	1,700
80	1,600
75	1,500
70	1,400
65	1,300
60	1,200
55	1,100
50	1,000
45	900
40	800
35	700
30	600
25	500
20	500

15	500
10	500
5	500
0	Nil

PKR 7,000 per night

Amount of End User Price paid in calendar month (PKR)	Per night cover in the following calendar month
285	7,000
276	6,767
266	6,533
257	6,300
247	6,067
238	5,833
228	5,600
219	5,367
209	5,133
200	4,900
190	4,667
181	4,433
171	4,200

162	3,967
152	3,733
143	3,500
133	3,267
124	3,033
114	2,800
105	2,567
95	2,333
86	2,100
76	1,867
67	1,633
57	1,400
48	1,167
38	933
29	700
19	500
10	500
0	Nil

PKR 15,000 per night

Amount of End User Price paid in calendar month (PKR)	Per night cover in the following calendar month
510	15,000
493	14,500
476	14,000
459	13,500
442	13,000
425	12,500
408	12,000
391	11,500
374	11,000
357	10,500
340	10,000
323	9,500
306	9,000
289	8,500
272	8,000
255	7,500
238	7,000
221	6,500

204	6,000
187	5,500
170	5,000
153	4,500
136	4,000
119	3,500
102	3,000
85	2,500
68	2,000
51	1,500
34	1,000
17	500
0	Nil

Hospital Insurance

Cover: lump sum pay out based on number of overnight stays in hospital, maximum thirty (30) nights per year.

In addition to the Hospitalization cover BIMA Sehat service includes:

Health programs

Access to one health program, chosen by the Subscriber from a menu of health programs provided by MILVIK. Health programs include periodic delivery of program-specific content through different communication channels. The health program is only available for the Subscriber.

Tele-Consultation:

Unlimited access to tele-consultations with MILVIK doctors to address acute minor ailments and to receive medical advice on general health topics, however,

these may not be used for urgent conditions. The teleconsultations are available for the Subscriber and Subscriber's immediate family members, limited to the Subscriber's parents, spouse, children and siblings.

Specialist Consultation:

Access to specialists (gynecologist, pediatrician, nutritionist and psychologist/psychiatrist) for your health needs in both consultative and health advice related matters. The specialist services are available for the Subscriber and Subscriber's immediate family members, limited to the Subscriber's parents, spouse, children and siblings.

DISCLAIMER/ TERMS OF USE of BIMA SEHAT Consultations

TERMS OF USE

This document is an agreement between you and Milvik (BIMA) Mobile Pakistan, which contains the terms and conditions you agree to when you use the BIMA Sehat product. If you do not agree to these terms and conditions, you are not authorized to access or use our services. We may update these terms of use from time to time. We encourage you to review these terms periodically. Your continued use of our services (as defined below) indicates your acceptance of the changed terms of use.

Any reference to "MILVIK", "our", "us", or "we" are references to MILVIK Mobile Pakistan (Pvt.) Limited, a private company registered in Pakistan (company number 90585), the registered office being 3rd Floor, New Liberty Tower, Model Town Link Road, Model Town, Lahore, Pakistan.

1. Services Provided:

MILVIK provides real-time medical consultations with licensed physicians ("BIMA Doctors") through telephone, video, SMS, apps or other means for the purpose of providing advice and/or recommendations on medical and health issues ("Services"). MILVIK may also offer other health-related services provided in partnership with local providers, which may include hospitals, diagnostic laboratories or pharmacies (together with the BIMA Doctors, the "Providers").

MILVIK facilitates access to Providers who have agreed to provide medical and health advice and services to customers. It does not interfere with the practice of medicine or other licensed profession by BIMA Doctors and MILVIK does not impose any guidelines or protocols that restrict the actions of BIMA Doctors.

2. Use of MILVIK health Services is NOT FOR EMERGENCIES:

Our Services are NOT for use in potential or actual medical emergencies or if you have a condition that you know will require a physical examination. If this is the case, you should visit your nearest emergency room. You must not delay your visit to the emergency room in anticipation of obtaining medical advice from a BIMA Doctor through MILVIK.

3. Relationship with your Primary Care Physician:

Your interaction with the BIMA Doctors through our Services is not intended to replace your relationship with your existing primary care physician or other healthcare professional or be your permanent medical access point. You should seek emergency help or follow-up care when recommended by a BIMA Doctor or when otherwise needed and continue to consult with your primary care physician and other health care professionals as necessary. Consult your primary care physician or health care professional as relevant if you have any questions about any symptoms or medical condition, and before starting or stopping any treatment by your physician or health care professional.

4. Medication Policy:

MILVIK will provide you with access to BIMA Doctors that are appropriately qualified and experienced to practice medicine. Subject to all applicable laws, such BIMA Doctor may recommend a medication as deemed appropriate. BIMA Doctors cannot guarantee the availability, effectiveness, authenticity, reliability, safety, legality or quality of the recommended medicine. MILVIK does not guarantee that a BIMA Doctor will recommend or issue medication, and does not endorse, recommend or make any representation or warranty about the medicines recommended or prescribed by the BIMA Doctor.

You agree that any medication recommended to you from a BIMA Doctor shall be solely for your personal use. You agree to fully and carefully read all product information and labels before use and to contact a physician or pharmacist if you have any questions regarding the medicine. You agree that you are using our Services only for yourself, or on behalf of a child under 18 in your capacity as his/her parent or legal guardian, provided that you supervise the child's use of the Services at all times. MILVIK may suspend services or terminate customer accounts if we reasonably suspect that such accounts are being used in breach of the restrictions in this section.

5. Privacy:

When you sign up for the Services, you agree that the Providers will communicate with you, by sending information, messages and notices to you. These messages may be conveyed or sent via email, SMS, notifications, etc, using the contact information associated with your account, which includes the information you provide when you register or update information in your account settings. You also agree that MILVIK may retain your medical records and that such records will be held in compliance with all applicable laws. MILVIK may record calls and other communications with you for quality assurance purposes.

6. Intellectual Property Rights:

You may communicate materials containing our copyrights, trademarks, trade secrets, patents, or other intellectual property rights ("IPR") to your physician or health care professional only. You are not permitted to copy, distribute or make any business use of our IPR.

7. Informed Consent:

Tele-health is the delivery of health care services using interactive audio and/or video technology, where the patient and the BIMA Doctor are not in the same physical location. During your tele-health consultation with a BIMA Doctor details of your medical or health history and personal health information may be discussed through the use of interactive audio, video, and/or other telecommunications technology, and the BIMA Doctor may perform a physical exam through these technologies. Depending on your medical or health history and/or specific complaint, you may be asked to provide information through other electronic means and verify your identity with a national identity card or other legal document.

8. Limitations of Tele-Health:

There are potentials risks associated with the use of tele-health, including, but not limited to:

- a. In some instances, the information transmitted may be of insufficient quality to allow for appropriate medical or health care decision making by the BIMA Doctor (i.e., poor call quality, poor resolution of images, etc.);
- b. Delays in evaluation or treatment could occur due to failure of the electronic equipment or technical failures outside of our control. We are not responsible to you if this happens, but if it does, we will notify you as soon as we can and take the steps that we reasonably can to minimize the interruption to the Services;
- c. In some instances, a lack of access to your complete medical records and incomplete or inaccurate disclosure by the patient may result in adverse drug reactions or allergic reactions or other judgment errors;
- d. Although the electronic systems we use will incorporate networks and software security protocols to protect the privacy and security of health information, in some instances, security protocols may fail and cause a breach of privacy and/or personal health information.

9. Complaints and Disputes:

You can always give us feedback on our Services by calling 042-111-119-878 or emailing us at Customer.Care@milvikpakistan.com

If you have a complaint about our Services, we would like to resolve it as soon as possible. Please tell us about your complaint as soon as you can so that we can do this. We may ask you for certain details about you and your complaint in order to address it. Please provide these as soon as you can so that we can resolve your complaint quickly. We will tell you the outcome of our investigation into your complaint and give you the chance to discuss it with us. If we find that we have broken any of these terms and you suffer loss or damage, we are responsible for compensating you for that loss or damage if it was a foreseeable

result of our breaking of these terms. We are not responsible for compensating you for indirect, incidental, special or consequential damages.

These terms are governed by Pakistani laws and the Pakistani courts shall have exclusive jurisdiction to hear any claim arising out of or in connection with these terms or the use of our products and services.

10. Acceptance of these terms of use:

By using the Services, you acknowledge that you understand and agree with the following:

- While benefits may be expected from the use of tele-health, no results can be guaranteed or assured, my situation may not be addressed or improved, and in some cases, it can get worse;
- If you think you have a medical emergency or if you have a condition that you know will require a physical examination, you are responsible for visiting your nearest emergency room;
- The Services are not suitable for unsupervised use by persons under 18;
- Subject to all applicable laws, our BIMA Doctor may decide that tele-health services are not appropriate for some or all of your treatment needs and, accordingly, may elect not to provide tele-health services to you through MILVIK.

d. Acknowledgement

(Policy Terms and Conditions shall remain subject to the following)

- MILVIK BIMA is a Corporate Insurance Agent who has been authorized by IGI General Insurance Company Limited to bind cover on behalf of Insurer within the terms and conditions of this Insurance Policy. To cease daily deductions, the Subscriber must deregister the Subscriber's BIMA SEHAT Plan by contacting MILVIK. Otherwise, Jazz will continue making daily deductions for so long as the Subscriber's prepaid account has a positive credit balance.
- If a Subscriber enrolls in more than one BIMA Sehat Plan under the Insurance Policy (including via different jazz mobile accounts), the maximum benefit payable will be limited to the highest benefit of one of the subscribed plans. The maximum liability to the Subscriber or their beneficiary will also correspond to this highest benefit.
- After becoming the Subscriber in the Insurance Service, Jazz Subscriber permits Jazz to share his details and information available with Jazz and as sought by IGI General Insurance and MILVIK or any other entity authorized by IGI General Insurance in this regard, for inter alia processing of the Policy, storing and processing data across countries, and more effectively providing the Insurance Service and payment of Insurance Cover; Jazz Customer/Subscriber agrees and acknowledges that he or his legal heirs

shall not hold Jazz responsible for any consequences of sharing such information;

- Fraud or abuse relating to Re-Load/Re-Charge may result in forfeiture/cancellation of the Policy, suspension of Jazz Services of the Customer/Subscriber and termination of his Connection; and
- While availing the Insurance Service the Subscriber shall not respond to any calls/SMSs directing to make/send calls/SMSs to any other number/short code or which are regarding award of any prize (whether money or in kind) in lieu of balance transfer or any call. Ignorance of this clause by Jazz Customer/Subscriber shall not accrue any liabilities/responsibilities on IGI General Insurance or Jazz including but not limited to liability/responsibility towards any loss occurred to the Jazz Customer/Subscriber
- Jazz, IGI, or Milvik Mobile Pakistan may amend these Terms and Conditions at any time. The Subscriber shall be informed through an SMS or any other manner in accordance with the relevant laws that these Terms and Conditions are amended. Such SMS or information through any other manner (as mentioned above) shall contain a link to such amended Terms and Conditions, and if the Subscriber shall continue to pay for the Insurance Cover it shall be the acceptance of the Subscriber to the amended Terms and Conditions.
- Jazz, Milvik, and IGI may jointly amend the Service Charges from time to time at their discretion in accordance with the applicable laws and regulations of Pakistan Telecommunication Authority (“PTA”). The acceptance of these Terms and Conditions of the Subscriber shall also be the acceptance with the End User Price to be charged to provide the Insurance Policy;
- IGI, Jazz, and Milvik have the complete authority to stop offering BIMA SEHAT Plan or Policy at any time at their discretion.
- The Subscriber acknowledges that these Terms and Conditions are in addition to the terms and conditions accepted by the Subscriber at the time of availing Jazz’s cellular services (which includes the terms and conditions of CSAF and the terms and conditions received in the SIM Jacket). However in case of conflict between these Terms and Conditions and terms and conditions of CSAF, these Terms and Conditions shall prevail to the extent of subject matter of these Terms and Conditions.
- The domestic laws of the Islamic Republic of Pakistan shall govern the Insurance Policy and the Courts of the Islamic Republic of Pakistan shall have jurisdiction in any dispute arising hereunder.
- If any provision of the Insurance policy is found by any court or administrative body of competent jurisdiction to be invalid or unenforceable, such invalidity or unenforceability will not affect the other provisions of the Insurance policy which will remain in full force and effect.
- This policy has been especially created to provide protection for those Jazz Customers who successfully apply for that protection and who pay the

appropriate Premium. Accordingly, notices to the Subscriber may be provided by:

- SMS to the Subscriber's prepaid mobile service (from which daily deductions are made); If a notice is made by SMS, the notice is deemed to be received on the day the SMS is sent. If a notice is placed on a website, the notice is deemed to be received on the day the notice is placed
- Notification placed on Jazz.com.pk or on the Insurer's website at <https://igiinsurance.com.pk/> ; or on www.milvikpakistan.com
- By publication in a major newspaper in the Islamic Republic of Pakistan

e. FAQs

- **I have already availed Personal Accident Insurance service, will this service be automatically enabled on my number?**

No, you have to enroll yourself into this service, as BIMA Sehat service charges will be separately deducted from your JAZZ balance.

- **What documents are required for CLAIM?**

CNIC, Final hospital invoice or Discharge report which states date of admission and discharge will be required for CLAIM

- **How long will it take to get the amount reimbursed once CLAIM is generated?**

The money is paid by check or mobile money within 3 – 10 working days after the submission of all documents

- **On which conditions a person is not entitled for CLAIM?**

Due to intentional self-inflicted injury, suicide attempt, or arising out of non-adherence to medical advice. Due to an elective treatment, such as cosmetic surgery. Pregnancy and any complication arising from pregnancy will not be covered during the first 09 months of the policy becoming effective.

BIMA Family Telemedicine

OVERVIEW

An affordable and comprehensive Family Telemedicine service for your family's well-being!

Milvik Bima's Family Telemedicine product is an affordable mHealth service tailored to provide families with comprehensive healthcare support, with an emphasis on preventive care and chronic disease management. Subscribers gain access to a dedicated team of doctors who offer initial health assessments, ongoing medical advice, and follow-up consultations to ensure continuous care and effective chronic disease prevention.

FEATURES AND BENEFITS:

- 24/7 unlimited teleconsultations with qualified doctors via a dedicated helpline 042 111 11 9878.
- Appointment-based access to specialist doctors, including Expert Nutritionists, Gynecologists, Pediatricians, and Mental Health Expert
- Health screening to assess your health, review medical history, lifestyle, and risks, with immediate personalized advice and doctor's recommendations
- Regular health tips to improve your daily life.
- Doorstep delivery of discounted medicines (Up to 10% discount)
- Doorstep home sampling with Discounted Lab tests (Up to 40%)
- Personalized diet & workout plans.
- Coaching from mental health expert.
- Access to family health.

DISCLAIMER/ TERMS OF USE OF BIMA FAMILY TELEMEDICINE

TERMS OF USE

THIS DOCUMENT IS AN AGREEMENT BETWEEN YOU AND MILVIK, WHICH CONTAINS THE TERMS AND CONDITIONS YOU AGREE TO WHEN YOU USE THE BIMA FAMILY TELEMEDICINE PRODUCT. IF YOU DO NOT AGREE TO THESE TERMS AND CONDITIONS, YOU ARE NOT AUTHORIZED TO ACCESS OR USE OUR SERVICES. WE MAY UPDATE THESE TERMS OF USE FROM TIME TO TIME. WE ENCOURAGE YOU TO REVIEW THESE TERMS PERIODICALLY. YOUR CONTINUED USE OF OUR SERVICES (AS DEFINED BELOW) INDICATES YOUR ACCEPTANCE OF THE CHANGED TERMS OF USE.

Any reference to "MILVIK", "our", "us", or "we" are references to MILVIK Mobile Pakistan (Pvt.) Limited, a private company registered in Pakistan (company number 90585), the registered office being 3rd Floor, New Liberty Tower, Model Town Link Road, Model Town, Lahore, Pakistan.

1. **Services Provided:**

MILVIK provides real-time medical consultations with licensed physicians (“BIMA Doctors”) through telephone, video, SMS, apps or other means for the purpose of providing advice and/or recommendations on medical and health issues (“Services”). MILVIK may also offer other healthrelated services provided in partnership with local providers, which may include hospitals, diagnostic laboratories or pharmacies (together with the BIMA Doctors, the “Providers”).

MILVIK facilitates access to Providers who have agreed to provide medical and health advice and services to customers. It does not interfere with the practice of medicine or other licensed profession by BIMA Doctors and MILVIK does not impose any guidelines or protocols that restrict the actions of BIMA Doctors.

2. Use of MILVIK health Services is NOT FOR EMERGENCIES:

Our Services are NOT for use in potential or actual medical emergencies or if you have a condition that you know will require a physical examination. If this is the case, you should visit your nearest emergency room. You must not delay your visit to the emergency room in anticipation of obtaining medical advice from a BIMA Doctor through MILVIK.

3. Relationship with your Primary Care Physician:

Your interaction with the BIMA Doctors through our Services is not intended to replace your relationship with your existing primary care physician or other healthcare professional or be your permanent medical access point. You should seek emergency help or follow-up care when recommended by a BIMA Doctor or when otherwise needed and continue to consult with your primary care physician and other health care professionals as necessary. Consult your primary care physician or health care professional as relevant if you have any questions about any symptoms or medical condition, and before starting or stopping any treatment by your physician or health care professional.

4. Medication Policy:

MILVIK will provide you with access to BIMA Doctors that are appropriately qualified and experienced to practice medicine. Subject to all applicable laws, such BIMA Doctor may recommend a medication as deemed appropriate. BIMA Doctors cannot guarantee the availability, effectiveness, authenticity, reliability, safety, legality or quality of the recommended medicine. MILVIK does not guarantee that a BIMA Doctor will recommend or issue medication, and does not endorse, recommend or make any representation or warranty about the medicines recommended or prescribed by the BIMA Doctor.

You agree that any medication recommended to you from a BIMA Doctor shall be solely for your personal use. You agree to fully and carefully read all product information and labels before use and to contact a physician or pharmacist if you have any questions regarding the medicine. You agree that you are using our Services only for yourself, or on behalf of a child under 18 in your capacity as his/her parent or legal guardian, provided that you supervise the child’s use of the Services at all times. MILVIK may suspend services or terminate customer accounts if we reasonably suspect that such accounts are being used in breach of the restrictions in this section.

5. Privacy:

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email, SMS, notifications, etc, using the contact information associated with your account, which includes the information you provide when you register or update information in your account settings. You also agree that MILVIK may retain your medical records and that such records will be held in compliance with all applicable laws. MILVIK may record calls and other communications with you for quality assurance purposes.

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- b. Delays in evaluation or treatment could occur due to failure of the electronic equipment or technical failures outside of our control. We are not responsible to you if this happens, but if it does, we will notify you as soon as we can and take the steps that we reasonably can to minimize the interruption to the Services;
- c. In some instances, a lack of access to your complete medical records and incomplete or inaccurate disclosure by the patient may result in adverse drug reactions or allergic reactions or other judgment errors;
- d. Although the electronic systems we use will incorporate networks and software security protocols to protect the privacy and security of health information, in some instances, security protocols may fail and cause a breach of privacy and/or personal health information.

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these terms and you suffer loss or damage, we are responsible for compensating you for that loss or damage if it was a foreseeable result of our breaking of these terms. We are not responsible for compensating you for indirect, incidental, special or consequential damages.

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- The Services are not suitable for unsupervised use by persons under 18;
- Subject to all applicable laws, our BIMA Doctor may decide that tele-health services are not appropriate for some or all of your treatment needs and, accordingly, may elect not to provide tele-health services to you through MILVIK.