



युनाइटेड इंडिया इश्यूरेस कंपनी लिमिटेड
UNITED INDIA INSURANCE CO. LTD.

पंजीकृत व प्रथम कार्यालय: 24, वाइट्स रोड, चेन्नै - 600 014
Regd. & Head Office : 24, Whites Road, Chennai - 600 014
Ph: 044-2852 0161 • Fax : 044-2852 4151 • Website : www.uilic.co.in

HO:HR:CIR: 05

Revised terms of GMC Policy

Annexure A

Revised Term	Revised / Modified Terms		
01.0.0	Basis of Policy and Sum Insured there under:		
01.1.0	The Group Mediciclaim Policy (GMC) shall operate on Floater Basis		
02.0.0	Sum Insured – Eligible Sum Insured and Optional Higher Sum Insured:		
02.1.0	Eligible Sum Insured:		
02.1.1	The Eligible Sum Insured stands revised. The same continues to be determined based on the Basic Pay of the Employee. The limits of Existing and Revised Eligible Sum Insured are given below:		
02.1.2.0	Basic Pay of the Employee	Eligible Sum Insured	
		Existing Limit (on per person covered basis) (Rs.)	Revised limit (on floater basis) (Rs.)
02.1.2.1	For employees drawing a Basic Pay of < Rs.22730	70,000	3,00,000
02.1.2.2	For employees drawing a Basic Pay between Rs.22730 & Rs.29000	1,00,000	4,00,000
02.1.2.3	For employees drawing a Basic Pay which is > Rs.29000	1,55,000	6,00,000
02.1.3	As a onetime measure, Eligible Sum Insured for a retired employee shall be determined based on the basic pay last drawn by him on the date of his exit from services notionally adjusted for post retirement wage revision(s).		
02.1.4	There is no provision for choosing Eligible Sum Insured for an amount less than the applicable amounts mentioned under term 02.1.2		
02.2.0	Onetime Option for choosing Higher Sum Insured (on floater basis):		
02.2.1	A onetime option shall be given to the serving employees, retired employees, spouses of the deceased employees or spouses of 'retired and deceased' employees to choose optional Higher Sum Insured beyond the Eligible Sum Insured.		
02.2.2	Such an option for choosing optional Higher Sum Insured shall be offered only once i.e. at the time of commencement of the policy on revised terms to avoid adverse selection against the insurer.		
02.2.3	Exception: However, as in exception, increase in optional sum insured to the immediately next higher slab of Sum Insured alone is permitted in the following events:-		
	1. Promotion of the Employee, w.e.f. next renewal date of the policy. 2. On marriage/re-marriage of employee, w.e.f. first of the month following the date of marriage or re-marriage. 3. On increase in the family size due to birth of a child, w.e.f a date as per rules applicable for infants or else next renewal date of the policy. 4. Once in every block of 03 years independent of any of the above events, w.e.f. next renewal date of the Policy e.g. Policy commencing on 01.02.2017,01.02.2020, etc. Further, decrease in optional sum insured to the immediately lower slab of Sum Insured alone is permitted in the event of decrease in family size on account of death/exit of an insured family member from the Scheme, w.e.f. first of the month following the date of event.		
02.2.4	Such of those serving employees, retired employees, spouses of the deceased employees or spouses of the retired and deceased employees, who do not exercise such option for choosing a higher optional Sum Insured shall automatically be covered (along with their eligible family members as per expiring policy) to the extent of the applicable eligible Sum Insured on floater basis as per their eligibility		



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	category.
02.2.5	Choice of available optional sums insured are <ul style="list-style-type: none">• Rs.04.00 lacs• Rs.05.00 lacs• Rs.06.00 lacs• Rs.08.00 lacs• Rs.10.00 lacs• Rs.12.00 lacs• Rs.15.00 lacs• Rs.20.00 lacs
02.2.6	As per the revised terms, there is no provision for choosing optional Higher Sum Insured for amounts other than those mentioned above
03.0.0	Benefits of the policy:
03.0.1	Classification of cities/places for determining the entitlements under the policy in respect of Room Rent, etc., shall be on the same basis as applicable for payment of CCA as per rationalization scheme.
03.1.0	Room Rent Charge Limits:
03.1.1	Room Rent Charge limits: Reimbursement of actual room rent charges per day shall be limited to an amount which is equal to the sum of <ul style="list-style-type: none">a) '1% of the Sum Insured for Sum Insured upto Rs.10 lacs' plus 0.5% of the Sum Insured for Sum Insured beyond Rs.10 lacs' for treatment in hospitals/nursing homes located in cities/places categorized under serial No.1 for payment of CCA.b) the sum of '0.75% of the Sum Insured for Sum Insured upto Rs.10 lacs' plus 0.5% of the Sum Insured for Sum Insured beyond Rs.10 lacs' for treatment in hospitals/nursing homes located in any other place.
03.1.2	Maximum reimbursement limit per day for stay in ICU/CCU/ICCU/Critical care centre shall be double that of room rent entitlement.
03.1.3	All related charges shall also be as per entitled category vis-à-vis room rent.
03.2.0	Medical Check-up Facility:
03.2.1	Free medical checkup once after every block of 4 claim free years of policy with reimbursement limited to the lower of the following limits on floater basis – <ul style="list-style-type: none">• a cumulative maximum of 1% of Sum Insured; or• a cumulated maximum amount of Rs.5,000/- ;
03.2.2	First block of '4 claim free years of policy' period commences from the date on which the GMC policy on revised terms comes into effect.
03.3.0	Pre-Existing Diseases:
03.3.1	The pre-existing diseases clause stands waived. i.e. with effective from the date of commencement of GMC policy on revised terms, pre-existing diseases stand covered.
03.4.0	Maternity Benefits:
03.4.1	Maternity benefits on hospitalisation of a female employee / spouse of a male employee shall be limited <ul style="list-style-type: none">• for a maximum of two living children;



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	<ul style="list-style-type: none">an amount of Rs. 25,000/- per child per policy period for normal delivery; andan amount of Rs. 50,000/- per child per policy period for caesarian delivery .
03.5.0	Cover to Infant from day 1:
03.5.1	Eligible New born baby of the employee stands covered from day 1 as a separate unit.
03.5.2	Premium for eligible new born baby shall be charged from 1st of the month, following the month in which the baby completes 90 days of age, on pro-rata basis.
03.5.3	Premium for eligible new born baby shall be collected from the month in which the baby completes 90 days of age.
03.5.3.1	Example: Say a baby is born on 15.03.2014; the child completes 90 days on 13.06.2014; Premium is to be charged from 01.07.2014; premium is required to be collected from June 2014 salary;
03.5.4	Eligible New Born Baby for this purpose should be one of the “two living children” as mentioned under revised term no. 03.4.1
03.6.0	Ambulance Charges:
03.6.1	Reimbursement of cumulative actual Ambulance charges per policy period shall be limited to Rs. 3000/- per policy period, further subject to the following sub-limits:- <ul style="list-style-type: none">for distance upto 50 km – Maximum reimbursement limited to Rs. 1,500/-for distance beyond 50 km - Maximum reimbursement limited to Rs. 3,000/-
03.6.2	Ambulance charges are payable only along with a claim for reimbursement of hospitalization charges.
03.7.0	Other General Terms:
03.7.1	Eligibility period for Reimbursement of Pre and Post hospitalisation medical treatment expenses shall continue to be restricted to 30 and 60 days respectively, as at present
03.7.2	In metro centers, some hospitals levy Service charges—such charges are payable under the policy provided levying of such charges is a standard policy followed by the hospitals for all patients.
04.0.0	Eligibility terms on Coverage for Spouse, Children, Parents, Parents-in-law and / or other family members:
04.1.0	Sunset clause on Coverage for Independent Children and their family members:
04.1.1	Independent family members of the employee (and their spouses & children if any), who were already included / provided coverage in the GMC Policy expiring on 31.03.2013 (extended on pro-rata basis up to 31.01.2014), shall be allowed coverage on the revised / modified terms.
04.1.2	However, they may be discontinued from the scope of the coverage from any date on or after the next renewal date ie.,01.02.2015 without giving any further notice in this regard.
04.1.3	Hence employees may be advised to make alternative arrangements, in their own interest, for covering such independent family members (and their spouses & children if any) and migrate to a suitable individual Mediclaim Policy.
04.1.4	With effect from commencement of the GMC Policy on revised terms, independent and uncovered ‘children / family members of the employee’, ‘spouse of independent child/family member’ and ‘their children’ are not eligible for coverage under the GMC Policy on revised terms.
04.2.0	Coverage for dependent Parents-in-law:
04.2.1	Dependent parents-in-law of the employee who were already included / provided coverage in the GMC Policy expiring on 31.03.2013 and extended on pro rata basis up to 31.01.2014, shall be allowed to be continued in the Scheme on the revised / modified terms. With effect from commencement of the GMC Policy on revised terms, fresh inclusion of dependent parents-in-law earlier not covered, shall not be



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	permitted.
04.2.2	Provided where both the employee and spouse of the employee are employees of PSU GI companies / GIC, dependant parents / dependant parents-in-law of the employee eligible to seek coverage may be allowed to be included in the GMC Policy on revised terms.
04.3.0	Coverage for dependant Parents and / or ineligible dependent children:
04.3.1	At the option of the employee, dependant parents / ineligible dependent children of the employee shall be provided coverage under GMC Policy on revised terms subject to the entire applicable premium being borne by the employee.
04.4.0	Non availability of Coverage for independent Parents and / or independent children:
04.4.1	Independent parents of the employee or independent parents retired employee are not eligible for coverage under the GMC Policy on revised terms.
04.4.2	Independent children of the employee not already included / provided coverage in the GMC Policy expiring on 31.03.2013 (extended on pro-rata basis up to 31.01.2014) are not eligible for coverage under the GMC Policy on revised terms.
04.5.0	PTS EMPLOYEES
04.5.1	The revised terms are also equally applicable to PTS employees. Their eligible category shall also be determined based on the Basic Pay payable to them.
05.0.0	One Time Option for Serving/Retired Employees who were not members of the Policy that expired on 31.03.2013 to join the GMC Policy on revised terms:
05.1.0	Serving/retired employees who were not covered under the GMC policy of the company that expired on 31.03.2013 for any reason whatsoever shall be given a one-time option to join the policy on revised terms at the time of its commencement and they shall be eligible for full coverage and benefits as per revised terms, including coverage of pre-existing diseases. They shall also be subject to other prevailing terms of the Policy not specifically mentioned here.
06.0.0	Provisions Applicable for retired employees, employees who have resigned, employees who have been terminated, etc:
06.1.0	In respect of retired employees, self, spouse, dependent children (if any) and/or dependent parents are eligible for coverage as per the revised terms, as applicable for serving employees.
06.2.0	A onetime option shall be given to retired employees to cover left over spouse, dependent children and dependent parents, if any provided they were included in the scope of GMC Policy cover subsisting on the date of their superannuation/retirement.
06.3.0	Independent children of retired employees are not eligible for cover under the Policy on revised terms.
06.4.0	Retired employees include employees who have retired on attaining superannuation or retired on VRS or retired on SVRS.
06.5.0	Those employees who exited the services of company on account of resignation or imposition of a penalty of dismissal/removal from service arising from proceedings under CDA rules of the company, are not eligible for coverage under GMC Policy as per revised terms.
06.6.0	On retirement of the employee, whether on superannuation or otherwise, coverage for independent children and their family members allowed under the scheme, if any, shall cease.
06.7.0	Where the employee and spouse are both employees of PSGI companies/GIC, on retirement of an employee, it is open to the family to choose an option which is most beneficial to them as regards principle membership of the family, as to whether it shall be that of the retired employee or that of the spouse



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	continuing in service;
07.0.0	Provisions applicable for newly recruited Employees:
07.1.0	After commencement of GMC Policy on revised terms, newly recruited permanent employees and their eligible family members, upon their enrollment as members of the GMC policy as per prevailing conditions, shall be governed by the revised terms.
08.0.0	Premium Computation and Rating Chart:
08.1.1	Annual Medclaim premium payable shall be computed based on Sum Insured Opted by the employee as per rates given in the premium chart attached(Annexure C)
08.1.2	The Company reserves the right to review and revise the premium rates based on the claims experience and any other relevant factors from time to time.
09.0.0	Medicclaim premium – Provisions on premium to be borne by the company and the employee / retired employee:
09.1.0	In respect of serving employees:
09.1.1	Company shall bear 75% of the Medicclaim premium payable (including Service Tax) <ul style="list-style-type: none">• computed on the basis of <u>Eligible Sum Insured</u> applicable for the employee based on his Basic Pay• for the Employee, spouse & the first two eligible dependent children only.
09.1.2	The employee shall bear the total sum of <ul style="list-style-type: none">• 25% of the Medicclaim premium (including Service Tax) payable computed on the basis of <u>Eligible Sum Insured</u> applicable for the employee based on his Basic Pay in respect of self, spouse & the first two eligible dependent children.• the entire cost of the premium payable for dependent ineligible children and dependent parents• the entire cost of the premium payable for dependent parents-in-law, independent children and their family members, in the applicable cases• the entire differential premium applicable in respect of differential Higher Sum Insured opted by him over and above the Eligible Sum Insured for self and all other members of the family covered.
09.2.0	In respect of retired employees:
09.2.1	Company shall bear 75% of the Medicclaim premium payable (including Service Tax) <ul style="list-style-type: none">• computed on the basis of <u>Eligible Sum Insured</u> applicable for the retired employee based on his notionally adjusted Basic Pay.• for the retired employee and spouse only.
09.2.2	The retired employee shall bear the total sum of <ul style="list-style-type: none">• 25% of the Medicclaim premium payable (including Service Tax) computed on the basis of <u>Eligible Sum Insured</u> applicable for the employee based on his notionally adjusted Basic Pay in respect of self and spouse only.• the entire premium payable for dependent children and dependent parents.• the entire differential premium applicable in respect of differential Higher Sum Insured opted by him over and above the Eligible Sum Insured for self and all other members of the family covered.
09.2.3	Provisions applicable for retired employees in this regard are also equally applicable for the spouse of the deceased employee or for the spouse of the retired and deceased employee.



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09.2.4	TPA Charges shall be borne by the company.
10.0.0	Provisions for dealing with cases of Death of Employee / Retired Employee:
10.1.0	In respect of an employee who dies while in service or after his/her retirement, eligibility for coverage of his family members shall be on par with that of a retired employee. Further, 75% of the premium of the spouse of the expired employee or expired retired employee shall be borne by the Company up to the limit of eligible sum insured.
11.0.0	Arrangements for policy underwriting and accounting of premium and claims:
11.1.0	Presently the GMC policy of one member company is underwritten by another member company as per details given below and the said existing arrangements in this regard shall continue: <ul style="list-style-type: none">• Employees of NIC are insured with NIA• Employees of NIA are insured with UII• Employees of UII are insured with OIC• Employees of OIC are insured with NIC
11.2.0	There is no change in the existing arrangements pertaining to the employees of GIC-Re
11.3.0	To ensure even spread of premium as well as claims between the member companies, coinsurance arrangements shall be incorporated whereby premium and claims are shared in the ratio of 34%(leader), 33% and 33% by the other 2 insurer (member) companies.
11.4.0	To keep track of the class-wise incidence of claims occurrence vis-à-vis premium collected, policies shall be underwritten separately for Class I, Class II and Class III & IV. Accordingly, Companies are required to segregate and keep track of class-wise premium and claims incurred details and furnish the same to the underwriter.
12.0.0	Introduction of Claims Processing through TPAs and Cashless Claims settlements:
12.1.0	The facility of cashless claims settlement services shall be introduced.
12.2.0	For this purpose, the Company shall engage the services of identified TPAs for registering / processing / rendering cashless services for administering the GMC Policy on revised terms with effect from the date of its implementation.
13.0.0	Effective Date of Revision in Terms :
13.1.0	The revision in the terms of GMC Policy will be effective from 01.02.2014.
14.0.0	General Terms:
14.1.0	The phrase 'revision in terms' is used here to mean and include 'modified terms'.
14.2.0	The term independent family member is used here to mean and include non-dependent family member.
14.3.0	The other terms and conditions of the prevailing GMC Policy remain unchanged.



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Annexure 'B'

Revised terms of Group Medclaim Policy covering the Employees / Retired Employees
Administrative Instructions

- (1) The terms of the Group Medclaim Policy covering the employees / retired employees of the company stand revised and shall be implemented from 1st February 2014.
- (2) The last date for exercising onetime option for choosing higher Sum Insured for including the eligible dependent children / parents by the serving employees shall be 31st January 2014 and by retired employees, spouse of the deceased employee or spouse of the 'retired and deceased' employee as per the revised terms of the GMC Policy shall be 31st March 2014.
- (3) The serving who were not covered under the GMC Policy that expired on 31.3.2013 shall exercise their option, for becoming a member of the GMC Policy on revised terms and shall also declare details of the eligible dependent children / parents, who were to be covered under the Policy.
- (4) Similarly, retired employees who were not covered under the GMC policy of the company that expired on 31.03.2013 shall exercise their option for becoming a member of the GMC Policy on revised terms and shall also declare the details of the left over spouse, dependent children and dependent parents, if any provided they were included in the scope of GMC Policy cover subsisting on the date of their superannuation/retirement.
- (5) One TPA would service/administer the Policy in respect of one Zone for all the Companies
- (6) The following zone-wise TPAs are shortlisted for servicing the Policy:-

South Zone	-	Mediassist India TPA Pvt.Ltd.,
West Zone	-	MDIndia Health Care Services(TPA) Pvt. Ltd.
East Zone	-	Heritage Health TPA Pvt.Ltd., and
North Zone	-	Raksha TPA Pvt. Ltd.
- (7) The TPAs would render various services such as issuance of ID cards, provision of cashless facilities, adjudication of claims, tie-ups with hospitals especially in Class III and IV towns, claims investigation where deemed necessary etc.:
- (8) TPAs should not be found lacking in any respect, in terms of service delivery, notably issues on cashless authorization, issue of final authorization at the time of discharge, settlement of reimbursement claims, issuance of ID Cards etc.
- (9) Covered family members of the employee would be serviced by the TPA identified for the zone where the employee is posted.
- (10) The TPA identified for the servicing the Policy or the zone where the employee is posted would also service the employee's family members covered under the Policy irrespective of their residence even if such residence is in some other zone.



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- (11) In respect of employees undergoing inter-zone transfers during the policy period, they would continue to be serviced by the incumbent TPA of the zone from where the employee is transferred until the expiry of the Policy. On expiry of the Policy, the subsequent renewal would be serviced by the new zonal TPA pertaining to the zone where the employee is transferred to. The incumbent TPA would transfer all the records pertaining to the employee to the new TPA in order to facilitate rendering effective services including issuance of new ID cards.
- (12) The HR Department of RO/HO would co-ordinate in administering and controlling Staff Group Mediclaim Policy.
- (13) Health Department would facilitate smooth implementation of the policy through interactions with TPAs wherever necessary.
- (14) Grievance redressal mechanism:
- (a) Disputes arising out of decision of TPA , if any, would be resolved by constitution of regional redressal committee constituted at each RO.
 - (b) This committee would have 3 members one from HR one from health and one from accounts.
 - (c) The committee would be headed by a scale V officer.
 - (d) The decision of the committee on any such dispute would be final and binding on TPA.
 - (e) If necessary, the committee may seek opinion from medical expert.
- (15) Company would self-administer the policy pertaining to the employees in all respects such as sending communications to TPAs, releasing float funds and payment of TPA charges etc., placing themselves in the shoes of insurer. Each company would inform the insurer/co-insurer company the details of premium, claim paid and the outstanding claims class-wise so that the insurer can properly account the same in their books of accounts
- (16) While applying the restrictions of related charges levied by the hospitals vis-à-vis rent entitlement of the employee, such restriction would not be applicable to the charges levied by the hospitals towards medicines and implants.
- (17) For a smooth transition to a TPA administered health insurance scheme, the following aspects are to be taken note of:-
- (a) Information on hospitals in network, pre-authorization procedure, claims procedure etc would be designed and standardized across the TPAs and such information would be circulated.
 - (b) All employees and retired employees would have to submit Option form along with photographs of self and covered dependents/family members. In case photographs are not submitted, cashless facility would don't be extended on the



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basis of “no photo no cashless”. The photographs would be collected by the respective Divisional Offices/Regional Offices and submitted to TPA.

(c) All data relating to enrolment such as Name, Date of Birth, Dependents' details etc would be furnished in softcopy by the respective Regional Offices.

(d) Each covered person would be issued a separate ID card with the photographs. Such card would have only the name of the Company and not that of the TPA. Each such ID card would have a unique number for reference by the TPA.

(e) Any employee or dependents seeking cashless facility should necessarily produce this card to the network hospital. Without the card, no cashless facility would be extended. Employees should preferably take treatment at Network hospitals. In case they take treatment at a Hospital which is not in the Network, the TPAs should endeavor to arrange for cashless facility not exceeding 75% of the cost of treatment.

(f) Open ended ID Cards would be issued in respect of each Employee and all his covered family members. They will be valid till the same are withdrawn/blocked either on the exit of the employees from coverage or for modification of any important date therein or for any other valid reason. The said procedure shall apply to retired employees also. The company shall advise TPAs the details of exits of covered persons from the scheme as and when such exits take place. The employee/retired employee should arrange to return the ID card of such covered person. TPA shall block such ID cards.

(g) Regional Offices would keep the TPA updated on any deletion of employee, retired employee or covered family member from coverage when the said events take place. The designated Officer of R.O would update such developments by email to designated person of the TPA.

(h) The coverage for such deleted member would cease on submission of such communication from the respective RO and it would be the responsibility of the TPA to ensure that no claim is availed by such persons whose names are deleted from coverage.

(i) In case of retired employees, the Regional Offices would provide a list of persons covered under the policy.

(j) Like-wise, before the commencement of the next policy(say on renewal) a revised list of retired employees would be furnished. Such revision be updated by the TPA to ensure that persons who have not renewed the policy are not provided coverage.

(k) All payments for claims would be funded by Head Office. TPA would submit a list of claims ready for payment at least once in a week and payment would be effected by the respective corporate office of the Company to the TPA. All claims relating to employees and their dependents would be paid only to employee, by crediting the amount to the employee/retired employees' bank account through ECS.



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- (l) In case of cashless facility, payment would be made to the Network Hospital.
- (m) If any claim is suspected to be fraudulent, such claim would be brought to the attention of designated officer handling HR/Vigilance in each RO.
- (n) All communication from the TPA relating to the administration of the scheme should be made to a designated officer at HR Dept of each RO.
- (o) Periodic Management Information Reports(MIS) on the functioning of the policy should be furnished by the TPA along with the statement of outstanding claims.
- (p) TPA should maintain three Help Desks each, at least in two cities. These Help Desks are to be placed in 3 major hospitals.
- (q) Intimation of claims should be made within forty eight hours from the time of admission, or before the time of discharge, whichever is earlier.
- (r) Submission of documents, for hospitalization and pre-hospitalization claims, should be made at the respective office where the employee is working within 30 days from the date of discharge from hospital. Documents in respect of post hospitalization claims should be submitted to the office where the employee is working within 90 days from the date of discharge from the hospital.
- (s) Each TPA will have a dedicated mobile number for receipt of claim intimation.
- (t) Wherever the TPA have offices, a key resource person should be designated for servicing any issues relating to policy.
- (u) Any communication to the TPA on coverage, change in Sum Insured etc. would be made only by the designated person of the RO/HO.
- (v) All such documents would be collected periodically, at least once in a week, by the TPA for all cities where all four companies have Divisional Offices. At other centers, the documents would be sent by post by the respective offices to the TPA.
- (w) The TPAs are required to comply with the following TATs in respect of Hospitalization claims:-
- Authorization of Cashless Facility - within 2 hours
 - Discharge from Hospital - within 3 hours
 - Settlement of reimbursement claims -within one week of submission of documents



युनाइटेड इंडिया इश्यूरेस कंपनी लिमिटेड
UNITED INDIA INSURANCE CO. LTD.

पंजीकृत व प्रथम कार्यालय: 24, वाइट्स रोड, चेन्नै - 600 014
 Regd. & Head Office : 24, Whites Road, Chennai - 600 014
 Ph: 044-2852 0151 • Fax : 044-2852 4151 • Website : www.uilic.co.in

Annexure C

Re: Revised Terms of Group Mediclaim Policy covering the employees and retired employees of GIPSA Member Companies and GIC

NEW PREMIUM RATE CHART WITH EFFECT FROM 01.02.2014

<u>1.Premium applicable for Employee/Retired Employee/Spouse of Deceased Employee/Spouse of Retired and Deceased Employee</u>							
SUM INSURED	AGE BAND (IN YEARS)						
	Upto35	36-45	46-55	56-65	66-70	71-75	Above 75
03 lacs	4954	5176	7051	7281	8142	8727	10831
04 lacs	6732	7014	9603	9937	11117	11912	14741
05 lacs	8375	8483	11682	12101	13565	14706	18751
06 lacs	9228	9347	12871	13333	14946	16204	20660
08 lacs	10325	10457	14400	14918	16722	18129	23115
10 lacs	10812	10951	15080	15622	17511	18985	24206
12 lacs	11573	11722	16142	16722	18744	20321	25910
15 lacs	12081	12236	16850	17456	19566	21212	27046
20 lacs	12842	13008	17912	18555	20799	22550	28751
<u>II Premium applicable for Spouse of the Employee/Spouse of the Retired Employee</u>							
SUM INSURED	AGE BAND (IN YEARS)						
	Upto35	36-45	46-55	56-65	66-70	71-75	Above 75
03 lacs	1982	2070	2820	2912	3257	3491	4332
04 lacs	2693	2806	3841	3975	4447	4765	5896
05 lacs	3350	3393	4673	4840	5426	5882	7500
06 lacs	3691	3739	5148	5333	5978	6482	8264
08 lacs	4130	4183	5760	5967	6689	7252	9246
10 lacs	4325	4380	6032	6249	7004	7594	9682
12 lacs	4629	4689	6457	6689	7498	8128	10364
15 lacs	4832	4894	6740	6982	7826	8485	10818
20 lacs	5137	5203	7165	7422	8320	9020	11500



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III. Premium for Family Member of the Employee/Retired Employee (other than Employee's Parents/Parents-in-law)

SUM INSURED	AGE BAND (IN YEARS)						
	Upto35	36-45	46-55	56-65	66-70	71-75	Above 75
03 lacs	1239	1294	1763	1820	2036	2182	2708
04 lacs	1683	1754	2401	2484	2779	2978	3685
05 lacs	2094	2121	2921	3025	3391	3677	4688
06 lacs	2307	2337	3218	3333	3737	4051	5165
08 lacs	2581	2614	3600	3730	4181	4532	5779
10 lacs	2703	2738	3770	3906	4378	4746	6052
12 lacs	2893	2931	4036	4181	4686	5080	6478
15 lacs	3020	3059	4213	4364	4892	5303	6762
20 lacs	3211	3252	4478	4639	5200	5638	7188

IV. Premium for Parents/Parents-in- Law of the Employee/Retired Employee

SUM INSURED	AGE BAND (IN YEARS)					
		Upto55	56-65	66-70	71-75	Above 75
03 lacs		3878	4005	4478	4800	5957
04 lacs		5282	5465	6114	6552	8108
05 lacs		6425	6656	7461	8088	10313
06 lacs		7079	7333	8220	8912	11363
08 lacs		7920	8205	9197	9971	12713
10 lacs		8294	8592	9631	10442	13313
12 lacs		8878	9197	10309	11177	14251
15 lacs		9268	9601	10761	11667	14875
20 lacs		9852	10205	11439	12403	15813

Notes: The above premium rates are subject to Service Tax there on, as per applicable rates, which shall be calculated and added there to .



UNITED INDIA INSURANCE COMPANY LIMITED
REGD. & HEAD OFFICE : 24, WHITES ROAD, CHENNAI - 600 014

HO:HR:CIR:14/12.10.2015

NOTICE

To: All Regional Chiefs/All LCBs/HO Depts.,/LC,HO

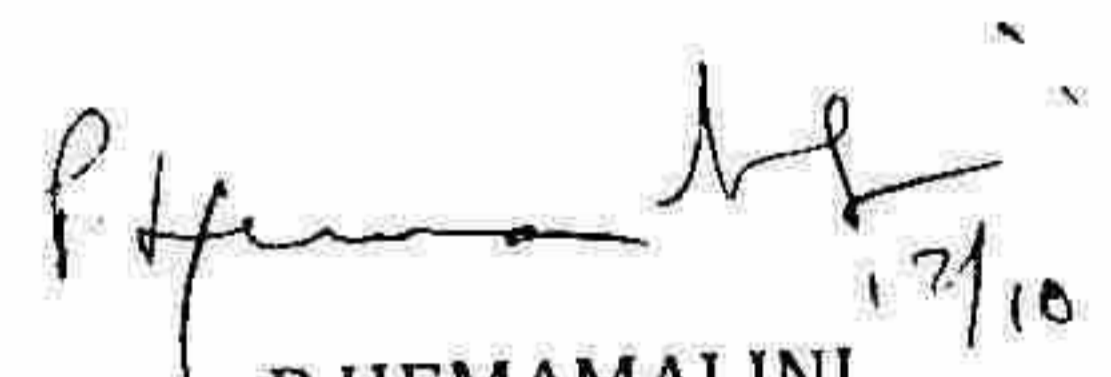
Re: Staff Group Mediclaim policy – Waiver of clause 4.15 (Genetic disorders and stem cell implantation/surgery) from exclusion

It has been brought to notice that in the existing Staff Group Mediclaim Policy the **Definition Clause 3.20 - Congenital Anomaly** had been waived (deleted) from the Policy document. But the **Exclusion Clause 4.15: Genetic disorders and stem cell implantation/surgery** still appeared in the Policy with the effect that genetic disorders and stem cell implantation/surgery remained excluded from the scope of the cover. It has been represented that Exclusion Clause 4.15 should also be waived (deleted) citing that both Genetic Disorders and congenital Anomalies, have their origin in some dysfunctional gene and are passed on through heredity.

The matter was examined in the meeting of GMs(P) at GIPSA and after discussions, it was the unanimous understanding amongst the participants that while waiving definition 3.20 from the draft of the GMC for Employees, the intention was to exclude not only Congenital Anomalies but also Genetic Disorders and Stem Cell Implantation / Surgery, as both have their origin in some dysfunctional gene and are passed on through heredity. The waiver of definition 3.20 should have automatically been accompanied by consequential waiver of Exclusion No. 4.15, but, due to oversight, it appeared to have been left out from being waived (deleted). We are informed by GIPSA that the above clause has been waived from the exclusion in the GMC policy.

Accordingly, the **Clause 4.15 (Genetic disorders and stem cell implantation / Surgery) stands deleted from Exclusions in Group Mediclaim Policy for Staff/Retirees.**

This is for the information of all concerned.


P HEMAMALINI
GENERAL MANAGER

CC: TPAs concerned





युनाइटेड इंडिया इंश्यूरेंस कंपनी लिमिटेड UNITED INDIA INSURANCE CO. LTD.

मानव संसाधन प्रबंधन विभाग
HUMAN RESOURCES MANAGEMENT DEPARTMENT

HO:HR:CIR: 019 :2017

06.03.2017

To

All ROs/LCBs/Departments in HO/LC

Re: Group Medi-claim Policy covering employees and retired employees on revised terms

The Group Mediclaim Policy for Employees/Retired Employees was revised with effect from 01.02.2014 on Floater Basis. The Comprehensive review of Group Mediclaim Policy for Employees and Retirees of GIPSA Companies and GIC-Re(GMC) was undertaken by GM(P) and GM (Health) of the Member Companies.

The Governing Board of GIPSA has also accorded approval of certain proposals which emanated from such review. Accordingly such revision in certain proposals has been placed before the Board of our Company .

The Board of the Company has accorded approval for revision in the Group Mediclaim Policy for employees and retirees of the Company W.E.F 1.4.2017 as detailed in table attached (Annexure-A).

As such, we therefore, request you to take the following steps:

- The Primary Insured Persons and Deemed Primary Insured Persons to exercise their options for Points NO-5,7,8,9 and 10 of the table, whichever applicable, latest by 21.03.2017.
- The premium from the Primary Insured Persons and Deemed Primary Insured Persons WHO ARE NOT IN THE SERVICE OF THE COMPANY has to be collected in lump sum along with the option form latest by 24.03.2017.
- The premium for Primary Insured Persons and Deemed Primary Insured Persons, who are in service of the Company, may be deducted from salary for the month of March 2017 on the basis of the pre-revised terms and conditions of the Policy and treated as ad-hoc premium. Subsequently, from salary for the month April 2017, premium for the month of April 2017 may be deducted as per the revised terms along with difference of premium between the premium for the month of March 2017 on revised terms and ad-hoc premium deducted from salary for the month of March, 2017.

All other terms & conditions of the existing Group Mediclaim Policy for employees and retirees remains unaltered.

Encl: ANNEXURE-A
ATTEN: 1

GENERAL MANAGER(HR) 6/3



UNITED INDIA INSURANCE COMPANY LIMITED
Regd. & Head Office: 24 Whites Road, Chennai - 600 014
HRM DEPARTMENT

ANNEXURE A

REVIEW OF GROUP MEDICLAIM POLICY FOR STAFF & RETIREES

S.No.	Proposal	Existing Provision	Proposed Revised Provision
1	Primary Insured Person	No Existing Provision	Primary Insured Person shall mean any person mentioned in the 04 categories of persons indicated in the Schedule -I of the Premium Chart i.e. – a) Serving Employee b) Retired Employee c) Spouse of 'Deceased' Employee d) Spouse of 'Retired and Deceased' Employee.
2	Deemed Primary Insured Person	No Existing Provision	Deemed Primary Insured Person shall mean an existing or retired Whole Time Director or the spouse of a 'deceased' / 'retired and deceased' Whole Time Director, who is covered under the <i>Scheme of Reimbursement of Medical Expenses framed by the Department of Financial Services.</i>

S.No.	Proposal	Existing Provision	Proposed Revised Provision
3	Increase in the maximum limit of 'Optional Sum Insured'.	Sum Insured up to a maximum of Rs. 20 lacs may be opted by the employee on full premium.	In addition, Optional Sums Insured slabs shall be: <ul style="list-style-type: none"> • Rs. 25.00 lacs • Rs. 30.00 lacs • Rs. 35.00 lacs • Rs. 40.00 lacs • Rs. 50.00 lacs
4	Premium	There are 04 premium tables (1 – Primary Insured, 2 – Spouse, 3 – Children & 4 - Parents and Parents in law) for different slabs of Sum Insured up to Rs. 20 lacs.	No change in the existing premium structure for Sum Insured up to Rs. 20 lac. The Premium structure for Sum Insured for additional slabs shall be as per Appendix 'A' .
5	Option to increase the Optional Sum Insured.	Increase in Optional SI to <u>next slab</u> is allowed on promotion, marriage, child-birth and once in block year of 3 years.	As a one time exercise, the Primary Insured Person and the Deemed Primary Insured Person shall be allowed to opt for <u>any slab</u> of Optional Sum Insured w.e.f. 01.04.2017. All other existing provisions in this regard shall remain unchanged. The next renewal date in the block of 3 years shall fall due on 01.04.2020.
6	Option to decrease the Optional Sum Insured.	Decrease in Optional SI to next slab is allowed on decrease in family size due to death / exit of a family member <u>w.e.f. first of the month following the date of event.</u>	The option shall now be available <u>w.e.f. the next renewal date following the date of event.</u>
7	Coverage of Family Members of Dependent Children of a Primary Insured Person	No Existing Provision	Family Members (i.e. spouse and children) of Dependent Children of a Primary Insured Person may be covered on full premium.
8	Coverage of Independent Children and Family Members of Independent Children of a Primary Insured Person	Only the Independent Children of Serving Employees are covered on full premium.	Independent Children of a Primary Insured Person and Family Members (i.e. spouse and children) of such Independent Children may be covered on full premium.

S.No.	Proposal	Existing Provision	Proposed Revised Provision								
9	Coverage for dependent Parents / Parents-in-law of a Primary Insured Person	Dependent parents-in-law of the female employee, who were already covered in the Policy, were allowed to continue under the Policy on revised terms effective from 01.02.2014 and fresh inclusion of dependent parents-in-law, earlier not covered, was not permitted.	<p>i. Dependent Parents and Dependent Parents-in-law may be covered under the Policy.</p> <p>ii. After including the dependent parents and / or dependent parents-in-law in the Policy, the employee shall not be allowed to exclude any such member from the Policy except upon his / her death.</p> <p>iii. Pre-Existing Diseases cover shall be extended to the dependent parents and / or dependent parents-in-law.</p>								
10	Coverage of Independent Children, Family Members of Independent Children, and Dependent Parents in Law of an Existing / Retired Whole Time Director (Deemed Primary Insured Person)	Existing/Retired Whole Time Director along with his/her Spouse, Dependent Children and Dependent Parents is covered under the <i>Scheme of Reimbursement of Medical Expenses framed by the Department of Financial Services.</i>	Existing/Retired Whole Time Director shall be eligible to get Independent Children, Family Members (i.e. spouse and children) of Independent Children, and Dependent Parents in Law covered under the Policy on full premium.								
11	Capping on 'Room Rent Limits'	Class A Cities - 1% of SI upto Rs. 10L & 0.5% of SI beyond Rs. 10L Other Cities - 0.75% of SI upto Rs. 10L & 0.5% of SI beyond Rs. 10L	The existing room rent limits shall continue with a capping of Rs. 15,000/- in respect of Class 'A' Cities and Rs. 12,500/- in respect of Other Cities.								
12	Increase in limits of 'Ambulance Charges'	Rs. 3000/- per Policy Period subject to sub-limits of Rs. 1,500/- for less than 50 kms and Rs. 3,000/- for distance beyond 50 kms	Rs. 5,000/- per hospitalization								
13	Increase in limits of 'Maternity Benefits'	Existing Limits: <table border="1" style="margin-left: 20px;"> <tr> <td>Normal Delivery</td> <td>Rs. 25,000/-</td> </tr> <tr> <td>Caesarian Delivery</td> <td>Rs. 50,000/-</td> </tr> </table>	Normal Delivery	Rs. 25,000/-	Caesarian Delivery	Rs. 50,000/-	<table border="1" style="margin-left: 20px;"> <tr> <td>Normal Delivery</td> <td>'A' Class City : Rs. 50,000/-; Other Cities : Rs. 40,000/-</td> </tr> <tr> <td>Caesarian Delivery</td> <td>'A' Class City : Rs. 1,00,000/-; Other Cities : Rs. 65,000/-</td> </tr> </table> <p>Maternity Benefit shall also be extended to an independent child or a family member of the dependent / independent child provided such child or the family member has been covered in the Policy at least for the last 3 years as on the date of hospitalization under maternity cover.</p>	Normal Delivery	'A' Class City : Rs. 50,000/-; Other Cities : Rs. 40,000/-	Caesarian Delivery	'A' Class City : Rs. 1,00,000/-; Other Cities : Rs. 65,000/-
Normal Delivery	Rs. 25,000/-										
Caesarian Delivery	Rs. 50,000/-										
Normal Delivery	'A' Class City : Rs. 50,000/-; Other Cities : Rs. 40,000/-										
Caesarian Delivery	'A' Class City : Rs. 1,00,000/-; Other Cities : Rs. 65,000/-										

S.No.	Proposal	Existing Provision	Proposed Revised Provision
14	Break in insurance in respect of a Retired employee, his / her spouse	No Existing Provision	If there happens to be a break-in-insurance in respect of a retired employee or his / her spouse for an unforeseen reason beyond his / her control, GM(P) of the concerned Member Company shall be authorized to condone the same keeping in view the facts and circumstances of the case and the period of break-in-insurance.
15	Cessation of Cover for Other Members when the Primary Insured Person or the Deemed Primary Insured Person exits from the Policy	No Existing Provision	If the Primary Insured Person or the Deemed Primary Insured Person, goes out of the Policy for whatsoever reason, all the dependent / independent members covered under the Policy shall cease to be covered after the expiry of the current policy period.
16	One Time Opportunity	-	A one-time opportunity shall be given to the Primary Insured Persons / Deemed Primary Insured Persons to exercise the option under points under serial no. 5, 7, 8, 9 and 10 of the table.

Encl.: Appendix 'A' – Premium Structure for Optional Sum Insured slabs up to Rs. 50 lacs. (Refer Point No. 4 above)

Appendix 01

PREMIUM STRUCTURE FOR ADDITIONAL OPTIONAL SUM INSURED SLABS UP TO RS. 50 LACS PROPOSED W.E.F. 01.04.2017

I. Premium applicable for Employee / Retired Employee / Spouse of Deceased Employee / Spouse of Retired and Deceased Employee							
Sl/Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
20 Lacs*	12842	13008	17912	18555	20799	22550	28751
25 Lacs	13966	14146	19703	20411	23139	25087	31985
30 Lacs	14955	15148	21279	22043	25198	27319	34832
35 Lacs	15764	15967	22569	23379	26883	29146	37161
40 Lacs	16438	16650	23644	24493	28287	30668	39101
50 Lacs	17337	17561	25077	25977	30159	32698	41689

II. Premium applicable for Spouse of Employee / Spouse of Retired Employee:							
Sl/Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
20 Lacs*	5137	5203	7165	7422	8320	9020	11500
25 Lacs	5586	5658	7881	8164	9258	10035	12794
30 Lacs	5982	6059	8512	8817	10079	10928	13933
35 Lacs	6305	6387	9028	9352	10753	11658	14864
40 Lacs	6575	6660	9458	9797	11315	12267	15641
50 Lacs	6935	7024	10031	10391	12063	13079	16676

III. Premium applicable for Family Member of Employee / Retired Employee (Other than Employees' Parents / Parents-in-law)							
Sl/Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
20 Lacs*	3211	3252	4478	4639	5200	5638	7188
25 Lacs	3491	3537	4926	5103	5785	6272	7996
30 Lacs	3739	3787	5320	5511	6299	6830	8708
35 Lacs	3941	3992	5642	5845	6721	7286	9290
40 Lacs	4109	4163	5911	6123	7072	7667	9775
50 Lacs	4334	4390	6269	6494	7540	8174	10422

IV. Premium applicable for Parents / Parents-in-law of Employee / Retired Employee							
Sl/Age	Upto 35	36-45	46-55	56-65	66-70	71-75	Above 76
20 Lacs*			9852	10205	11439	12403	15813
25 Lacs			10837	11226	12726	13798	17592
30 Lacs			11704	12124	13859	15026	19158
35 Lacs			12413	12859	14785	16030	20438
40 Lacs			13004	13471	15558	16867	21506
50 Lacs			13792	14287	16587	17984	22929

*Existing



UNITED INDIA INSURANCE COMPANY LIMITED

Regd. Office: 24 Whites Road, Chennai – 600 014

HO:HR:CIR: 064

16.06.2017

CIRCULAR

Re: Improvement in Group Mediclaim Policy for Employees and Retirees of GIPSA Companies and GIC-Re

We wish to inform you that the Board of the Company has approved the following modification in the terms and conditions of the Group Mediclaim Policy for employees and retirees with effect from 01.04.2017:-

Sl. No.	Existing provision	Revised Provision
1.	Under Domiciliary treatment, the limit of reimbursement for Surgeon, Medical Practitioner, Consultants, Specialists Fees, Blood, Oxygen, Surgical Appliances, Medicines & Drugs, Diagnostic Material and Peritoneal Dialysis, Oral Chemotherapy and Nursing expenses is 20% of Sum Insured subject to a Maximum of Rs,50,000/- during policy period.	<p>Under Domiciliary treatment, the limit of reimbursement for Surgeon, Medical Practitioner, Consultants, Specialists Fees, Blood, Oxygen, Surgical Appliances, Medicines & Drugs, Diagnostic Material and Nursing expenses is 20% of the Sum Insured subject to a maximum of Rs. 50,000/-.</p> <p>However, the said limit in the case of domiciliary treatment for Oral Chemotherapy and Peritoneal Dialysis shall be 50% of the Sum Insured subject to a maximum of Rs. 5,00,000/-.</p> <p>The above limits shall be on floater basis during the policy period.</p>


DY. GENERAL MANAGER



UNITED INDIA INSURANCE COMPANY LIMITED

REGD. & HEAD OFFICE : 24, WHITES ROAD, CHENNAI - 600 014

HO:HR:GMP: 119 :2017

30.11.2017

Notice

Re: Employees' Group Mediclaim Policy

1. GMC – Issues for Common Guidelines – Portability, Time-limits etc.

The Competent authority decided to issue the following further administrative instructions / clarifications on implementation of staff Group Mediclaim Policy:-

- (1) Portability of cover: In cases where Primary / Deemed Primary Insured Person ceases to be covered under the Policy, the dependent / independent family members shall also cease to be covered under the Policy from the date of next renewal or expiry of 02 calendar months from the date of cessation of coverage of the said Insured Person, whichever is later. However, to avoid break-in-insurance and avail benefit of continuity, such dependent / independent family members shall have the option to migrate, within the period of coverage under the Policy, to any retail Individual or Floater Mediclaim Policy of any of the PSGICs subject to premium, terms and conditions of the Policy where migrated.
- (2) Option to left out serving employees to join the Policy: A one-time option shall be given to left out serving employees to join the Policy on pro-rata premium basis. The last date for exercise of such option shall be 31.12.2017.
- (3) Coverage to Newly Recruited Employees: The Appointment Letter shall contain a clause mentioning availability of GMC cover for the candidate and his / her dependent and independent family members in terms of the Policy from the date of joining and the enrollment form will be attached. The candidate shall be required to fill up an enrollment form to furnish details of dependent and independent family members at the time of joining. The said enrollment form shall be submitted by the candidate immediately after joining the service. The cover shall commence from the date of receipt of the said enrollment form by the Company. In no case the enrollment form received after 60 days from the date of joining shall be entertained. In case a candidate does not wish to get enrolled under the Policy, he would indicate the same on the enrollment form and submit the same to the office.
- (4) Time limit to enroll spouse and dependent / independent parents-in-law by a newly married employee: The newly married employee shall submit application for enrollment of his / her spouse and dependent / independent parents-in-law under the Policy within 60 days from the date of marriage.
- (5) Time limit to enroll independent parents / parents-in-law: An option to get independent parents / parents-in-law enrolled under the Policy has been given to the Primary Insured Persons and Deemed Primary Insured Persons. The last date for exercise of such option shall be 31.12.2017.
- (6) One Time Option for Lower Optional Sum Insured: With a view to mitigate the hardship of a section of Primary / Deemed Primary Insured Persons on account of sudden increase in premium for inclusion of Independent Parents or Parents-in-Law, it has been decided that

those who opt for inclusion of Independent Parents or Parents-in-Law under clause 5 above, shall be given one time option to choose a Lower Optional Sum Insured. The last date for exercise of such option shall be 31.12.2017.

- (7) **Restriction on Selection Against Insurer in respect of Coverage for Parents / Parents in Law:** With a view to restrict selection against the insurer, it is stipulated that if both the parents of a Primary or Deemed Insured Person are alive, enrolling either of the Parents under the Policy shall not be allowed. The same rule shall apply for enrollment of Parents-in-Law.
- (8) **Option for Lower Optional Sum Insured Slab in the event of death of an Employee:** With a view to mitigate the hardship of bearing premium for a higher optional sum insured after the death of a serving / retired employee, it has been decided that the spouse of the said deceased employee shall have the option to choose a Lower Optional Sum Insured from the date of next renewal or within expiry of 02 calendar months from death of the said employee, whichever is later.
- (9) **One Time Option for Higher Optional Sum Insured:** With a view to grant one more opportunity to Primary / Deemed Primary Insured Persons who missed to opt for a suitable higher optional sum insured or who wish to enhance the optional sum insured due to option for inclusion of independent parents / parents-in-law having been recently opened by the Governing Board in its Meeting held on 18.08.2017, it has been decided that the Primary / Deemed Primary Insured Persons shall have one time option to choose a Higher Optional Sum Insured. The last date for exercise of such option shall be 31.12.2017.
- (10) **Re-enrollment of dependent / independent child who returns from abroad after completion of studies / employment:** A Primary / Deemed Primary Insured Person shall have the option to get dependent / independent child and his / her family members re-enrolled under the Policy when he / she returns from abroad after completion of studies / employment. This option shall be available only once in respect of every child. The option shall be exercised within 60 days from return of child from abroad.
- (11) **Authority of GMs (P) for special dispensation in certain cases:** The Primary / Deemed Primary Insured Persons shall adhere to the last date prescribed under various provisions of the Policy. However, GM (P) of the Company shall have the authority to relax the prescribed last date in any particular case of genuine hardship for maximum 60 days after recording the circumstances of the case and reasons for such relaxation.

Any inclusion/modification based on the above circular will be effective from 01.01.2018 only. However, the reduction in sum insured in case of policies where claims occurred will not be considered till next renewal.

All other terms and conditions of the staff GMC policy remains un-altered.


DIRECTOR & GENERAL MANAGER (HR)
