

GLOBEWELL

NOWHERE ON EARTH IS TOO FAR!

Flying you across continents to get you the best
in health care.



 JS BANK

powered by



GLOBEWELL POWERED BY AXA & TPL LIFE

Globewell Powered By AXA & TPL Life:

We at JS Bank are dedicated towards ensuring that our customers receive the best in healthcare, whether international or local. Globewell is an international medical insurance that offers direct access to the best hospitals and doctors all across the globe, accompanied with exceptional levels of customer service to ensure customers receive the best healthcare available.

Areas of Cover:

With two variants to choose from, select the best package that suits your needs. Regardless of whichever area of cover is selected, you can receive medical treatment not only in your country of residence, but also in any other country within the selected area of cover.

- Worldwide (excluding AXA Sanctioned Countries)**
- Worldwide (excluding AXA Sanctioned Countries* excluding United States of America (USA) and US Minor Outlying islands)

*For further details refer to the glossary section.

Key Features:

Minimum entry age

15 days* child (provided insured with at least a parent or legal guardian)

Payment mode

Annual and Semi-Annual

Maximum entry age

70 years

Plans

Platinum & Gold

Health insurance

Up to PKR 64 million

Options to choose Country of Treatment

Country of treatment will be based on the coverage you opt for.
Refer to the Level of Coverage section below.

Limit per person

You may enjoy per person limit annual coverage amount as per the following:

Platinum Plan	Gold Plan
PKR 64,000,000	PKR 32,000,000

Age	Platinum Plan (PKR)	Gold Plan (PKR)
0 to 5	225,000	140,000
6 to 18	215,000	135,000
19	220,000	135,000
20	220,000	140,000
21	220,000	140,000
22	225,000	140,000
23	225,000	140,000
24	230,000	145,000
25	230,000	145,000
26	235,000	145,000
27	235,000	145,000
28	240,000	150,000
29	240,000	150,000
30	245,000	155,000
31	255,000	160,000
32	260,000	165,000
33	270,000	165,000
34	275,000	170,000
35	280,000	175,000
36	290,000	180,000
37	295,000	185,000
38	310,000	195,000
39	325,000	205,000
40	340,000	210,000
41	355,000	220,000
42	370,000	230,000
43	380,000	240,000
44	395,000	250,000
45	410,000	255,000

Age	Platinum Plan (PKR)	Gold Plan (PKR)
46	425,000	265,000
47	440,000	275,000
48	455,000	285,000
49	470,000	295,000
50	485,000	300,000
51	500,000	310,000
52	510,000	320,000
53	535,000	335,000
54	565,000	350,000
55	590,000	370,000
56	615,000	385,000
57	640,000	400,000
58	645,000	405,000
59	695,000	435,000
60	750,000	470,000
61	810,000	505,000
62	870,000	545,000
63	935,000	585,000
64	1,010,000	630,000
65	1,085,000	680,000
66	1,170,000	730,000
67	1,260,000	785,000
68	1,355,000	845,000
69	1,460,000	910,000
70	1,540,000	960,000

Age	Platinum Plan (PKR)	Gold Plan (PKR)
	Renewals Only*	
71*	1,625,000	1,015,000
72*	1,715,000	1,070,000
73*	1,805,000	1,130,000
74*	1,905,000	1,190,000
75*	2,010,000	1,255,000
76*	2,115,000	1,325,000
77*	2,230,000	1,395,000
78*	2,350,000	1,470,000
79*	2,475,000	1,545,000
80*	2,610,000	1,630,000

Key Benefit Limits:

Benefit	Platinum Plan	Gold Plan
Yearly limit	PKR 64,000,000	PKR 32,000,000
Area of Cover	Worldwide**	Worldwide** excluding USA
Outside Area of Cover	All areas covered (similar to policy)	Emergency treatment only and up to a maximum limit of PKR 5,000,000 per policy year and subject to inner limits shown below
Daily Accommodation Charges (per day/night)	Up to PKR 30,000 in Pakistan Up to PKR 100,000 outside Pakistan	Up to PKR 20,000 in Pakistan Up to PKR 50,000 outside Pakistan
Pre-notification	Pre-notification / authorization for all In-Patient treatment or Daycare treatment is required otherwise the insured person would have to pay 20% co-insurance on the eligible expenses for an eligible treatment for In-Patient or Daycare treatment	
In-Patient and Daycare Treatment (including surgery, consultations, consumables, surgical implants, reconstructive surgery inpatient rehabilitation)	PKR 10,000	
Companion accommodation up to (per night)	PKR 10,000	
Cash Benefit (per night)	PKR 24,000 per night, up to a maximum of 30 days	PKR 12,000 per night, up to a maximum of 30 days
Hospice and Palliative Care, lifetime limit, available only after 12 months cover (Must be in a hospice or palliative unit)	Up to PKR 12,000,000	Up to PKR 6,000,000
New Born Accommodation	Included	
Local Ambulance Road Transport	Included	
Pre/post hospitalization Out-Patient treatment (within 30 days prior to hospital admission and 30 days following discharge from hospital)	Included	
Radiotherapy and Chemotherapy	Included	
Kidney Dialysis Treatment	Included	
Surgical procedures received as an Out-Patient	Included	
Emergency Out-Patient treatment following accident	Included	
Accidental damage to natural teeth	Included	
Hormone Replacement Therapy	Included	
Organ Transplant	Transplantation of kidneys, heart, liver, lung or bone marrow included	

*20% co-payment will apply to each and every claim on eligible treatment incurred in Thailand or Malaysia.

** Except for the countries subject to sanctions ruling which include: Iran, North Korea, Syria, Cuba, Venezuela, Crimea (including Sevastopol) [i.e. a region and main port city of Ukraine annexed by Russia], Belarus, Democratic Republic of Congo, Somalia, South Sudan, Zimbabwe, Russia, Ukraine, Sudan.

Note: Please refer to the Policy Document for better understanding of the plan's terms and conditions.

BENEFITS OFFERED UNDER GLOBEWELL:

Hospital Charges:

This benefit pays for hospital charges incurred for eligible treatment given between admission and discharge 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 anesthetic 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

Out-Patient Treatment:

- **Pre-Hospitalization Treatment (30 Days):**
Costs related to consultation, prescribed investigations & essential Medications prior to eligible In-Patient Treatment
- **Post-Hospitalization (30 Days):**
Costs related to consultation and treatment following an eligible In-Patient Treatment or Day Care Surgery:

Radiotherapy, Chemotherapy and /or Kidney Dialysis:

Radiotherapy, chemotherapy and /or Kidney Dialysis received as an eligible Out-Patient treatment at a registered medical facility recognized by us.

Surgery Procedures:

Any eligible surgical procedure received as an Out-Patient treatment that does not require In-Patient or day-care treatment and one (1) post-surgery consultation within thirty (30) days

Emergency Out-Patient Treatment:

This benefit pays for out-patient 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, Per Night:

Cash benefit is only payable when no other benefit is claimed for under this policy nor any cost is borne by us for an eligible In-Patient treatment which the insured person received treatment within the area of cover. The benefit amount is subject to the plan you choose.

Outside Area of Cover:

This benefit pays for emergency treatment which arises suddenly whilst the insured person is outside his/her selected area of cover, provided the insured person's total number of days stay outside his/her area of cover does not exceed 90 days per trip. The number of days outside the insured person's area of cover would include the treatment days.

Dental Care (due to accident):

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 since 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 Transport:

The cost of a local road ambulance for medically necessary emergency transport to or between hospitals in the same country is 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 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 Accommodation:

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, recognized 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:

1) Who can apply?

- A baby from 15 days old and an adult not more than seventy (70) at the time of the application.
- Your principal country of residence must be Pakistan.
- A child age from 15 days to 6 years must enroll with at least one parent or legal guardian.

2) Do I have to undergo a medical checkup at application?

No medical check-up is required. Once you have completed and signed the application form, we will assess your application; inform you prior to the commencement of your cover.

3) Can my family members take up different plans under the same policy?

No, all applicants must apply for the same plan.

4) Are there any waiting periods under my plan?

Yes. There are waiting periods for the first 30 days except for eligible accidental injuries whose cover can take effect immediately and a twelve (12) months waiting period for specific medical conditions:

(i) Cancer; (ii) Hepatitis B; (iii) Hepatitis C; (iv) Diabetes; (v) Heart Disease (refers to heart attack, heart failure, coronary artery disease, ischemic heart disease, heart valvular disease, cardiac arrhythmia; (vi) Kidney Failure; (vii) High Blood Pressure; (viii) Chronic Obstructive Pulmonary Disease; (ix) Liver Cirrhosis/Liver Failure; and/or (x) Stroke and their associated medical conditions.

5) Are there any policy exclusions?

There are certain conditions, services and supplies under which no benefit will be payable. These are stated as limitations and exclusions in your policy provisions/handbook. You are advised to read the policy provision/handbook for the full list of policy limitations and exclusions.

6) Will I be covered when I am outside of my area of cover?

Yes, you will be covered up to the amount shown in your benefit table for emergency treatment only, which arises suddenly when you are outside your area of cover. You are not covered if you have specifically travelled outside your area of cover to obtain treatment, or for pregnancy or childbirth. The coverage provided under this section of the benefit is for temporary stay outside your area of cover not exceeding ninety (90) days per trip.

7) What cover do I have in the USA?

If you have applied for the Worldwide cover (including USA), your cover applies for eligible In-Patient or day-patient treatment needed in USA. Your policy schedule will show if you have USA cover.

However, if you have not added the USA cover, your plan gives you some emergency cover for a medical condition that you suffer suddenly while you are in USA up to the policy limit stated in the Benefit Table as "Outside Area of Cover". Under such a situation, we will not pay if you have travelled to the USA to get treatment or if you have travelled against medical advice.

Please take note if the USA becomes your country of residence, you must tell us and your cover will automatically terminate from the date on which you take up residence in USA.

8) What do I need to do before receiving treatment?

We require all In-Patient and Daycare treatment to be pre-approved by us before you embark on your treatment plan, otherwise you are required to pay a compulsory twenty percent (20%) co-payment on eligible expenses in respect of your claim.

Some selected Areas of Cover (as stated in the benefit table) have a compulsory twenty percent (20%) co-payment on top of the penalty co-payment levied for non-pre-approved claims.

Please call us on +92 301-8215798 as soon as you have been referred for private treatment. We can then make the necessary checks that the treatment is eligible before you incur any costs. Where possible, we will assess the eligibility of your claim over the phone, however we may need to ask for more details about your Medical Condition.

Sometimes we will need more information from your Medical Practitioner before we can authorize a claim.

9) What happens if I require emergency treatment?

If the treatment is given as an emergency you may not be able to telephone us beforehand.

Do however, ask somebody to telephone us as soon as possible and make sure that when you are admitted to hospital, the hospital is given your membership card so that they can contact us straight away.

10) Can I maintain my policy when I reside outside Pakistan for more than one hundred and eighty five days?

Whenever you change your principal country of residence, you must notify us of such changes within thirty (30) days. If you are not a Pakistani national and you are returning to your home country to live, you will not be able to keep this policy.

However, if you are a Pakistani national, we will review your request, as in some cases we may not be able to cover you when you reside outside of Pakistan because of international law or domestic law of the country.

We are unable to cover you if you are an American or Canadian citizen whose principal country of residence is either the United States of America or Canada.

11) Can I change my plan?

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

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

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 ensuring 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 and if there are changes due to increased cost, taxation, regulations or benefit changes.

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

The policyholder 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.

14) Who can I call if I have questions on my enrollment or membership?

For all membership queries: +92 21 111-000-330 or Email: info@tpllife.com

15) How do I make a claim?

Simply call +92 301-8215798 or +92 21 111-000-330 when outside Pakistan. We will help you process your claim as quickly as possible.

16) Will claims be settled through direct billing or on reimbursement basis?

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.

Pre-notification for all eligible In-Patient treatment or Daycare treatment is required otherwise the insured person would have to pay 20% co-insurance on the eligible expenses.

17) Who should I contact in case of emergency?

In case of emergency, you can contact +92 301-8215798 or +92 21 111-000-330 from wherever you are.

18) Is long term treatment for cancer covered under my plan?

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.

19) Can I choose the doctor/country for my treatment?

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.

20) Do you have a list of panel hospitals at TPL Life?

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

21) How can I make sure I am fully covered when I require In Patient treatment?

We recommend you contact the 24/7 claims customer service team:

For all claims related queries:

Claims in Pakistan: +92 21 111-000-330

Claims outside Pakistan: +92 301-8215798

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 provisions/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 TPL Life medical assistant or consultant before making a commitment to purchase the product.

Glossary:

Area of Cover

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

- Platinum Plan: Worldwide (excluding AXA Sanctioned Countries)
- Gold Plan: Worldwide (excluding AXA Sanctioned Countries* excluding United States of America ('USA') and US Minor Outlying islands)

Worldwide**

** Except for the countries subject to sanctions ruling which include: Iran, North Korea, Syria, Cuba, Venezuela, Crimea (including Sevastopol) [i.e. a region and main port city of Ukraine annexed by Russia], Belarus, Democratic Republic of Congo, Somalia, South Sudan, Zimbabwe, Russia, Ukraine, Sudan.

Worldwide excluding USA**

** Except for the countries subject to sanctions ruling which include: Iran, North Korea, Syria, Cuba, Venezuela, Crimea (including Sevastopol) [i.e. a region and main port city of Ukraine annexed by Russia], Belarus, Democratic Republic of Congo, Somalia, South Sudan, Zimbabwe, Russia, Ukraine, Sudan.

Thailand* & Malaysia*

*20% co-payment will apply to each and every claim on eligible treatment incurred in Thailand or Malaysia.

Principal 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.

Benefit Table

The table applicable to your plan showing the maximum benefits we will pay for each insured.

Chronic

A disease, illness or injury that has one or more of the following characteristics:

- It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests
- It needs on-going or long term control or relief of symptoms
- It requires your rehabilitation or for you to specially trained to cope with it
- It continues indefinitely
- It has no known cure
- It comes back or is likely to come back

In-Patient

When a member is admitted to hospital, and needs to occupy a bed overnight or longer for medical reasons.

Day-Patient

When a member is admitted to a hospital or day patient unit because they need a period of medically supervised recovery, but don't need to occupy a bed overnight.

Out-Patient

When a member attends a hospital, consulting room or out patient clinic, and is not admitted either as a day-patient or an in patient.

Family Member

Your partner and your unmarried children (or those of your partner) living with you when you take out 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 21st 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.

Panel Hospitals

The network of hospitals with which we have direct settlement agreements. This means that if the insured person choose any of the hospitals listed in the panel, we will be able to settle the bills for eligible in-patient treatment directly with the hospital, provided you have informed us of the treatment in advance. This shall also refer to our Global Directory of hospitals.

Hospital

Any establishment which is licensed as a medical or surgical hospital, or provider in the country where it operates and which is recognized by us.

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 conditions that should apply) that are either not declared or that have not been declared fully by the policyholder or you.

Policy Anniversary:

The same day and month each policy year as the policy date.

Policy Year

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

Pre-Existing Condition(s)

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

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

Reasonable and Customary (R&C)

The standard fee that would usually be charged for the treatment you are receiving, in the country in which you are receiving treatment, and is not more than the hospital or medical practitioner would normally charge in that country. We may verify the fees with a government health department or the independent third party if necessary.

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 you plan.

This Leaflet contains general information only and does not constitute any contract between any other parties and TPL Life Insurance Company. It is not a policy or contract for insurance. For detailed terms, conditions and exclusions of the plan please refer to the policy provisions/handbook for healthcare plans.

All information stated in the brochure is correct as of August, 2019.

Disclaimer

1. This product is underwritten by TPL Life Insurance Ltd. It is not guaranteed or insured by JS Bank Ltd or its affiliates and is not a product of the bank.
2. JS Bank Limited is only acting as a distributor on behalf of TPL Life Insurance Ltd and is not and shall not be held responsible in any manner whatsoever to any person, including but not limited to the insured customer(s), beneficiary (ies) or any third party.
3. The product is not guaranteed or insured by any of the other Group Companies of TPL Corp and they are not liable in any context.
4. Please refer to the Policy Documents for detailed understanding of the various terms and conditions.



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