



International Health Insurance



Supported by



In collaboration with



What is GlobalCare?

GlobalCare is an international health insurance product backed by world leading health insurance provider AXA, powered by Alfalah Insurance & in collaboration with Fidelity Insurance Brokers.

GlobalCare offers affordable medical treatments in more than 160 countries across the globe with the convenience of going cashless at more than 1 million healthcare facilities.

GlobalCare is exclusively designed to cater you & your family's wellbeing needs inside & outside Pakistan. We are excited to offer 24/7 top of the line customer experience to our clients through our dedicated call centers. Our customers will be supported by a team of experts before, during & after treatments.



ABOUT US



AXA Insurance

AXA PPP International, AXA Global Protect & AXA Healthcare Management brings together all the expertise to create one business called AXA who is dedicated to global healthcare & nothing else.

For over 55 years, AXA has been helping people who live and work internationally to access the healthcare they need.



Alfalah Insurance

Alfalah Insurance Company Limited, is one of the ventures of Abu Dhabi Group in Pakistan. Alfalah Insurance started operations towards the end of 2006 and since then we have already established offices in major cities of Pakistan.

Backed with the state of the art IT Platform, the company offer first class security and service to the insuring public comparable to international standards.



Fidelity Insurance Brokers Pvt. Ltd.

Fidelity Insurance Brokers Private Limited is Pakistan's leading multi-line Insurance brokerage firm with offices across Pakistan. FIB is global network partner of Lockton, world's largest independent, privately owned global Lloyds broker.

FIB provides bespoke services including detailed review, analysis and best fit programs customized to your needs and unique business requirements. Our experts provide advisory services, tailored placements and claims advocacy to help protect your business.



The Most Comprehensive Health & Medical Coverage



Hospital Accommodation

In-patient or day-patient for eligible treatment as per plan coverage, along with companion accommodation



Hospital Charges

- Diagnostic procedures
- Surgical procedures (Inpatient and Daycare)
- Operating theatre charges
- Nursing care, drugs and dressings
- Surgeon and anaesthetist charges
- Intensive care unit charges
- Consultations and physiotherapy
- Radiotherapy, Chemotherapy
- Computerized tomography, magnetic resonance imaging, x-rays and other such proven medical imaging techniques



Local Road Ambulance Transport



Medical Procedures

- Organ Transplant & Bone Marrow Transplant
- Reconstructive Surgery
- Surgical Implants
- Psychiatric Treatment
- In-patient Rehabilitation
- Kidney Dialysis
- Hormone Replacement Therapy
- Dental care incase of accidental damage
- Hospice and Palliative Care
- Companion Accommodation Charges
- New born Accommodation
- Congenital Anomaly, Condition, Birth Defect
- Inpatient Rehabilitation
- Pre & Post Hospitalization
- Emergency Outpatient Treatment due to accident
- Hormone replacement therapy (HRT)



International Emergency Medical Assistance including Emergency Evacuation & Repatriation

Your Choice to Premier Health Care



Diamond

\$1,000,000

YEARLY MAXIMUM
COVERAGE



Sapphire

\$750,000

YEARLY MAXIMUM
COVERAGE



Emerald

\$500,000

YEARLY MAXIMUM
COVERAGE



Pearl

\$250,000

YEARLY MAXIMUM
COVERAGE

Articulating Values

	Diamond	Sapphire	Emerald	Pearl
Overall Yearly Maximum Limit, up to	\$1,000,000	\$750,000	\$500,000	\$250,000
Area of Cover	Worldwide (excluding Sanctioned countries)			
Outside area of cover	Emergency treatment only and up to a maximum limit of \$300,000 per policy year and subject to inner limits shown below			
Daily Accommodation Charges (per day/night)	Up to \$240 in Pakistan & India Up to \$750 Outside Pakistan & India	Up to \$210 in Pakistan & India Up to \$540 Outside Pakistan & India	Up to \$180 in Pakistan & India Up to \$360 Outside Pakistan & India	Up to \$150 in Pakistan & India Up to \$300 Outside Pakistan & India
Companion Accommodation (per night)	\$100	\$100	\$100	\$100
Congenital Birth Defect	\$6,000	\$4,500	\$3,000	\$1,500
Cash Benefit (per night)	\$180 per night up to a maximum of 30 days	\$135 per night up to a maximum of 30 days	\$90 per night up to a maximum of 30 days	\$60 per night up to a maximum of 30 days
Psychiatric Treatment	\$2,400	\$1,800	\$1,200	\$300
Hospice & Palliative care	Lifetime Upto \$72,000	Lifetime Upto \$54,000	Lifetime Upto \$36,000	Lifetime Upto \$24,000
Pre-Existing Conditions. This benefit is only available after 12 consecutive months from the insured person's Policy effective date & upto the limit	\$10,000	\$7,500	\$5,000	\$2,500
• Hospital Charges • Organ Transplant • Reconstructive Surgery • Surgical Implants • New Born Accommodation • In-patient Rehabilitation • Pre & Post Hospitalization • Radio &/or Chemotherapy • Kidney Dialysis • Outpatient Surgical Procedures • Emergency out-patient treatment due to Accident • Hormone replacement Therapy • Local Road Ambulance Transport • Int. Medical Emergency assistance • Accidental damage to natural teeth	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓

Terms & conditions applied

Edging Forward!



Choose a Plan

Decide which plan fits you & your family's well being needs



Connect

Connect with our team of experts for more assistance:



042-111-234-222
globalcare@alfalahinsurance.com



021-111-134-211
globalcare@fib.com.pk



Documentation & Evaluation

Our healthcare experts will help you go through policy documentation & evaluation process.



Card Activation

Our 24/7 customer services center will make a personal contact with you for your card activation.



Frequently Asked Questions (FAQ)

The information in this FAQ are the more commonly asked questions and acts only as a guide.

01. Who can apply?

You can apply if your principal of country of residence (usual country of residence) is in Pakistan. This means Pakistan is where you usually live or intend to live for at least 185 days in a year. You and/or your spouse must be between age 18 to 65 years old at the time of application and the cover may be renewable up to age 80 years old.

02. Can I also apply for my child(ren)?

Yes you can apply for your child(ren) with you as the policyholder if their age is between 15 days old up to 18 years old if they are residing with you, is unmarried and not employed.

For child(ren) age 19 to 25 years old, you can apply for them as the policyholder if they are full-time students with proof of educational certificate, unmarried and unemployed.

For child(ren) above age 18 who does not meet the above conditions, they can apply for their own policy.

03. Do I have to undergo a medical examination at application?

No medical checkup will be required at application.

We will assess your application after you have completed and signed the medical declaration application form.

04. Can my dependants (i.e. spouse and children) take up different plans under the same policy?

No. Your dependants must apply for the same plan as you under the same policy.

05. Can I pay the premium in Pakistani Rupees?

Yes, premium is only payable in Pakistani Rupees.

06. Can I change my plan?

Yes. You can do an upgrade or downgrade of your plan at the Policy Anniversary. This will be subject to our approval.

For any plan upgrades such as increase in plan limits, expanded area of coverage, addition of new optional benefits, please submit your request with a new application for the requested plan upgrade. We will require you to declare again your health and for all insured persons on any changes to be made from the initial health declaration made.

07. When will my coverage begins?

The cover will take effect after the application has been accepted by us and our receipt of the premium due. We will inform you when your cover commences.

If we have included any additional term(s), you must agree and confirm acceptance of these terms and the premium due had been received by us before the cover can commence.

The commencement date (start date) of any cover cannot be backdated.

08. Will I be covered when I am outside my area of cover?

You will be covered for emergency treatment only, or treatment of a Medical Condition which arises suddenly outside your selected Area of Cover provided it does not exceed 90 days per trip (inclusive of the days where treatment was given) up to the amount shown in your benefit table. However, you will not be covered for treatment if you travelled outside the area of cover to get treatment (whether that was the only reason) or for any Treatment which was or may have been reasonably known before your travel commenced. This is benefit subject to policy terms, limits and sub-limits applicable for the plan and does not cover any aspect of pregnancy, childbirth or any complications of pregnancy or childbirth or if you are able to benefit from free state-provided healthcare in that country.

09. What happens if I move to another country?

If you move to another country, please contact us as it would affect the eligibility of the cover.

If you are a Pakistan national, we may continue your cover under some circumstances provided there is no breach of any laws, regulations, or a violation of any sanctions. If cover can be continued, we will inform you we can insure you and may impose any additional premium adjustment to reflect the change in residence.

If you did not inform us of the change in your principal country of residence, we can refuse to pay for the benefits and proceed to cancel the policy.

10. How do I renew my policy?

We will notify you about the upcoming renewal of the insurance policy at least 30 days before your policy expires. You can either email or call us to inform us to renew the policy and pay the renewal premium before the policy expiry.

11. Can I use the membership card in Pakistan?

Yes, you can use this card at our listed Medical network hospitals and providers in Pakistan.

12. Who can I contact if I have questions on my membership and enrolment?

You can reach out to us on your membership enquiries at +92-42-111-234-222 or email to us at globalhealthcare@alfalahinsurance.com.

13. Can I maintain my policy when I reside out of Pakistan for more than one-hundred and eighty-five days?

Whenever you change or intend to change your principal country of residence, you must notify us of such changes soonest. If you are not a Pakistan national and you are returning to your home country to live, you will not be able to keep this policy. If you are a Pakistan 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.

14. How do I make a claim?

You can simply call +92-42-111-234-222 when outside Pakistan. We will help you process your claim as quickly as possible.

15. Do you have a list of panel hospitals at Alfalah Insurance?

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

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 day-care treatment is required.

17. Can I make a claim immediately after my policy has been issued?

You can submit a claim to us arising from an insured event once the policy has been issued. However, some benefits are subject to a waiting period, examples Pre-existing conditions, Hospice and Palliative Care and Psychiatric treatment. For benefits with waiting periods, we will not be paying for any claims incurred within the waiting periods. In addition to the waiting periods, all claims are subject to the terms, conditions, and exclusions in the policy wording before we can confirm that the claim is eligible.

18. Am I covered in any hospital in and outside Pakistan?

Yes, you are covered in any recognised hospital located in your selected area of coverage. However, in case you visit a hospital that is not part of the Direct billing network, you may have to pay these costs and submit the claim to us. You can access the Direct-billing network in and outside Pakistan from our website: <https://www.axaglobalhealthcare.com/find-AIC>

19. Will I be covered for my pre-existing medical illnesses and conditions?

If you have declared to us your pre-existing medical illnesses and conditions during your application and after our underwriting assessment, we will advise you on the terms we can offer. If there is no specific additional exclusion, we may be able to cover the declared illnesses or conditions if it does not fall under any other general exclusions and limitations as stated in the policy wordings. However, if you do not take reasonable care and the information provided by you is inaccurate or incomplete then depending on the circumstances, we may terminate your policy, declare your policy void (treating your policy as if it had never existed), impose different terms to your cover, or refuse to pay all, part of any claim or even reduce the amount of any claim payments.

20. Will my premium increase in the next year if I make a claim this year?

We will not change the terms of your policy. However, the premiums are re-calculated at renewal in accordance with the age and plans at the time you renew the policy. The premiums may also be revised if there are regulatory requirements and changes.

The premium payable is not guaranteed and shall be determined at each renewal based on the attained age of each insured, their medical conditions and if there are changes due to increased cost, regulations or benefit changes.

21. Can I choose my own medical provider/doctor?

Yes. You can choose your own medical providers or doctor, but they must be qualified and recognised by us within your chosen area of cover. The chosen treatment must be established as effective and not experimental or pioneering or surgical techniques including medicines and medical advice not approved by the relevant authorities and government regulatory board. We have contractual agreement through our partners with a list of medical network hospital and providers where we have preferred rates and direct billing arrangements. Use of the applicable network to your plan will minimize unnecessary delays in claims settlement.

22. 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.

23. Can I choose any room type if I am hospitalised?

No, your plan provides cover only for the cost of a single room of a standard class up to the limits shown in the benefits table applicable to your plan. Please refer to the Table of Benefits for the limits stated.

Should you choose to upgrade your hospital room & board type, you will have to self-pay for the difference for all increased costs.

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

Yes. We will pay for active cancer treatment intended to treat, shrink, stabilize or slow 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 benefit 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.

25. How can I be sure that I am covered before I go ahead with the treatment?

For all claims related queries, you can reach us at our 24/7 claims customer service team

Claims in Pakistan: +92-42-111-234-222

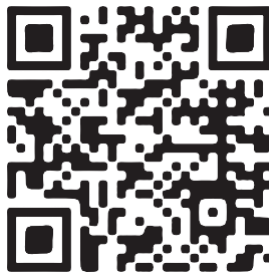
Claims outside Pakistan: +92-42-111-234-222

26. Do you have a list of panel hospitals at Alfalah Insurance?

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

GET IN TOUCH

Scan code here



www.alfalahglobalcare.com



Alfalah Insurance

 042-111-234-222



globalcare@alfalahinsurance.com



www.alfalahinsurance.com



Alfalah Insurance Company

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