सं.एफ.प्रशासनIII/बीमा/ जी.एम.आई.एस.18-19/2017/3 दिनांक/Dated : 23.11.2017
No.F.Admn.III/Ins/GMIS18-19/2017/3

Annexure I

Conditions for Group Mediclaim Insurance Scheme

Group Mediclaim Cover

- Option A - Rs.1,50,000/- Floater amongst employee and their dependants, Pensioners and their Spouse & Family Pensioners.

Buffer Comprehensive Medical Cover

- Rs.40,00,000/- Floater amongst employees and their dependants, Pensioners and their spouse & Family Pensioner with an individual ceiling of Rs.4,00,000/- per family.

Claim procedure for buffer (comprehensive medical cover) utilization:

- The Third Party Administrator (TPA) – M/s. MD India Healthcare Services Pvt. Ltd., if the treatment comes under critical illness which are covered for buffer utilization, subject to recommendation by CMO, through Insurance Section (Admin III).

Illness covered for buffer utilization

- Major Surgeries include cardiac surgeries, Brain tumor, pace maker implantation, cancer and cancer surgeries, hip, knee, joint replacement surgeries, organ transplant.
- Any debilitating illness that may lead to cancer (or) a permanent disability.
- Diseases of the Head & Neck, Thorax and abdomen where surgeries are indicated for near normal life.
- Renal failure.
- Stroke.
- Multiple Sclerosis.
- Major transplants.
- Major accident claims involving expenditure more than the Sum Insured.
- Complication arising out of surgery performed during the policy period.
- CVA and complications.
- Any Life threatening medical conditions necessitating lifesaving critical care interventions (Not more than 5 claims during the policy period - subject to the approval of CMO IITM)

Sublimits

Maternity:

I. Normal Delivery claims:
   - For Normal Coverage –Rs.30,000/- (For basic coverage-SI).
   - Rs.40,000/- for more than the basic coverage –irrespective of enhanced coverage.

II. Caesarean Delivery claims:
   - For Normal Coverage – Rs.50,000/- (For basic coverage-SI)
   - Rs.60,000/- for more than the basic coverage –irrespective of enhanced coverage

Cataract claims:

- For Normal Coverage – Rs.35,000/- (For basic coverage-SI)
- Rs.45,000 for more than the basic coverage –irrespective of enhanced coverage

Room Rent:

- Room, Boarding and Nursing expenses as provided by the Hospital/Nursing Home not exceeding 2% of overall sum insured (Basic + Additional coverage) per day or the actual expenses whichever is less.

ICU/IMCU:

- Intensive Care unit expenses not exceeding 4% of overall SI (Basic + Additional coverage) per day or the actual expenses whichever is less.
  Note: RMO/DMO service charges are covered additional to the room rent / ICU charges but not exceeding the limit of Rs.500 per day irrespective of sum insured.

Ambulance charges covered up to Rs.2000/-

Conditions

- Type of Cover – Family Floater Policy.
- Family Definition – Self + Spouse + Dependents i.e., Employees & their dependents.
- Pre-existing disease covered.
- Waiting period for the first 30 days waived off.
- 1,2,3,4 years waiting period waived off.
- Maternity covered with 9 months waiting period waiver.
- Baby day-one cover benefit within the floater SI.
- Pre-post-natal coverage within the maternity limit.
- Day care treatment covered up to the Basic Coverage of SI.
- Pre-Post hospitalization coverage of 30/60 days respectively.
- Entitled room category clause waived off/ No proportionate clause applicable.
- Ayurvedic / Homeopathic /Unani hospitalization expenses are admissible up to Rs.25,000/- only when the treatment is taken as in patient in a Government hospital / medical college hospital.
- In case of bilateral knee/hip surgery done during the same hospitalization, reimbursement to be made up to twice ceiling of overall sum insured – Maximum to the limit Rs.2 Lakh per Knee/Hip (The maximum limit of Rs.2 lakh refers to the surgery of per Knee/Hip, irrespective of the enhanced coverage by the employee).
- Both congenital and Psychiatric disorder treatments are payable.
- Dental treatment or surgery due to accidents are payable.
- Corporate buffer Rs.40,00,000/- Subject to the limit of Rs.4 Lakh per family.
- Corporate buffer will not be applicable for maternity claims and cases of complication of maternity ailments.
- Claim intimation is not mandatory.
- 10% Co-payment will be applicable for each and every claim treated in non PPN hospitals. (This condition need not be insisted for treatments in cities where PPN hospitals are not available.)
- All other conditions and terms shall be as per Standard Group Mediclaim policy.
- Domiciliary Hospitalization is not covered.

Exclusions

- Lasik Surgery, Septoplasty, Infertility and related ailment including male sterility, treatment on trial / experimental basis, admin/ registration / Miscellaneous/Service charges, expenses on fitting of external prosthesis, Any device/instrument/machine contributing / replacing the function of an organ, Holter monitoring / Sleep study are outside the scope of the policy.
- Outpatient treatment is not payable
- Any disease/complication caused due to alcohol intake.
- Any disease/injury caused by war/Nuclear weapons/Radiations/breach of criminal law.
- Circumcision, cosmetic or plastic surgery unless necessitated by an accident or as part of any disease/illness.

- All health check-ups, routine eye examinations, and cost of glasses and contact lenses.
- Naturopathy treatment.
- All other conditions and terms shall be as per Standard Group Mediclaim policy

Hospitalization Period:

Expenses on hospitalization are admissible only if hospitalization is for a minimum period of 24 hrs. However, this time limit of 24 hours will not apply to following specific treatments taken in the Network Hospital/Nursing Home/Specialty Centres irrespective of the bed strength where the insured is discharged on the same day. Such treatment will be considered to have been taken under Hospitalization Benefit.

- Haemo Dialysis,
- Parentral Chemotheraphy,
- Parentral Immunotheraphy,
- Radiotherapy,
- Lithotripsy (Kidney Stone removal),
- Surgery of Eye,
- Surgery of Nose,
- Surgery of Throat,
- Tonsillectomy,
- Bronchoscopic therapeutic procedures,
- Surgery of Hernia,
- Surgery of Hydrocele,
- Surgery of Prostrate,
- Gastrointestinal Surgery,
- Genital Surgery,
- Hysterectomy,
- D&C, MTP,
- Dental surgery following an accident,
- Coronary Angioplasty,
- Coronary Angiography,
- Orthopaedic procedures including POP applications,
- Laproscopic and Endoscopic therapeutic procedures,
- Minor surgical procedures under General Anaesthesia,
- Laser Surgical Procedure under local Anaesthesia
- EECP
- OR any other treatments agreed by TPA/Company which require less than 24 hrs. Hospitalization due to advancement in Medical Technology.

Time limit for preferring claim

Whenever treatment is taken for the employees/dependants covered under the scheme in any of the non-network hospital of the TPA, and the employee pays the hospital bills, the Insurance claim should be sent in the prescribed claim form along with all supporting documents, such as Discharge Summary, prescription and Pharmacy bills, Lab / investigation reports in original, ECS form & cancelled cheque (or) First page of Bank Passbook copy within 30 days direct to the TPA.

Annexure II

Other Terms & Conditions:

I. Preference will be given for Cashless facility.

I. In no event cashless treatment in listed hospitals can be withdrawn unilaterally /stopped / delayed / terminated by the Third Party Administrator or hospitals involved. A penalty clause will be included in the Agreement in this regard.

II. Voluntary Health Services, Adyar, Child Trust Hospital, Nungambakkam, St. Isabels Hospital, Mylapore and Sundaram Medical Foundation are to be included in the list of hospitals for cashless treatment.

III. Period of validity for your quotation may be indicated. The premium quoted should be valid for not less than 90 days.

IV. During the policy period there will be no revision in the premium amount.

V. For additional coverage on co-payment basis, please specify the minimum number of persons to be accommodated, if any.

VI. The selected company should furnish monthly statement of claims including buffer claim to the Deputy Registrar (Admn.) with a copy to the Institute Hospital of this Institute before 10th of the following month.

VII. In addition to the above, the firms may also indicate any other options/schemes with them with appropriate documents (optional).

VIII. Coverage should be provided to the newly appointed employees also from the date of their joining the Institute. The Institute will pay the necessary pro-rata premium to your company, on demand.

IX. Identity Cards are to be issued to all the persons covered under the policy as early as possible, but not later than 30 days from the date of payment of premium. Till then the IITM ID card of the employees has to be honoured in all the listed hospitals.

X. In case the Institute decides to extend the period of coverage for subsequent years under the same terms and conditions, with provision to modify any of them depending on the development in Healthcare, please indicate the discounts that may be offered on the premium for such periods (2 to 5 years) that may be decided prior to finalizing the contract.

XI. The Institute reserves its right to consider part or full of the offer or reject the offer without assigning any reasons, whatsoever.