**SEHAT SAHULAT PROGRAM**

*Benefit Package (2019 – 2021)*

<table>
<thead>
<tr>
<th>Benefit Package:</th>
<th>First Level and Tertiary Level Health Care Services Package included in Essential Packages of Healthcare Services (EPHS) &amp; beyond</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services Offered:</td>
<td>Only Hospitalization Services (Required indoor / day care)</td>
</tr>
</tbody>
</table>

**FINANCIAL LIMITS PROVIDED**

<table>
<thead>
<tr>
<th>Package Classification:</th>
<th>Priority Disease Treatment Package</th>
<th>Secondary Disease Treatment Package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Coverage:</td>
<td>Rs: 300,000 / family / year</td>
<td>Rs: 60,000 / family / year</td>
</tr>
<tr>
<td>Additional Coverage*</td>
<td>Rs: 300,000 / family / year</td>
<td>Rs: 60,000 / family / year</td>
</tr>
<tr>
<td>Total Coverage:</td>
<td></td>
<td>Rs: 720,000 / family / year</td>
</tr>
</tbody>
</table>

**TREATMENT PACKAGES PROVIDED**

<table>
<thead>
<tr>
<th>Package Classification:</th>
<th>Priority Disease Treatment Package</th>
<th>Secondary Disease Treatment Package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases Package 1:</td>
<td>• <strong>Heart Diseases:</strong></td>
<td>• <strong>Medical Procedures / Treatment</strong>, not covered under priority disease treatments, are covered under this package.</td>
</tr>
<tr>
<td></td>
<td>- Requires Indoor / Day Care treatment</td>
<td>- Acute &amp; Chronic: Covered</td>
</tr>
<tr>
<td></td>
<td>- Medical and Surgical: Covered</td>
<td>- Typhoid management, Pyrexia of Unknown origin, Eclampsia, Hepatitis, Pancreatitis, Abscess, Seizure, Animal bite etc: Covered</td>
</tr>
<tr>
<td></td>
<td>- Acute &amp; Chronic: Covered</td>
<td>- Evolving list of covered treatments / procedures present in Annex-A</td>
</tr>
<tr>
<td></td>
<td>- Angiography, Stent Insertion, CABG, Myocardial Infarction management etc: Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Evolving list of covered treatments / procedures present in Annex-A</td>
<td></td>
</tr>
<tr>
<td>Diseases Package 2:</td>
<td>• <strong>Diabetes mellitus complications:</strong></td>
<td>• <strong>Surgical Procedures / Treatment</strong>, not covered under priority disease treatment, are covered under this package.</td>
</tr>
<tr>
<td></td>
<td>- Requires Indoor / Day Care treatment</td>
<td>- Acute &amp; Chronic: Covered</td>
</tr>
<tr>
<td></td>
<td>- Medical and Surgical: Covered</td>
<td>- Appendectomy, renal stone, galstones, laparoscopic procedures, Hernia management, neck surgeries, etc: Covered</td>
</tr>
<tr>
<td></td>
<td>- Acute &amp; Chronic: Covered</td>
<td>- Evolving list of covered treatments / procedures present in Annex-A</td>
</tr>
<tr>
<td></td>
<td>- Amputation, Gangrene management, Diabetic ketoacidosis management, Diabetic Foot Management etc: Covered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Evolving list of covered treatments / procedures present in Annex-A</td>
<td></td>
</tr>
</tbody>
</table>
| Diseases Package 3: | **Burns, Accident, Trauma Treatment:**  
- Requires Indoor / Day Care treatment  
- Medical and Surgical: Covered  
- Acute and Chronic: Covered  
- Emergency management, skin grafting, ventilatory support, Intensive Care, fractures, joint etc: Covered  
- Evolving list of covered treatments / procedures present in Annex-A |
|-------------------|-----------------|
| Diseases Package 4: | **Dialysis:**  
- Covered |
| Diseases Package 5: | **Chronic Disease necessitating admission:**  
- Requires Indoor / Day Care treatment  
- Medical and Surgical: Covered  
- Acute and Chronic: Covered  
- Complication of Tuberculosis, Complication of COVID-19, Complication of HIV, Rheumatology conditions etc: Covered  
- Evolving list of covered treatments / procedures present in Annex-A |
| Diseases Package 6: | **Organ Failure Management:**  
- Requires Indoor / Day Care treatment  
- Medical and Surgical: Covered  
- Acute and Chronic: Covered  
- Chronic Kidney Disease Management, Ventilatory Support etc: Covered  
- Evolving list of covered treatments / procedures present in Annex-A |
| Diseases Package 7: | **Cancer Management:**  
- Requires Indoor / Day Care treatment  
- Medical and Surgical: Covered  
- Acute and Chronic: Covered  
- Including but not limited to Chemotherapy, Radiotherapy, |
| **Maternity services:** | - Including normal delivery & C-section.  
- Including 3 antenatal visits  
- Including 1 post-delivery follow-up visit of mother  
- Including 1 post-delivery follow-up visit of newborn. |
| **Diseases** | Surgical Removal, Indoor scans, Histopathology etc: Covered  
|             | - Evolving list of covered treatments / procedures present in Annex-A  
| **Package 8:** | **Neuro-Surgical Procedures:**  
|             | - Requires Indoor / Day Care treatment  
|             | - Medical and Surgical: Covered  
|             | - Acute and Chronic: Covered  
|             | - Laminectomy, Intra-cranial hemorrhage management, spine surgery etc: Covered  
|             | - Evolving list of covered treatments / procedures present in Annex-A  
| **Benefit Riders:** | 1. All emergencies covered  
|             | 2. Up to 4 Antenatal and 1 Post Natal check-up.  
|             | 3. Complementary counselling on family planning on available contraceptive methods, nutrition, immunization and maternal-new born health.  
|             | 4. Provision of one long-term contraception, if agreed by family.  
|             | 5. One free follow-up post admission  
|             | 6. Transportation Cost of Rs: 1,000 per discharge from hospital, 3 times in a given year.  
|             | 7. Burial Support to family of Rs: 10,000 per death of beneficiary in an empaneled hospital.  
|             | 8. Inter-provincial / inter-district / nation-wide portability of benefit package through which an enrolled family member can access services in any empaneled hospital, include private sector hospitals, across Pakistan.  
| **Conditions for the Execution of Additional (Excess of Loss) Coverage:** | Execution of Additional (Excess of Loss) Coverage will only be done in below cases:  
|             | a) During the course of an admission for treatment, if a beneficiary has exceeded their coverage limit, all treatments that specific admission, including complications and or additional treatments will be covered (continuity of care).  
|             | b) In the event of a life-threatening case where the coverage limit will be exhausted by the admission (or has already been exhausted) the beneficiary will be eligible for life saving / stabilizing treatment. The treatment and the transportation charges excess of the program coverage will be covered.  
|             | c) All maternity and maternity related services exceeding the program limits will be covered.  
| **Conditions for the execution of Reserve Funds:** | Treatments beyond initial financial limits for which reserve funds are to be used:  
|             | 1) Continuation of dialysis and related procedures.  

2) Continuation of cancer management (Chemotherapy, Radiotherapy, Surgery).

3) Continuation of neuro surgical treatments

4) Continuation of cardiology (pediatric and valvular only) treatment.

5) Continuation of Rheumatology treatment.

6) Renal transplant

7) Anything treatment identified and approved by National Steering Committee of Sehat Sahulat Program

8) Provinces can add separate funds in reserve funds to finance their preferences.