HEALTH INSURANCE PROGRAM

Frequently Asked Questions

Quick answers about eligibility, coverage and how to get treatment.

Q1. Is it true that the Health Insurance Program has been stopped?

No, this is not true. The Health Insurance Program has not been stopped. The misunderstanding is due to a change in policy regarding coverage in government hospitals. The program has only been discontinued in government hospitals. However, treatment in government hospitals was already completely free and continues to remain free. Therefore, there has been no change in the availability of free treatment at government hospitals.

Under the Health Insurance Program, treatment continues to be provided in empaneled private hospitals across Punjab, which has always been a unique feature of this program. The purpose of including private hospitals was to reduce the burden on government hospitals and to ensure that eligible patients could receive treatment at the nearest empaneled private hospital, particularly in emergency situations. These objectives continue to be served.

Q2. In which hospitals is treatment provided under this program, and is it completely free?

Under the Health Insurance Program, empaneled private hospitals provide **free treatment** for cancer, ICU, CCU, NICU, medical cases, thalassemia, and emergency services. For other medical conditions, 50% of the eligible treatment cost is covered by the Health Insurance Program, while the remaining 50% is paid by the patient's family.

Q3. Who is eligible for the Health Insurance Program?

All permanent residents of Punjab are eligible to receive treatment under the Health Insurance Program.

Q4. How can I check my eligibility, or what should I do if I am a permanent resident of Punjab but am marked as ineligible?

Please send your CNIC number to **8500** to check your eligibility. In case you are marked as ineligible, please visit the nearest NADRA office to update your family data and records. Once NADRA updates your record, your eligibility status under the program will be updated accordingly.

YOU CAN ALSO REACH OUT TO US THROUGH

- Email: info@phimc.punjab.gov.pk

HELPLINES

- 0800-07542 (24/7)
- 0333-6756390 / 042-99066000 / 042-99066001 (Monday–Saturday, 8:00 AM to 11:00 PM)

Q5. What is the Health Insurance Program, and where can I get a card for this program?

You do not need a physical card to receive treatment under the Health Insurance Program. Your **original CNIC** is required at the hospital to initiate treatment under the program.

If you are eligible, simply take your original CNIC to any empaneled hospital to avail yourself of the covered services. A Hospital Facilitation Officer (HFO) will guide you through the admission process.

Q6. What should I know before going to the hospital?

- Only in-patient services (hospital admissions) are covered. **OPD services are not covered.**
- If an empaneled hospital is not available nearby, you may consult a local doctor. Otherwise, visit an empaneled hospital, where the attending doctor will assess your condition and advise whether hospitalization is required.

Q7. How can I find the list of empaneled hospitals?

You can find the list of empaneled hospitals on our website:

https://phimc.punjab.gov.pk/node/1263#overlay-context=info

YOU CAN ALSO CALL THE HELPLINE FOR ASSISTANCE

- 0800-07542 (24/7)
- 0333-6756390 / 042-99066000 / 042-99066001 (Monday–Saturday, 8:00 AM to 11:00 PM)

Q8. What services are covered during hospitalization?

COVERAGE INCLUDES

- In-patient medical and surgical procedures
- Emergency admissions
- Fractures and injuries
- Complications related to diabetes
- Burns and road traffic accidents, including life- and limb-saving treatment and prostheses
- Chronic infections and conditions, including Hepatitis, HIV, and Rheumatology
- Neurosurgical procedures
- Thalassemia treatment

Q9. Are medicines, tests, and diagnostic services covered?

Yes. Medicines, tests, and diagnostic services are covered when required as part of an inpatient admission. Under the co-payment policy, 50% of the eligible cost is covered by the Health Insurance Program, while the remaining 50% is paid by the patient's family.

Q10. How much coverage is provided?

- **PKR 60,000** per patient per year for secondary care
- **PKR 400,000** per patient per year for priority care
- Coverage can be extended up to **PKR 1,000,000** in special cases, subject to applicable conditions.

Q11. What happens if my treatment cost exceeds the coverage limit?

- If you are admitted and your coverage limit is exhausted, ongoing treatment will continue until discharge.
- Life-threatening conditions may also continue to be covered after the coverage limit is exhausted, subject to the applicable policy provisions.

Q12. Are there any other features of the program?

- Pre-existing conditions are covered.
- Inter-district and inter-provincial portability are available, allowing treatment at empaneled hospitals in other areas, subject to program rules.
- One day of pre-hospitalization and up to five days of post-hospitalization expenses are covered.
- Services are provided through a contracted insurance company.

Q13. Which treatments are not covered?

The following are not covered under the program, as applicable:

- Outpatient visits (OPD)
- Normal delivery and C-sections
- Cosmetic procedures
- Dental treatments
- Eyeglasses
- Drug addiction treatment
- Self-inflicted injuries or injuries resulting from crimes
- Any other treatment excluded under the applicable insurance policy

Q14. What should I do if a hospital denies me admission or treatment?

First, confirm that:

1. Your case requires hospitalization and is not an OPD case.
2. Your treatment is not included in the list of exclusions.
3. Your coverage limit has not been exhausted, except where applicable in emergency or life-threatening cases.

IF THE DENIAL IS STILL UNJUSTIFIED, CONTACT

- Hospital Facilitation Officer (HFO) at the hospital
- Email: info@phimc.punjab.gov.pk
- Helpline: 0800-07542 (24/7)
- 0333-6756390 / 042-99066000 / 042-99066001 (Monday–Saturday, 8:00 AM to 11:00 PM)

Q15. Will I receive cash if I do not use my coverage?

No. The program covers eligible hospitalization expenses only. Any unused coverage does not have cash value and cannot be withdrawn as cash.

Q16. Can I use my Health Insurance Program coverage anywhere in Pakistan?

Yes. You can avail yourself of services at any empaneled hospital covered under the program across Pakistan, subject to applicable program rules and hospital empanelment.

For details, please refer to the Empaneled Hospitals List or call:

- 0800-07542 (24/7)
- 0333-6756390 / 042-99066000 / 042-99066001 (Monday–Saturday, 8:00 AM to 11:00 PM)

Still need help?

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