

Individual Health Insurance Policy

1. Overview

This is the Policy wording and benefit description for TPL Insurance Policy taken out by the Policyholder. The Policy is a contract of insurance to provide cover for the enrollee, as detailed in this Policy document. TPL Insurance expects that this Policy will enable the enrollee to protect and enhance their wellbeing and that of their dependent enrollees in times of both illness and health.

Any examples contained in this Policy wording are for illustrative purposes only and do not reflect the totality of the circumstances covered by the relevant clause.

2. Cover and Benefit Details

We will pay for the treatments and services as expressly laid out in the schedule below, subject to the conditions of cover; definitions and exclusions detailed in this Policy document. We will not pay for any other treatments or services unless we expressly agree to do in writing. Please read the benefit schedule in conjunction with 'conditions of cover' and 'exclusions' set out in the following pages.

3. Covered Benefits

Cover is available only to permanent residents of Pakistan and is for treatments in the territory of Pakistan only.

Coverage of overseas treatment (emergency/planned) is only allowed in case of following conditions:

- In case insured person meets any accident (on and off road) emergency or Acute Cardiac Emergency during his/her normal international visit/trip.
- In case the treatment is medically necessary and not available in the country.

TPL Health Insurers will cover fees charged by General Practitioners (GP) and specialists registered as a medical practitioner with the Pakistan Medical and Dental Council. Other therapists must be registered with appropriate regulatory bodies. If the proposed provider charges outside the range, the Member may be expected to pay the difference. This will be specified at claim authorization stage.

The list of hospitals where the enrollees will be able to receive treatment is specified in the list of panel hospitals.

3.1. Benefit Limits & Accesses:

Any benefit limit stated applies for each person covered under the Policy. These limits also apply to the total of claims over the Policy years. Where a combined limit applies it means that the cost of any treatment paid for out of those benefits accumulates towards the overall limit.

3.2. Excesses:

An excess is the amount of money an enrollees must contribute towards any treatment they incur in a Policy year. Excesses apply to each person covered under the Policy and may be applicable in total for the Policy year

or to a specified claim depending on the benefits and network chosen. Please note that after every renewal a new excess will apply to each person covered.

3.3. Daily Room & Board Charges:

The Company will pay the charges actually incurred for the eligible class of hospital accommodation (and patient meals) for in-patient treatment of a covered medical condition but not more than the maximum amount per day as set forth in the schedule of benefits.

3.4. Intensive Care Unit (ICU)/CCU Charges:

If whilst being confined to a hospital for in-patient treatment and on the recommendation of a physician, an insured member needs to be admitted to the intensive care unit (or another unit for a similar purpose however denominated) the Company will pay the negotiated rates for the insured person's accommodation in the intensive care unit.

3.5. Physician's Visit (In-Patient) Charges:

The charges for professional attendance and treatment by a physician, while the insured person is in hospital as in-patient.

3.6. Specialist Consultation (In-Patient) Charges:

The charges for professional attendance and treatment by specialists, upon the recommendation of a physician, while the insured person is in hospital as an in-patient.

3.7. Surgical Operation Charges:

The benefits payable if a surgical operation is performed on the insured person.

These charges can be for:

- a) The charges made by a surgeon in connection with the surgical operation, including pre-operative investigations and preparation of the insured person, the operative care rendered by the surgeon while the insured person is in hospital.
- b) The charges made by an anesthetist in connection with the surgical operation or examination requiring general anesthesia including pre-operative and post-operative visits, the administration of the anesthesia and the administration of fluids and/or blood incidental to the anesthesia or surgery.
- c) Use of the operating theatre, treatment room and equipment, and
- d) Such other charges approved in writing by the Company.

3.8. Miscellaneous Hospital Expenses:

The benefits those are available if an insured person is confined in a hospital for In-Patient treatment. These charges can be for:

- a) Drugs, Dressings and Medicines prescribed by the attending physician
- b) Laboratory examinations and other diagnostic procedures
- c) Physiotherapy
- d) Intravenous injection and solutions
- e) Pathological and radiological investigations
- f) ECG's, EEG's prescribed ETT, Echo, Thallium Scan, Angiography/ Angioplasty, M.R.I, and CT Scan
- g) Ultrasound or any other related diagnostic test
- h) Diagnostic or therapeutic Endoscopies procedures
- i) Ventilator and Allied Services

- j) Administration of blood and blood plasma, including the cost of blood and blood plasma and any fluid administered during surgery.
- k) General nursing services, and
- l) Such other charges approved in writing by the Company.

3.9. Pre-Admission diagnostic testing and post-hospitalization consultation charges

These are charges connected to a period of hospitalization and are for the same or related medical condition. TPL Insurance individual policies cover up to 30 days of pre and post hospitalization charges with a benefit maximum limit defined in the product selected.

Pre-admission diagnostic testing charges i.e. the expenses for diagnostic and laboratory examinations on the basis of which admission of the insured person in the hospital is considered necessary and admission actually occurs.

Pre-admission diagnostic testing and post-hospitalization consultation expenses are restricted by the following conditions:

- (i) Admission to a hospital as an in-patient or day-care patient must take place while this Policy is in force.
- (ii) Pre-admission diagnostic testing charges must immediately precede admission in hospital by no more than fifteen days and

Post-hospitalization consultation charges are the expenses for consultation with the same physician or surgeon that treated the insured person during hospitalization, including cost of medicines.

Post-hospitalization consultation charges must be incurred immediately following discharge from the hospital and within 15 days.

3.10. Local Ambulance Cover:

Use of an ambulance may be covered for private transfers between hospitals as per benefit plan. This use is limited to paid services provided by independent companies. It is limited to medically necessary transfer where there is a reasonable medical need for the action to be taken. Transfers for non-medical reasons will not be covered.

3.11. Emergency Out-Patient Cover:

These are the expenses that relate to emergency treatment of an accident undertaken in the emergency room or casualty ward of a hospital or any other facility that is appropriate for the medical services provided. Treatment must be taken within Twenty-four (24) hours of the accident in order to be eligible for cover.

3.12. Emergency Accidental Dental Treatment:

These are the expenses that relate to the emergency treatment necessary to relieve pain only as the result of an accident and for which treatment is provided within Twenty-four (24) hours following the accident. The limit stated in the benefits table for the hospitalization benefits is the overall limit applicable to the sum of all benefits claimed under the hospitalization benefits section of this Policy.

3.13. Intensive and High Dependency Care:

TPL Insurance will pay for elective critical care where it is part of the expected post-operative management of the enrollee. We will pay for unexpected care in a private hospital provided:

- It is the most appropriate setting for such treatment
- It follows an elective, non-emergency admission

4. Underwriting

It is the responsibility of the member to disclose to TPL Insurance any pre-existing conditions upon joining the Policy and failure to do so may result in claims being declined, personal exclusions being applied or any sums already paid out on the Member's behalf being recovered by TPL Insurance.

5. Exclusions

The following conditions and healthcare services are not covered by TPL Insurance under this Policy. In addition, any complications or subsequent treatment related to these exclusions is not covered.

- (a) Overseas Treatment:** Treatments, with the exception of emergencies, provided outside Pakistan are excluded.
- (b) Treatment at a non-network hospital unless due to medical emergency**
- (c) Chronic conditions:** Chronic conditions are covered under the Policy unless they fall within the "pre-existing" exclusions. This includes consultations by any health care professionals, medication, investigations (blood test, radiology) etc.

Acute conditions related to chronic conditions will be covered subject to the Enrollee Policy unless a specific exclusion relating to that condition has been applied.

Many chronic illnesses are of a relapsing and remitting nature e.g. multiple sclerosis. The relapses are part of the normal illness course and therefore cannot be classified as acute complications of the disease.

Treatment related to any psychotic, mental or nervous disorder (including any neuroses and their physiological or psychosomatic manifestations) is excluded.

- (d) Frail Care:** This refers to, for example, care received in convalescence and nursing homes, respite care, and domestic support that does not require a trained practitioner. Cover is not available for rehabilitation of any kind.
- (e) Routine Check-ups:** Visit to a GP where there is no specific medical complaint is excluded from cover, e.g. visit to get prescriptions.
- (f) Pregnancy and Child Birth:** Pregnancy/Child Birth (including diagnostic tests for pregnancy) and complications arising from pregnancy unless covered under optional benefits chosen for maternity benefits on payment of an appropriate additional premium. Maternity Coverage begins after 10th month of Policy commencement.

- (g) **Retention of Disposable and Durable Medical Devices and Equipment:** Example of exclusions are bandages and dressing, unless they are of in-patient and day-care treatments, wheel chairs, crutches, glasses and contact lenses, external prostheses and hearing aids.
- (h) **Cosmetic Treatments:** Even if the request is psychologically motivated, any treatment related to cosmetic surgery or resulting complications is excluded. Breast reduction or augmentation operations are excluded, whether or not for back pain or psychological reasons. Exceptions to this exclusions include:
- Post-traumatic or post-surgical reconstruction to restore functions or appearance is included if performed within 12 months of injury or primary surgery
 - Breast surgery where the treatment is to correct disfigurement is included if it was caused by an accident or special disease of the breast.
- (i) **Medication and Dressings:** Except when administered for use during hospital admissions, medicines prescribed to take home are not allowed. POST-HOSPITALIZATION WITHIN BENEFIT LIMIT IS COVERED.
- (j) **General Practitioner consultation or visits.**
- (k) **Organ Transplants:** Any charges in respect for donor for organ transplant claims.
- (l) **Fertility, Infertility and menopause related treatment:** For example, consultation, investigation, assisted, reproductive therapy, hormone replacement therapy and other treatment related to infertility and sterilization.
- (m) **Healthcare services related to:**
- Alcohol, Drug or solvent abuse
 - Willfully self-inflicted illness or injury; including treatment related to attempted suicide
 - Injuries sustained during participation in professional or semi-professional sports or hazardous sports
 - Injuries sustained during participation in a willful violation of the law, injuries sustained during war, riots, strike, act of terrorism or nuclear weapon induced treatment
 - Injuries sustained due to ionizing radiation or contamination by radioactivity from any nuclear fuel or waste, from the process of nuclear fission or from any nuclear weapons material.
- (n) **EXPERIMENTAL, Unproven or Unregistered Treatment or Practices:** For example, those that are not considered established Pakistan medical practice.
- (o) **Complications of any treatment not approved by TPL Insurance:** For example, unproven or unregistered treatment received whilst overseas.
- (p) **PET Scans**
- (q) **Non-standard chemotherapy**
- (r) **Expenses arising from HIV/AIDS**
- (s) **Treatment related to developmental problems/ congenital birth defects, learning difficulties or delayed speech disorders:** Physiological or structural abnormalities that develop at or before birth and is present at the time of birth, especially

because of faulty development, infections, heredity, or injury fault or congenital anomaly.

- (t) **Dentistry:** Any general dental procedure e.g. implants crowns, bridges and dentures or orthodontic treatment is excluded. In case of accident, surgical procedures performed by an oral surgeon (for specified procedure only) and a maxillofacial surgeon will be assessed for eligibility when treating an acute medical condition.
- (u) **Refractive Eye surgery and Optometry:** For example, surgical treatment to correct long or short sightedness, astigmatism, or any other refractive error.
- (v) **Gender re-assignment operations or any related medical or surgical treatment**
- (w) **Treatment for obesity**
- (x) **Preventive treatment, vaccinations, antiretroviral, drugs, dietary supplements and vitamins (If out-patient benefit is not covered).**
- 6. Policy Terms and Conditions, General Conditions, and Policy Administration**
- 6.1. Compliance with Policy terms:** TPL Insurance liability under this Policy will be conditional upon the Policy holder and each insured Enrollee complying with its terms and conditions and having misled TPL Insurance by misstatement or concealment, either knowingly or unknowingly.
- 6.2. Policy Duration:** The Policy will run for one year from the start date of cover until the renewal date and is therefore a one-year contract (This is defined as the "Policy Year")
- 6.3. Amount due to TPL Insurance:** This includes but is not limited to any other taxes, levies or charges that may be introduced which are payable by law. Premium is due at the time of purchasing the Policy. This Policy will be activated with coverage starting after 7-working days of Policy issuance.
- 6.4. Change of risk:** Standard premium rates changes will take effect at the end of each Policy Year. TPL Insurance reserves the right to apply plan and premium changes during the Policy year when the following has incurred
- Correction of an error that produces a change in the premium built e.g. correction in date of birth
 - Any other material changes in the information or membership given as a part of application for cover under this Policy (Note: this excludes underwriting information)
- 6.5. Membership addition, withdrawals or other changes:** Dependents cannot be added throughout the Policy Year but they can be added at the time of renewal. TPL Insurance may cancel this Policy, terminate an insured person's cover, or subject to the cover to different terms (With retrospective effect where appropriate) if the Policyholder or a member has at any time:
- Misled TPL Insurance by misstatement or concealment whether or not done knowingly.
 - Agreed to, assist or conceal any attempt via a third party to defraud TPL Insurance.

Otherwise failed to observe the terms and conditions of this Policy or failed to act with good faith in their dealings with TPL Insurance.

6.6. Changes during the year: There will be no changes in premium during the Policy Year unless prompted by a change covered in section 6.4 or 6.5 above.

Subject to the above, TPL Insurance may vary the other terms and conditions of the Policy during the Policy Year. TPL Insurance shall notify the Policyholder in writing identifying any variations in the terms and conditions at least 30 days before the variation takes effect. If the Policyholder does not wish to accept the

Variations, the member can cancel the Policy within the 30 days without any further liability to TPL Insurance.

6.7. Cancellation: The Policyholder can cancel the Policy by calling customer services. TPL Insurance must be notified not less than 30 days in advance of the termination. When the Policy ends, the membership of the Policyholder and their dependents will also end.

TPL Insurance reserves to itself the following rights:

- a) TPL Insurance will cancel the Policy promptly on non-payment of premium, though TPL Insurance can, as its discretion, reinstate the cover if the premium is paid within 30 days of its due date.
- b) If any premium from the Policyholder remains unpaid, TPL Insurance may defer authorization in payment of any claims until the premium outstanding has been paid in full.
- c) The Policy may be cancelled if there is non-payment of an outstanding excess.
- d) If the Policyholder cancels the Policy before expiry, TPL Insurance may refund the premium excluding government taxes and administrative surcharges on pro-rata basis, if no claim has been made.
- e) If the Policyholder asks its bank to indemnify itself in respect of any premiums paid, without TPL Insurance approval, TPL Insurance reserves the right to recover these sums from the Policyholder.
- f) The Policy may also at any time be terminated at the option of TPL Insurance, on a 7 days notice to that effect being given to the Policyholder, in which case the company shall be liable to repay on demand a ratable proportion of the premium for the unexpired term from the date of cancellation.

If the Enrollee pays medical fees or charges higher than the TPL Insurance rate, the member will be responsible for the shortfall. The TPL Insurance rate is available on request.

6.8. Reimbursement in Non-Panel Hospitals: In case of emergency, the Policyholder can visit a non-panel hospital. TPL Insurance provides reimbursement for in-patient treatment in non-panel hospitals.

Where the Enrollee pays fees or charges, claims for reimbursement within 30 days of the treatment date will be eligible.

If the Enrollee pays medical fees or charges higher than the TPL Insurance rate, the member will be responsible for the shortfall. The TPL Insurance rate is available on request.

6.9. Hospital Cashless Benefit: The Company shall provide health card to the insured under this Policy to avail cashless hospitalization facility. The insured can avail of cashless hospitalization facility under this Policy at the time of admission into any panel hospital by producing the health card subject to the terms and conditions for the usage of the card as communicated to the insured by TPL Insurance. In case of loss of health card, a new health card will be issued to the Policyholder at the cost of Rs 100/- For hospital admissions, the Enrollee will be given an authorization number and estimated length of stay, which the hospital will require. Cashless facility will not be available if treatment is taken in a non-panel hospital.

6.10. Third Party Claims: The Enrollee must, without delay give TPL Insurance written notification of any claim or right of action against a third party for any circumstances, which gives rise to the claim under this Policy. For Example, an Enrollee claims treatment following a car accident where the third party may have been at fault. If the Enrollee decides to pursue a third party for damages, the Enrollee must continue to keep

TPL Insurance fully informed in writing and takes all steps TPL Insurance reasonably requires in making a claim against the third party, which may include recovery of TPL Insurance outlay

If the Enrollee fails to inform TPL Insurance of a third party claim, and makes a recovery (which includes any settlement made) without including TPL Insurance outlay, TPL Insurance reserves the right to recover its outlay and any sums due from the Enrollee.

TPL Insurance shall be entitled to initiate proceeding in an Enrollee's name for recovery of its outlay or any sums due under this Policy.

TPL Insurance shall have full discretion in the conduct of any such proceedings and in the settlement of any such claim.

6.11. Prevention of Fraud: If any claim under this Policy is in any respect fraudulent or unfounded, all benefit paid or due in respect of that claim will be forfeited and recoverable. Failure to disclose material information could result in the Policy being cancelled. TPL Insurance also reserves the right to take appropriate legal action and/or refer the matter to police to seek criminal prosecution. Information may be disclosed to others with a view to prevent fraudulent or improper claims.

6.12. Plan and Premium Changes:

- a) Except for the changes listed in section 6.4, plan and premium changes will take effect only at the

- end of the Policy Year. Plan changes may be subject to underwriting requirements.
- b) TPL Insurance reserves the right to decline a plan or upgrade based on the claims experience of the Policyholder or a Dependent in respect of the risk of the Policy.
 - c) TPL Insurance reserves the right to decline the renewal of any Policy.

6.13. Policy Renewal: At the end of the Policy Year TPL Insurance may elect to offer to the Policyholder renewal of the Policy (Possibly on altered terms to those in force, for example with different cover offered or different premium charged based on age, medical inflation and claims experience). TPL Insurance will send out a renewal notice detailing the terms of renewal at least one month before the end of the Policy Year.

In the unlikely event that the Policyholder does not receive these terms at least one month before the end of the Policy Year, they should notify the customer services or contact their adviser.

Acceptance by the Policyholder of the renewal terms made available in this way to the Policyholders and Enrollees will be assumed unless TPL Insurance is informed otherwise in writing by the Policyholder.

At Policy renewal, TPL Insurance will total the claims paid on behalf of the Policyholder for the year up to the date the renewal calculation is performed (or fewer months if a year's worth of claim history is not available). TPL Insurance will also total the premiums billed over the full Policy Year, other first year discount or low claims discount before any claims loading.

6.14. Other Insurance: If there is any other insurance covering any of the same benefit insured under this Policy, the Policyholder must disclose this to TPL Insurance and TPL Insurance shall not be liable to pay or contribute more than TPL Insurance's proportionate share between the insuring parties.

6.15. Liability for treatment: Our liability under this Policy is limited to the liability to pay for treatment or services in respect of claims up to annual plan limit qualifying for cover under this Policy, in accordance with the 'Exclusions' and the 'Policy Terms and Conditions' set out above. The choice of provider of the treatment or services ("provider") is the responsibility of the Enrollee claiming under this Policy. We make no representations or recommendations to any Enrollee regarding the availability and standard of any treatment or services offered or provided to the Enrollee by the provider. We will not be held liable to any Policyholder or Enrollee for any loss, harm or damage of any description resulting from lack of availability, from a defect in the quality of any treatment or service offered, or provided by such provider.

This Policy represents the whole and only agreement between the Policyholder and TPL Insurance relating to the Private Medical Insurance (PMI) cover.

Any advice, conversations, emails, leaflets, letters or similar communication received by the Policyholder or any Enrollee in relation to the cover do not form part of this Policy. This is without prejudice to our rights in respect of declaration made by the Policyholder or Enrollee in their completed application for this Policy.

TPL Insurance cannot be held liable for any loss or any harm resulting to the Enrollee arising from any act or omission on the part of the GP, Specialist, Hospital, Diagnostic center or any other business or individual person, or because of using any service or product provided by any other entity to TPL Insurance.

7. Complaints

7.1. We want to deal with your concerns fairly, effectively and promptly. However, some complaints are more complex than others and may take some time to investigate. We will keep you informed of the progress made to resolve your complaint. If we have not resolved your complaint within 8 weeks of receiving it we will send you:

- a) A letter explaining why we have not done this and confirm when we will contact you again, and
- b) A summary of your complaints process is available on request.

7.2. Compensation: The Policyholder or an Enrollee may have a right to compensation if TPL Insurance or another authority decides that the Policyholder has bought a plan in which the information provided by TPL Insurance was incorrect and misleading and resulting in financial loss. Please contact TPL Insurance customer service officer for more information.

8. Claims Management:

- In case of emergency hospitalization, the Policyholder can use their health card at any of the network hospitals throughout the Country and avail the cashless service.
- In case of plan of hospitalization, the Policyholder must inform TPL Insurance 3 days prior to admittance for pre-authorization.

9. Law and Interpretation

9.1. This Policy will be governed by and construed in accordance with the laws of Pakistan and will be subject to the exclusive jurisdiction of the Pakistani Courts.

9.2. The schedule and paragraph headings are for convenience only and do not form part of the Policy itself nor do they affect its construction.

9.3. A person who is not party to this contract has no right under the Contract to enforce any terms of this Policy. In addition to the Policyholders, Enrollees covered by the Policy are considered parties to this Policy.

- 9.4. If the insurer fails to make the payment within a period of 90 days from the date on which the claimant complies with all the requirement, liquidated damages will be paid.
10. **Currency:** every payment to TPL Insurance or by TPL Insurance under this Policy shall be payable in the lawful currency of Pakistan.
11. **Glossary of Definitions:** The following are the standard definitions of common Private Medical Insurance (PMI) terms and some specific to TPL Insurance:
- 11.1. **Acute Condition:** A disease, illness or injury that is likely to respond quickly to treatment which aims to return you to the state of health you were in immediately before suffering the disease, illness or injury, or which leads to your full recovery.
- 11.2. **Admission:** The interval between the time a member enters a hospital ward as a day case or for an overnight stay until the time, they are discharged. This doesn't include admission to an Accident and Emergency department/ ward nor an out-patient attendance.
- 11.3. **Chronic Condition:** A disease, illness or injury, which has at least one of the following characteristics:
a) Continuous indefinitely and has no known cure
b) It comes back or is likely to come back
c) Is permanent
d) Means the Enrollee needs to be rehabilitated or specially trained to cope with it
e) Needs long term monitoring, consultations, checkups, examinations or tests
- 11.4. **Children:**
a) The term "Children" incorporates biological and adopted children as well as children under guardianship. The main criterion is that they are financially dependent on the principal member taking out the Policy
b) Children can remain on the Policy past the age of 24-years, being charged as an adult and will only be removed on the notification from the Member or the Policyholder.
- 11.5. **Day-care Treatment:** Treatment which means the Member has to be admitted to hospital or a day care unit because they need a period of clinically supervised recovery but do not have to stay overnight.
- 11.6. **Diagnostic Tests:** Investigations, such as x-rays or blood test, to find or to help find the cause of your symptoms.
- 11.7. **Ectopic Pregnancy:** An abnormal pregnancy where fertilized egg attaches itself outside the cavity of the uterus
- 11.8. **Emergency:** An accident or medical emergency that leads to hospitalization. A sudden bodily alteration such as is likely to require immediate medical attention.
- 11.9. **Hydatidiform Mole:** A tumor in the placenta that occurs in early pregnancy
- 11.10. **In-Patient:** A patient admitted to a hospital occupying a bed overnight or longer, for medical reasons.
- 11.11. **Miscarriage:** Loss of pregnancy under 24-weeks of gestation
- 11.12. **Out-Patient:** A patient who attends the hospital, consulting room, or out-patient clinic and is not admitted as a day patient or an in-patient
- 11.13. **Palliative Care:** Holistic therapy aimed to relieve or reduce the symptoms of those with advanced cancer but not to produce a cure.
- 11.14. **Post-Partum Hemorrhage:** Loss of over 500ml of blood from the genital tract within 24 hours of delivery.
- 11.15. **PPU (Private Patients Unit):** These can be separate wings or wards within a hospital.
- 11.16. **Pre-Existing Conditions:** Means any condition including any illness or any bodily injury whether chronic, recurring or congenital conditions existing before the commencement of this Policy, whether or not if the same has been treated, or for which medical advice diagnosis, care or treatment has been sort before the commencement of this Policy. Any illness, complications or ailment arising out of or connected to the pre-existing illness shall also for the purposes of this Policy be deemed to be a pre-existing illness.
- 11.17. **Nurse:** A qualified nurse who is on the register of the PNC (Pakistan Nursing Council) National Institute of Health, Chak Shehzad, Islamabad.
- 11.18. **Related Medical Conditions:** Any symptoms, disease, illness or injury with reasonable medical opinion considered being associated with another symptom, disease, illness or injury.
- 11.19. **Retained Placenta:** Part of the entire placenta (after birth) remains in the womb during the third stage of labour.
- 11.20. **Stillbirth:** Delivery of a child which has not shown any signs of life after the 24 weeks of pregnancy.
- 11.21. **Sum Insured:** Means the Annual Maximum specified coverage, entitled to this Policy that each insured is individually and all the insured members of the family as a group are entitled to in respect to benefit under this Policy.
- 11.22. **Treatment:** Surgical or medical services (including diagnostic tests) that is needed to diagnose, relieve or cure a disease, illness or injury.