



Softlogic Life Insurance PLC
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DATE : 2026.06.17 - 2027.06.16
PROPOSSER NAME : MINISTRY OF JUSTICE AND NATIONAL INTEGRATION
PERIOD OF COVER : ONE YEAR (DATES TO BE AGREED)
CLASS OF INSURANCE : GROUP LIFE ASSURANCE
POLICY FORM : AS PER STANDARD SOFTLOGIC LIFE 'GROUP LIFE ASSURANCE' POLICY

DEAR SIR/ MADAM,

BENEFITS

BENEFIT	COVERAGE	PLAN 1
BASIC LIFE COVER	EMPLOYEES	2,500,000
HOSPITALIZATION BENEFIT BILL COVER (HBBC)	FAMILY	500,000

ANNUAL PREMIUM

CATEGORY	PLAN 1
INDIVIDUAL (EMPLOYEE ONLY)	71,958.00
FAMILY UNIT 01 –(EMPLOYEE/SPOUSE/ANY NO OF CHILDREN)	99,458.00
FAMILY UNIT 02 –(EMPLOYEE + EMPLOYEE PARENTS)	99,458.00

AGE LIMIT

- LIFE ASSURED'S - 18 TO 65 YEARS (EXACT)
- MAXIMUM AGE LIMIT RESTRICTED TO 65 YEARS EXCEPT FOR THE LIFE COVER
- EMPLOYEE (HBBC) - 18 TO 65 YEARS (EXACT)
- SPOUSE (HBBC) - 18 TO 65 YEARS (EXACT)
- CHILDREN (HBBC) - 00 TO 25 YEARS (EXACT)
- PARENTS (HBBC) - 18 TO 65 YEARS (EXACT)

HOSPITALIZATION BENEFIT BILL COVER

(A) HOSPITALIZATION BENEFIT		PLAN 1
ANNUAL LIMIT		500,000
EVENT LIMIT		500,000
HOSPITAL/NURSING HOME MAINTENANCE CHARGES, INCLUDING ADMISSION FEES & ALL OTHER EXPENSES NECESSARILY INCURRED FOLLOWING HOSPITALIZATION IN A PHSRC APPROVED HOSPITAL/NURSING HOME AND INCLUDE EXPENSES FOR TREATMENT/SURGERY, INVESTIGATIONS, SPECIALIST FEES/SERVICES AND NURSING PROVIDED ON THE RECOMMENDATION OF A CONSULTANT SPECIALIST PER EVENT.		500,000
HOSPITALIZATION IN A NON-PAYING WARD OF A GOVERNMENT HOSPITAL UP TO A MAXIMUM OF 30 (PER EVENT/ANNUM) - PER DAY		5,000
EXPENSES INCURRED ON DRUGS TESTS, SCANS, & X-RAYS UNDERGONE WHILST BEING IN PATIENT IN A NONPAYING WARD OF A GOVERNMENT HOSPITAL		500,000
EMERGENCY TRANSPORTATION FEES (SUBJECT TO BILLS BEING SUBMITTED) PER EVENT - AMBULANCE CHARGES ONLY		5,000
BIRTH OF TWINS - SPECIAL CASH GRANT		20,000
CATARACT OPERATION INCLUDING LENSES. MAXIMUM AMOUNT PAYABLE IN RESPECT OF LENSES PURCHASED FOR CATARACT OPERATION - PER EYE		30,000
(B) OUT PATIENT BENEFIT		PLAN 1
GENERAL PRACTITIONER'S FEES, SPECIAL CONSULTANT'S FEE, COST OF DRUGS PRESCRIBED BY A GENERAL PRACTITIONER AND/OR A SPECIAL CONSULTANT, SPECIALIZED SERVICES/TESTS.		35,000
COST OF SPECTACLES (INCLUDING LENSES) – EMPLOYEE ONLY PRESCRIBED BY AN EYE SURGEON EXCLUDING SUNGLASSES AND THE LIKE (CLAIMABLE ONCE IN ONLY 2 YEARS) WITHIN THE ANNUAL OPD LIMIT.		

ADDITIONAL BENEFITS -INDOOR COVER

- AYURVEDIC TREATMENT ACCEPTED PROVIDED TREATMENT IS FROM SIDDHALEPA AYURVEDIC HOSPITAL – MOUNT LAVINIA, SUGATHA RASAYANAGARAYA – HORANA, WICKRAMARACHCHI AYURVEDA TEACHING HOSPITAL – GAMPAHA, PILAPITIYA AYURVEDIC HOSPITAL – KESBEWA, ADHITYA AYURVEDA HOSPITAL – ANURADHAPURA, HORIVILA HOSPITAL – WEDAGAMA, NATIONAL AYURVEDIC TEACHING HOSPITAL – BORELLA & ANY GOVERNMENT AYURVEDIC HOSPITAL - (INDOOR ONLY).
- CHILDREN INCLUDED FROM BIRTH PROVIDED NAMES & DATE OF BIRTH TO BE INFORMED BY THE COMPANY WITHIN TWO MONTHS
- CHILD BIRTH COVER (APPLICABLE FOR FAMILY UNITS ONLY)
- (SUBJECT TO WAITING PERIOD OF 10.00 MONTHS FROM THE DATE OF INCLUSION PROVIDED THEY ARE NEW AND HAVEN'T BEEN INSURED UNDER ANY MEDICAL POLICY JUST PRIOR TO JOINING THE COMPANY)
- VAGINAL DELIVERY - 100% OF THE ADJUSTED PAYBLE BILL OR 100% OF THE EVENT LIMIT OR 100% OF THE AVAILABLE BALANCE LIMIT WHICHEVER IS LESS SUBJECT TO ABOVE SUB LIMITS
- CAESAREAN DELIVERY - 100% OF THE ADJUSTED PAYBLE BILL OR 100% OF THE EVENT LIMIT OR 100% OF THE AVAILABLE BALANCE LIMIT WHICHEVER IS LESS SUBJECT TO ABOVE SUB LIMITS
- ASSISTED DELIVERY(FORCEPS & VACCUM) - 100% OF THE ADJUSTED PAYBLE BILL OR 100% OF THE EVENT LIMIT OR 100% OF THE AVAILABLE BALANCE LIMIT WHICHEVER IS LESS SUBJECT TO ABOVE SUB LIMITS
- COMPLICATED PREGNANCY RELATED ILLNESSES NECESSITATING SPECIALIST TREATMENT DURING THE ANTENATAL STAGES SPECIFIED OBSTETRIC PROCEDURE INCLUDING INFERTILITY/SUB FERTILITY EXCLUDING IN VITRO FERTILIZATION AND EMBRYO TRANSFER. THIS BENEFIT IS COVERED DURING THE WHOLE PREGNANCY PERIOD.
- HOSPITALIZATION CASHLESS CARDS FACILITY - APPLICABLE FOR EM-PANELED HOSPITALS (SUBJECT TO SUBMISSION OF NAMES, DOB, GENDER DETAILS AND NATIONAL IDENTITY CARD NUMBER (EMPLOYEE ONLY) OF ALL THE MEMBERS PRIOR TO INCEPTION OF COVER.)
- FOLLOWING MEDICAL TESTS / INVESTIGATIONS PRESCRIBED BY QUALIFIED DOCTOR / CONSULTANT ARE COVERED WITH IN THE INDOOR LIMIT & CLAIMS WILL BE SETTLED ON REIMBURSEMENT BASIS

- 1. MRI SCAN
- 2. CT SCAN
- 3. ENDORSECOPY
- 4. COLONOSCOPY
- 5. MAMMOGRAM
- 6. SIGMOIDOSCOPY
- 7. CYSTOSCOPY
- 8. LAPAROSCOPY
- 9. ALL THE INVESTIGATIONS DONE WITH INSERTION OF CAMERA TO THE BODY
- PRE HOSPITALIZATION/ TREATMENT CONTINUATION OF TREATMENT FOLLOWING A HOSPITALIZATION WILL BE ACCOMMODATED UP TO 14 DAYS
- POST HOSPITALIZATION/ TREATMENT CONTINUATION OF TREATMENT FOLLOWING A HOSPITALIZATION WILL BE ACCOMMODATED UP TO 14 DAYS
- DAY CARE SURGERIES THAT NECESSITATE LESS THAN 12 HOURS HOSPITALIZATION DUE TO MEDICAL/TECHNOLOGICAL ADVANCEMENT RECOMMENDED, PRESCRIBED BY A QUALIFIED SURGEON FOR AN AILMENT/ DISEASE OR ANY MEDICAL CONDITION WILL BE COVERED WITHIN THE INDOOR LIMIT
- THIS COVER IS EXTENDED TO INCLUDE INFECTION BY ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) OR AIDS RELATED COMPLEX (ARC).
- THIS COVER IS EXTENDED TO INCLUDE SPECIALIST SERVICES INCLUDING DEEP THERAPY TREATMENT, X-RAYS, SCANNING, LAB INVESTIGATIONS, RADIOLOGICAL AND RADIUM EXAMINATION AND TREATMENT, ELECTRICAL TREATMENT AND PHYSIOTHERAPY WHILST BEING HOSPITALIZED.
- TERMS AND CONDITIONS APPLICABLE TO HOSPITALIZATION DUE TO COVID-19 AND VARIANT UNDER HOSPITALIZATION BENEFIT BILL COVER (HBBC)

EXPENSES INCURRED FOR IN-PATIENT TREATMENT DUE TO COVID-19 AND VARIANTS.

1. IF IN A HOSPITAL REGISTERED UNDER PHSRC (PRIVATE HEALTH SERVICES REGULATORY COUNCIL) WILL BE COVERED UP TO THE MAXIMUM OF THE INDOOR BENEFIT LIMIT, SUBJECT TO POLICY SUBLIMIT.

2. IF IN AN INTERMEDIATE CARE CENTER APPROVED BY THE GOVERNMENT AND GOVERNED BY A PHSRC (PRIVATE HEALTH SERVICES REGULATORY COUNCIL) REGISTERED PRIVATE HOSPITALS', WILL BE COVERED UP TO THE MAXIMUM OF 50% OF THE LIABILITY LIMIT OR THE AVAILABLE INDOOR BALANCE WHICHEVER LESS.

3. ADMISSIONS AS AN INPATIENT IN ANY NON-PAYING WARD OF THE GOVERNMENT HOSPITALS OR QUARANTINE IN QUARANTINE CENTERS OPERATED BY THE GOVERNMENT DUE TO COVID-19 AND VARIANTS, WILL BE CONSIDERED AS PER THE TERMS AND CONDITION AND LIMITATION OF THE RESPECTIVE POLICY

ADMISSIBILITY OF THE BENEFIT AS NARRATED ABOVE IS SUBJECT TO SATISFYING FOLLOWING MANDATORY REQUIREMENTS.

1. THE LIFE ASSURED/BENEFICIARY MUST BE TESTED POSITIVE FOR COVID-19 AND SUPPORTED THROUGH RAPID ANTIGEN TEST (RAT) OR PCR TEST REPORT, THE POSITIVE RESULT MUST HAVE ARRIVED 03 DAYS PRIOR TO THE DATE OF ADMISSION.

2. THE LIFE ASSURED/BENEFICIARY MUST HAVE VACCINATED WITH REQUIRED DOSAGE OF COVID-19 VACCINE, AS PER THE CRITERIA FOR FULLY VACCINATED STATUS DECIDED/ISSUED BY MINISTRY OF HEALTH TIME TO TIME AND IT SHOULD BE EVIDENT BY UPDATED VACCINATION CARD.

3. TREATING DOCTOR MUST CERTIFY THAT THE LIFE ASSURED/BENEFICIARY NEEDED HOSPITALIZATION AND MEDICAL ATTENTION AS PER TO THE PROTOCOLS OF COVID-19 AND VARIANTS WHICH SHOULD BE SUPPORTED BY THE TREATMENT PROVIDED

CURRENT CRITERIA OF FULLY VACCINATED STATUS AS PER THE MINISTRY OF HEALTH GUIDELINES ARE GIVEN BELOW FOR YOUR INFORMATION AND IF THE VACCINATION IS DELAYED OR POSTPONED DUE TO A HEALTH REASON A SUFFICIENT MEDICAL EVIDENCE IS COMPULSORY FOR CLAIM ADMISSIBILITY.

- ALL PRE-EXISTING AND RECURRING AILMENTS ARE COVERED.
- UNUSUAL CONDITIONS OF WISDOM TOOTH UNDER GA WILL BE COVERED UNDER HOSPITALIZATION UNDER DAY SURGERY LIMIT.
- LASER AND LASIK TREATMENT RECOMMENDED BY THE CONSULTANT ON MEDICAL CONDITION WITHIN THE INDOOR LIMIT. EXCEPT FOR COSMETIC TREATMENT.

ADDITIONAL BENEFITS -OUTDOOR COVER

- EYE TREATMENT PRESCRIBED BY AN EYE SURGEON FOR AN AILMENT WITHIN THE ANNUAL OPD LIMIT.
- ROUTINE VACCINES & IMMUNIZATION PRESCRIBED BY A MBBS QUALIFIED DOCTOR WITHIN THE ANNUAL OPD LIMIT.
- PRECAUTIONARY VACCINES & IMMUNIZATION PRESCRIBED BY A MBBS QUALIFIED DOCTOR WITHIN THE ANNUAL OPD LIMIT.

- VITAMINS PRESCRIBED BY A MBBS QUALIFIED DOCTOR OR GENERAL PRACTITIONER FOR AN AILMENT WITHIN THE ANNUAL OPD LIMIT.
- AYURVEDIC TREATMENT OBTAINED FROM A GOVERNMENT REGISTERED AYURVEDIC PRACTITIONER
- MEDICAL CHECK-UP COVERED UNDER OPD LIMIT.