



শাহজালাল বিজ্ঞান ও প্রযুক্তি বিশ্ববিদ্যালয়ের শিক্ষক ও কর্মকর্তাবৃন্দের গোষ্ঠী জীবন ও স্বাস্থ্য বীমার বিষয়ে যে কোন সহযোগিতা পেতে প্রগতি লাইফ ইন্স্যুরেন্স লিমিটেডে কর্মরত সংশ্লিষ্ট ব্যক্তিদ্বয়ের সাথে যোগাযোগ এবং Direct Payment Facility পেতে Name, Department or Office, Membership Number, Hospital Name, Date of Admission, Nature of illness, Cabin Number উল্লেখপূর্বক সংশ্লিষ্ট ব্যক্তিদ্বয়কে SMS প্রদানপূর্বক যোগাযোগ করা যেতে পারে।

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HEALTH INSURANCE RELATED GENERAL CONDITIONS

Fixation of Sum Insured & Coverage Amount in respect of each teacher & officer

Type of Risk	Sum Insured for each Teacher & Officer
Death due to any reason under GT plan	BDT 200,000
Hospitalization Benefit	
Maximum benefit per insured per disability	1 st Disability BDT 400,000/- 2 nd Disability BDT 200,000/-
Benefits payable to each insured per disability shall be limited to sub-limits as mentioned below	
Head of Expense	Financial Benefit per Confinement
Daily Room & Board Limit (Actual or Maximum per Day)	BDT 5,000/-
Daily ICU/CCU charge (Maximum five days in place of cabin charge)	Actual
Consultation Fee Actual or Maximum per visit (Maximum two visits per day on special ground)	BDT 1,000/-
<i>Medical Board Fee per Member (Maximum 5 Members)</i>	BDT 1,100/-
Investigations & Ancillary Services (As advised by the medical consultant)	Actual
<i>Medicines including medical appliances</i>	Actual
Surgery: Including Surgeon, Assistants, OT, OT Medicines, Anaesthesia Charges etc.	Actual
Maximum Maternal Benefit per Pregnancy per Contract Year Normal Delivery <i>Caesarean Section/Ectopic/Extra-Uterine Pregnancy and complications there from</i> Miscarriage/Legal Abortion (in case of life threatening cases, maximum twice a year)	BDT 20,000/- BDT 35,000/- BDT 14,000/-

Special Provision:

Worldwide Treatment Coverage: In-Patient treatment facilities outside of Bangladesh are also covered but reimbursement shall be made in Bangladeshi currency within the total benefit limit of the respective member.



Hospitalization & Claim Procedure

The Company seeks to settle the majority of claims direct with the hospital where treatment is received as inpatient preferably in the designated hospitals mentioned below.

If any Member needs hospital treatment, Company's Medical Consultant will help him/her (if he/she desires) through the process of admission to hospital, confirming with the hospital his/her insurance coverage and arranging direct settlement of the insured expenses. The Member must make a phone call and send Fax/e-mail to the Medical Consultant of the Company in advance of any planned admission (with doctor's advice) and within two working days of any emergency admission.

A) Direct Payment:

If a Member is admitted in any of the Designated Hospital/Clinic of the Company, the Company shall pay all expenses incurred for hospitalization treatment within his benefit limit directly to the hospital/clinic. Expenses not mentioned in the Benefit Schedule or in excess of the Benefit Limit should be settled by the Member at the time of discharge from the hospital by himself/herself and the Employer shall take the responsibility to recover such amount (if any) from the concerned Member in due course.

B) Reimbursement:

- a) Reimbursement shall be allowed only for inpatient treatment in specialized/Govt. hospitals or emergency hospitalization including overseas treatments. The Member shall submit claim through 'Claim Form' (available with the Plan Secretary) to the Company within 2 (two) months after discharge from the Hospital/Clinic for reimbursement of expenses. The Company shall reimburse to the Employer the actual expense incurred for hospital treatment up to the benefit limit upon receipt of all relevant documents within 14 working days.
- b) The supporting documents usually shall include the following:
 - i. Consultant's recommendation for hospitalization (original)
 - ii. Discharge certificate (original or photocopy duly attested by the hospital)
 - iii. A photocopy of the patient's file while hospitalized (if possible)
 - iv. Money Receipt or Bill of Consultant's (Physician/Surgeon) fee
 - v. Bill relating to room charges, investigations and other services where applicable
 - vi. Bill of medicine/drugs
 - vii. Bill relating to Surgical Operation charges (operation theatre, surgical team, delivery charge, anaesthesia & other charges), where applicable
 - viii. Bill relating to ancillary charges (e. g. ambulance service, oxygen therapy, blood transfusions etc.)
- c) The Company shall have the right to obtain any information from the relevant hospital/clinics in respect of the claim, which the Company deems necessary.
- d) Highest rates of the designated hospitals/clinics will be applicable for various hospital charges in case of treatment at a non-designated hospital/clinic in case of Bangladesh.
- e) If it is proven that an insured has manipulated the hospital bills or is trying to manipulate the hospital bills by any means, the Company shall have the right to decline the claim.

Limitations

- a) The period for each confinement shall be allowable up to Active Treatment only. Successive period of hospital Confinement within 182 days due to same or different disability (sickness or accidental bodily injury requiring hospitalization & medical treatment) is to be considered as a single disability. For causes requiring hospital confinement after 182 days following the latest discharge from the hospital, subsequent hospital confinement shall be considered as a separate disability. So, from 1st Hospital confinement to 182 days a member may enjoy limit



of BDT 400,000/-. After 182 days following the latest discharge from the hospital, till the end of the contract the patient will enjoy limit of BDT 200,000/- for hospital confinement irrespective of illness. But the total benefit will not exceed BDT 600,000/- per member per year.

- b) All investigations & consultation fees immediately prior to hospitalization (maximum seven days) are covered. All out-door treatments, routine health check-ups and any minor Surgical Operation are excluded where confinement in hospital is not necessary or performed as an out-door surgery.
- c) Any charge for food or food supplements (Horlicks, Viva, Bournvita etc.), antiseptics (Savlon, Dettol, Boroline), Tissue/Toilet papers, disposables utensils, vitamins, vaccination, immunization, cosmetic creams or oils of any nature, water purifiers etc. are excluded. Telephone charges, Rental car services are not included.
- d) Treatment of infertility or any treatment for family planning purposes including termination of pregnancy (except abortion on health ground) & sterility shall not be covered.
- e) Outdoor treatment expenses of Chemotherapy, Radiotherapy, Dialysis, Physiotherapy will be covered but outdoor treatment cost in a year should not cross BDT 100,000/- per Member per contract year.
- f) In case of Phaco Surgery/Cataract Operation, maximum amount payable for treatment of each eye will be Actual or maximum BDT 40,000/-.
- g) Treatment costs of Ballooning, implantation of pacemaker/implant will be covered except expenses incurred by the donor.

Exclusions

No benefit shall be paid under this Contract for expenses or losses resulting from or incurred in connection with or in consequence of the followings:

- a) any congenital infirmity
- b) mental, emotional or psychiatric disorders, alcoholism or any other narcotic addiction
- c) Sleep disorders i.e., treatment for insomnia, sleep apnoea, snoring, or any other sleep related breathing problem
- d) Anorexia, obesity, baldness, circumcision, prophylactic and immunization procedures
- e) any procedures which is experimental or not generally accepted by the medical profession e.g., acupuncture, herbal medicines, other Alternative Medicare (AMC) etc.
- f) any cosmetic or plastic treatment/surgery, and any re-constructive surgery unless a re-constructive surgery is required following an accident or burn that happened during the currency of the Contract.
- g) rest, convalescence or rejuvenation cures, thermal baths or confinement for the purposes of slimming or beautification
- h) attempted suicide, violation or attempted violation of the law, injuries willfully or intentionally self inflicted or due to insanity or under the influence of a drug
- i) routine examination of eye and ear, fitting or replacement of eyeglasses (including contact lenses), frames or hearing aids
- j) any dental treatment except emergency treatment when hospitalization is required following an accident
- k) injury or disease directly and/or indirectly attributed to war (declared or undeclared), or as a result of injury/disease caused by natural catastrophe (e.g., earthquake), nuclear fission, nuclear fusion or/and related to irradiation.
- l) Expenses for acquisition of organ for transplantation and all expenses incurred by the donor.
- m) AIDS, HIV diseases.
- n) Cost of Air Ambulance.