

Staff Group Mediclaim Policy issued to



Policy No:0210002823P100843448

Period: 01-04-2023 to 31-03-2024

Eligibility Criteria

Group Mediclaim is meant for

- New India Employee's, Retiree's
- Spouse,
- Dependent / independent Children,
- Dependent & independent Parents
and Parent in-laws
- Grand children.

Cover is not available for
resigned and dismissed
employees.

Eligibility Criteria

- In case of deceased employee, spouse will be the primary insured. Coverage of other surviving eligible family members will continue

- In case of death of both employee and spouse, cover will not be available for others

- Dependency criteria
 - a) Male child up to 25 years or till the time he starts earning.
 - b) Female child up to the age of marriage or the time she starts earning

Premium Subsidy

Subsidy @75% in premium is available up to Eligible S.I. only.

In case of FTS/PTS 100% premium is borne by Company up to eligible S.I. for Self, Spouse and two dependent children.

For serving employee, his spouse and two dependent children. For Disabled children without age limit

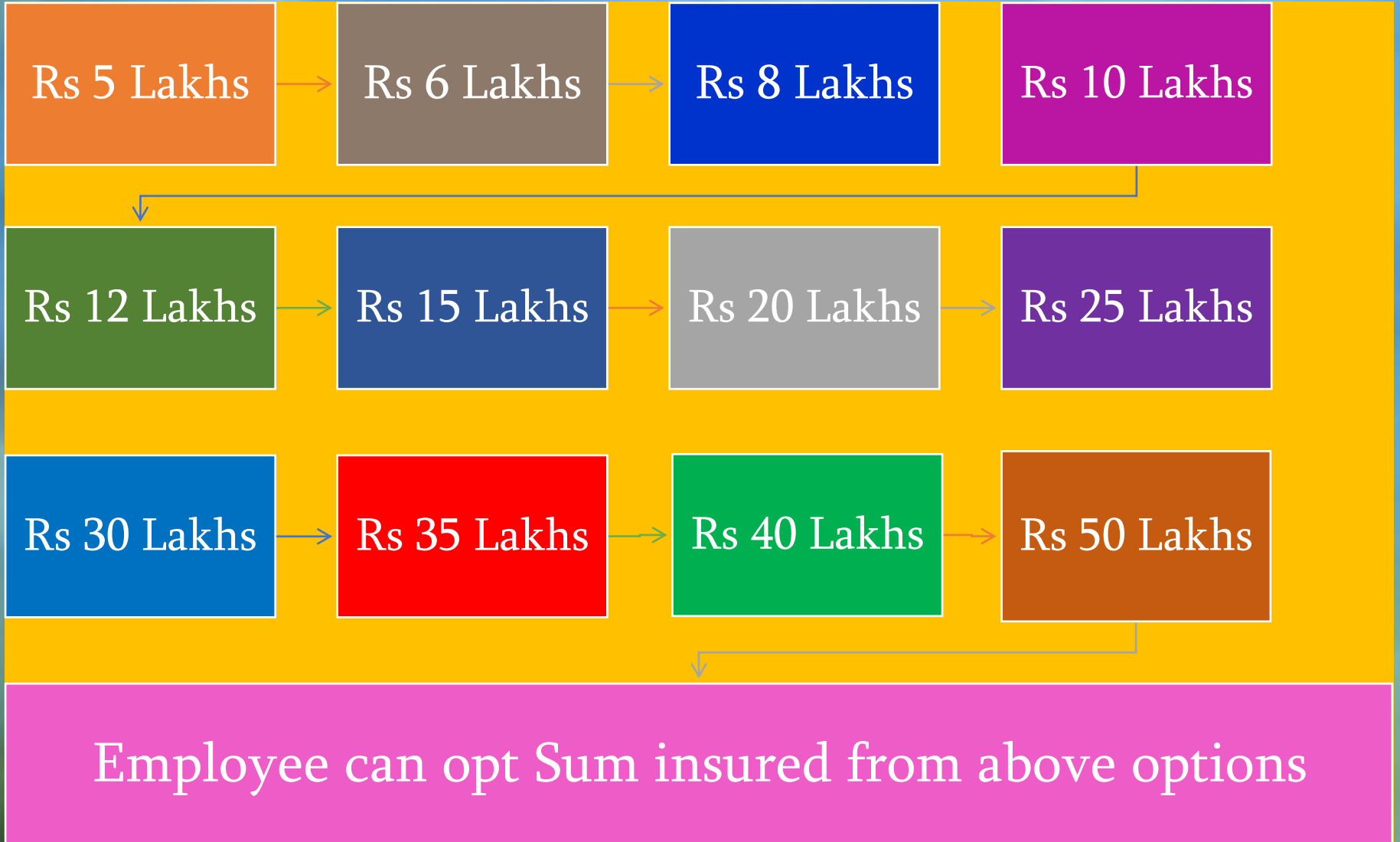
For Retired, employee & spouse

For deceased employee, subsidy will be available only to spouse.

Eligible Sum Insured

Basic Pay	Eligible S.I
Less than Rs 67,265/-	Rs 5,00,000/-
Between Rs 67,265/- to Rs 85,925/-	Rs 6,00,000/-
Above Rs 85,925/-	Rs 10,00,000/-

Optional Sum Insured



Optional Sum Insured...


Increase in Optional Sum Insured to next slab is allowed on promotion, marriage, childbirth and once in a block of 3 years.

The First block of 3 years is commenced on 1.4.2023. Optional S.I. may be increased or decreased by all Employees


Option to decrease the Optional Sum Insured is available w.e.f. the next renewal date following the date of decrease in family size due to death/exit of a family member

Enrollment


Newly recruited employees may submit their enrolment form immediately on joining or within 60 days thereof. Cover will commence only after submission of enrolment form.



Newly wed spouse of employee may be covered by submitting request 30 days prior to date of marriage or within 30 days after date of marriage.



Parent/Parent-in-law may be covered at the time of employee joining the Company or immediately after marriage, as the case may be



Newborn baby may be covered within 90 days of birth. Free coverage available up to first 90 days, if mother is covered under the policy and she is eligible for maternity benefit cover.

Inclusion / deletion & change of Opted S.I. FY 2023- 2024

Increase of S.I. to the immediately next higher slab allowed in the following cases only

- Inclusion of newly-wed spouse of Primary Insured/ their dependent / independent children – who got married during the policy period 2022-2023, subject to compliance of guidelines
- Inclusion of Newly born baby during the policy period 2022-2023
- Promotion of the Serving Employees who got promoted and joined in the promoted cadre during the policy period 2022-2023
- Decrease in S.I. to the immediately lower slab may be allowed from 01-04-2023 in case of deletion/exit of member, due to death or being ineligible. However, opted S.I. in such cases should not be lower than the eligible S.I. of the employee

Coverage Limits

Hospitalisation Benefits	Limits
Room, Boarding and Nursing Expenses Per day (including nursing care, RMO charges, IV fluids / blood transfusion / injection administration charges)	1% of S.I. up to Rs 10 Lakhs + 0.5% for beyond Rs 10 Lakhs (Hospitals located at Mumbai, Navi Mumbai, Kolkata, New Delhi, Chennai, Ahmedabad, Bengaluru, Hyderabad, Pune, Faridabad, Ghaziabad, Noida and Gurgaon) Subject to <u>Maximum of Rs 15,000/-</u> 0.75% of S.I. up to Rs 10 Lakhs + 0.5% for beyond Rs 10 Lakhs (Hospitals located in other cities) Subject to <u>Maximum of Rs 12,500/-</u>
ICU – per day	Double of room rent entitlement

All related charges shall be as per entitled category vis-à-vis room rent except Pharmacy/Medicines and Implants (Proportionate Clause)

Maternity Benefit

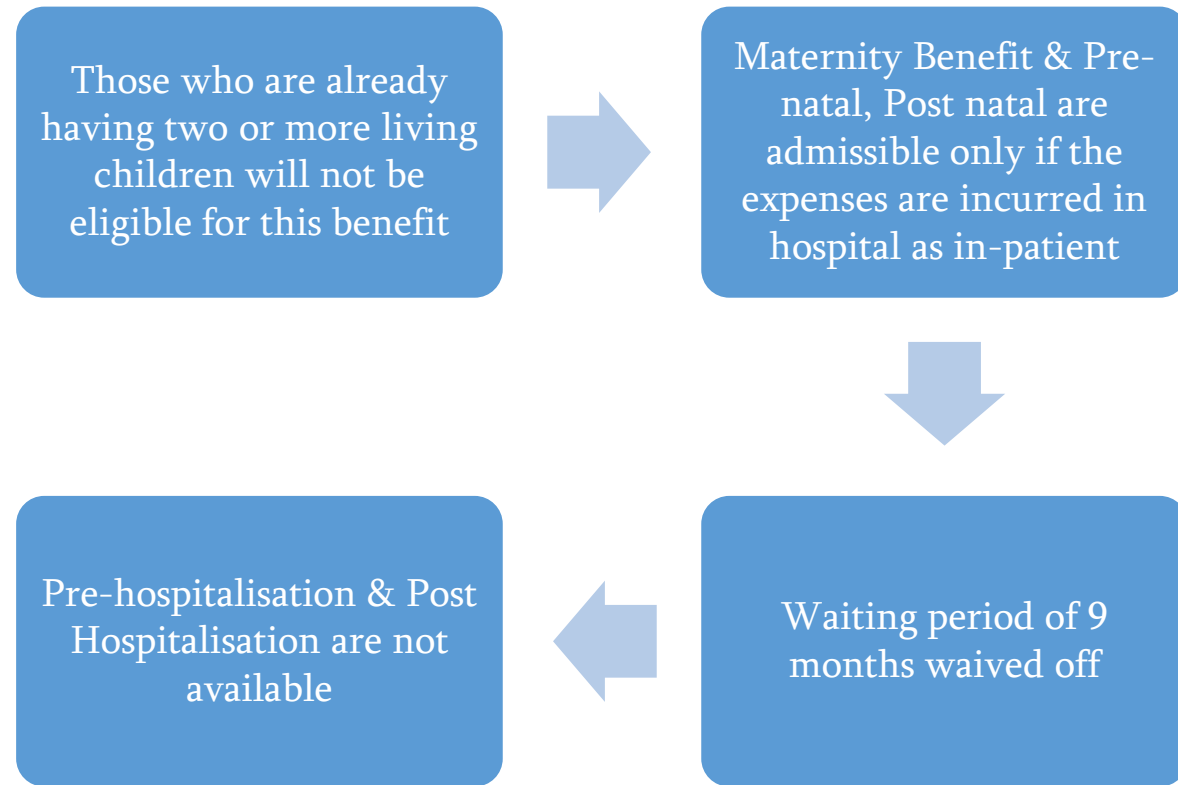
Maternity Expenses shall be for hospitalisation of a female employee / spouse of a male employee

Normal Delivery - Rs 50,000/- in "A" Class cities & Rs 40,000/- in other cities

Caesarean Delivery – Rs 1,00,000/- in A Class cities & Rs 65,000/- in other cities

Maternity Benefit shall also be extended to an independent child or a family member of the dependent / independent child

Maternity Special Conditions



Newborn Baby Cover

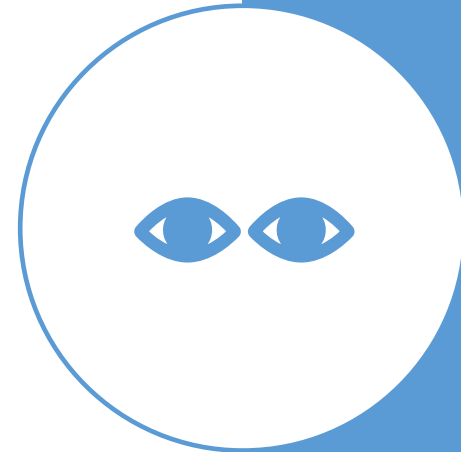
A Newborn Baby born is covered for any Illness or Injury

Eligible newborn baby of the employee stands covered from day 1 as a separate unit

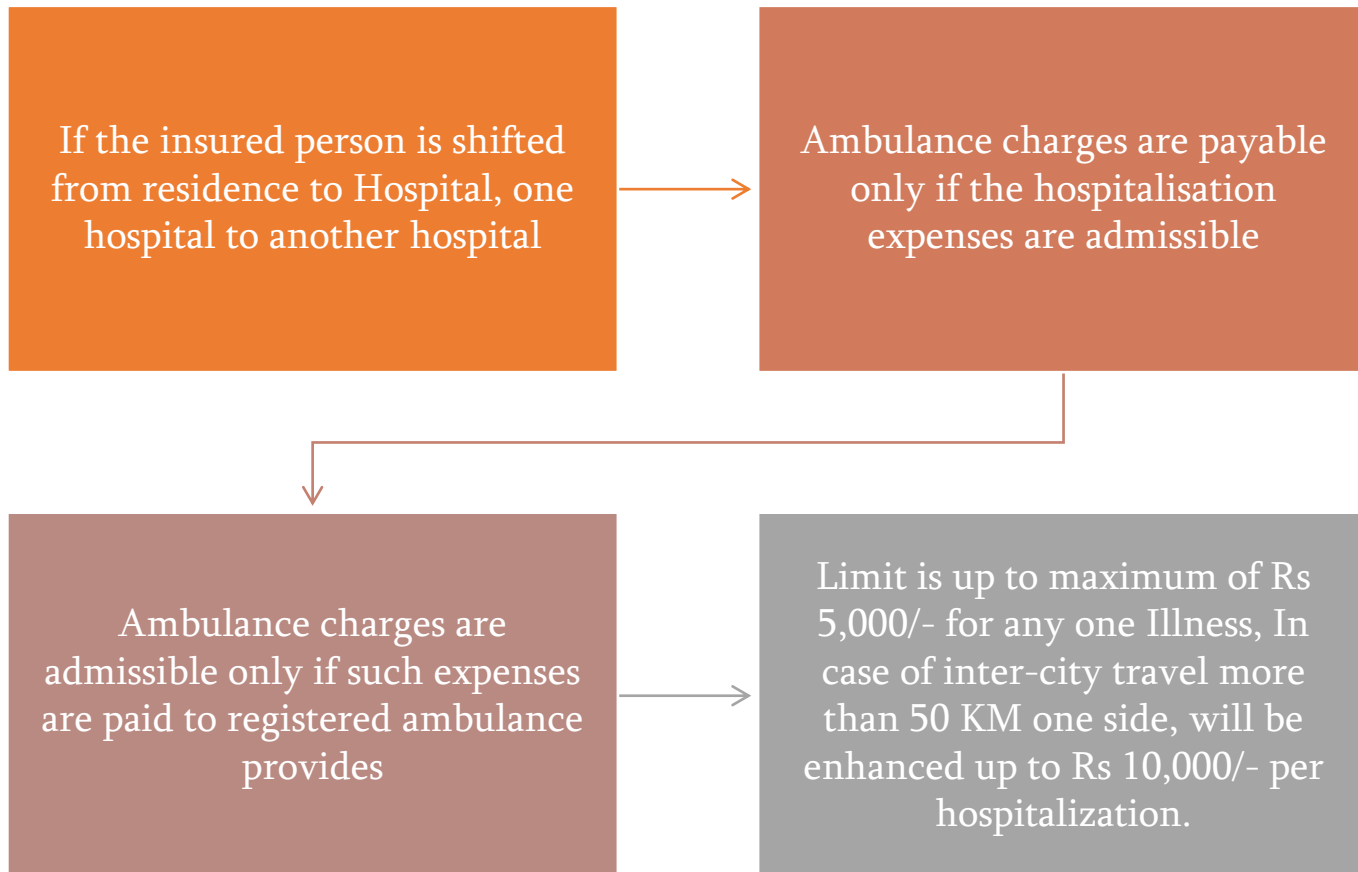
Monthly premium for newborn baby shall be collected from the month in which the baby completes 90 days of age.

Cataract

Actual or maximum of
INR 1,00,000/-
(inclusive of all charges,
excluding GST) for each Eye,
whichever is less



Road Ambulance Charges



Health Check-up Facility

This benefit is available to the insured / family members after 4 Claim free years, till the expiry of 5th year of policy or any claim paid/reported under the policy, whichever shall first occur in the 5th year

If the benefit is not claimed in 5th year of policy, then in future at the time of insured claiming this benefit, last 4 claim free years preceding to the year in which benefit is claimed shall be taken in to consideration

The total amount payable is maximum up to 5,000/- either availed by one /more insured family members

Salient Features

Pre-existing
disease or ailment -
Covered

Time bound
exclusions /
waiting period
ailments - Covered

Pre-hospitalisation
Limit: 30 days

Post hospitalisation
Limit: 60 days

Medical Expenses for Organ Transplant

Donor Hospitalisation expenses are covered (excluding Cost of Organ, Pre& Post hospitalisation expenses)

Expenses incurred on Donor and recipient shall not exceed the available Sum insured

**Domiciliary
Hospitalisation
Benefit:**

Treatment for a period exceeding three days for an illness/disease which in the normal course require treatment at hospital but is taken while confined at home

The condition of the patient is such that he/she is not in a condition to be removed to a hospital, and/or

The patient takes treatment at home on account of non-availability of room in a hospital

Domiciliary Hospitalisation

Surgeon, Medical Practitioner, Consultant's, Specialist's Fees, Blood, Oxygen, Surgical appliances, Medicines & drugs, Diagnostic material and Nursing Expenses

20% of S.I. subject to maximum of Rs 1,00,000/-

Oral Chemotherapy
Peritoneal Dialysis

50% of S.I. subject to maximum of Rs 5,00,000/-
(The above limits shall be on floater basis during the policy period)

Treatment of Dog bite
(or bite of any other rabid animal like monkey, cat, etc.,)

Reimbursement of reasonable expenses / medical costs actually incurred for immunization based on the merits of each case.
If treatment does not require hospitalization, then such expenses can be considered under domiciliary hospitalization section


Eyesight power Correction

Covered if the refractive error is ± 5 diopters

In case, Keratotomy is performed for therapeutic reasons like recurrent corneal erosions, nebular opacities and non-healing ulcers

Mental Illness Cover

Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders are covered



Any Psychological counselling, Cognitive, family, group, behaviour, palliative therapy, psychotherapy not covered

Sub-Limits for 12 Modern Treatment – 50% of S.I. subject to maximum of Rs 10,00,000/-

Uterine Artery
Embolization and
HIFU (High intensity
focused Ultrasound)

Balloon Sinuplasty

Deep Brain
Stimulation

Oral Chemotherapy

Immunotherapy (Inj.
Monoclonal
antibody)

Intra Vitreal
Injection

Robotic Surgeries

Sub-Limits for 12 Modern Treatment – 50% of S.I. subject to maximum of Rs 10,00,000/-

Stereotactic radio Surgeries

Bronchial Thermoplasty

Vaporisation of the Prostrate (Green / Holmium Laser Treatment)

IONM (Intra Operative Neuro Monitoring)

Stem Cell Therapy: Bone marrow transplant for Hematological conditions

DEFINITIONS

Day Care Treatment

Undertaken treatment under General or Local Anaesthesia in Hospital/Day Care Centre for less than 24 hours due to technological advancement.

Preferred Provider Network

Network hospital providers in specific cities which have agreed to Packaged pricing for Specified Planned Procedures

Any One Illness

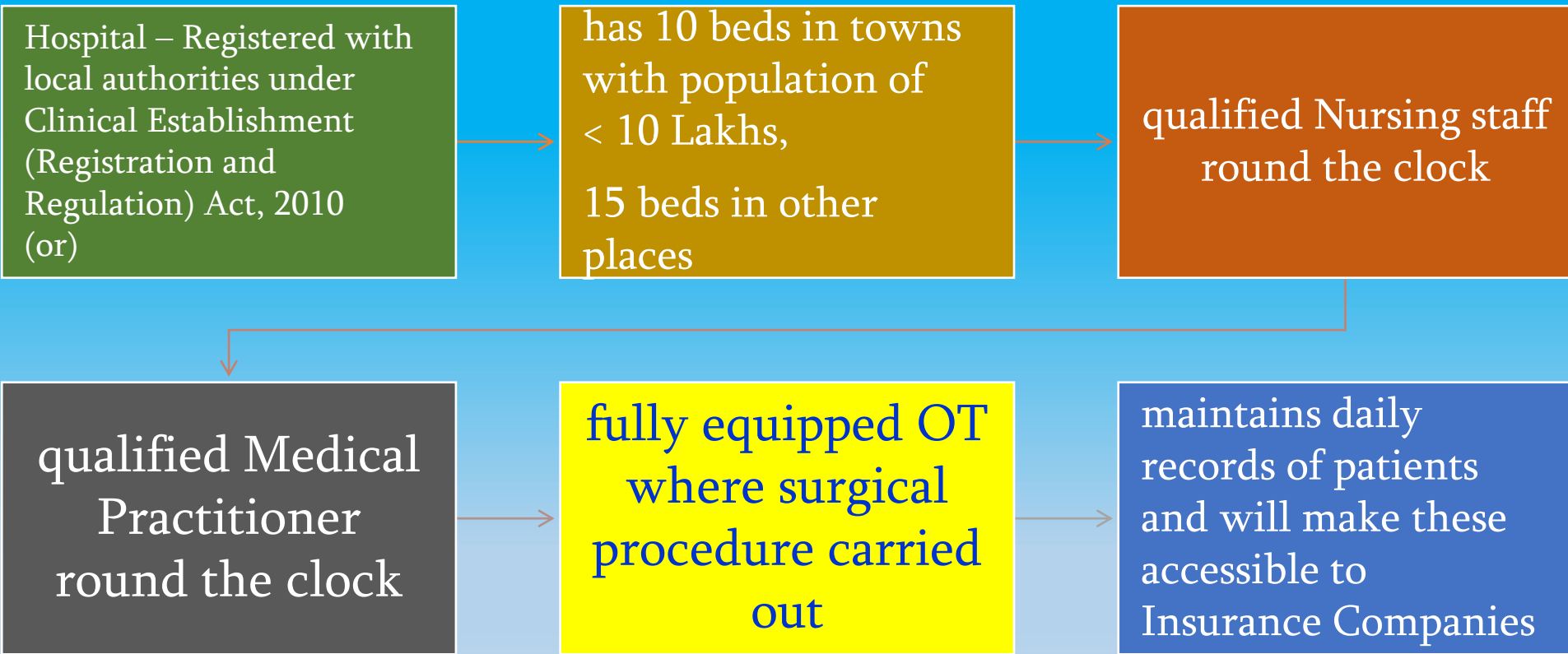
Continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital where treatment was taken

Reasonable and Customary Expenses

Charges for Services or supplies, which are standard charges for the specific provider and consistent with the prevailing charges in the geographical area

For identical or similar services, taking in to account the nature of the Illness/Injury involved

HOSPITAL DEFINITION



If the Claim event falls within two Policy periods

The claim shall be paid taking into consideration the available S.I. of expiring policy only.

Renewed Policy S.I. will not be available for the Hospitalisation (including Pre& Post hospitalisation expenses)

Claim shall be settled on per event basis.

Claim Under Two Policy Periods



MULTIPLE POLICIES

If Two or more policies are taken from Us or Others

Policy holder has the right to prefer claim from other policy for the amounts disallowed, even if S.I. is not exhausted

Amount claimed exceeds S.I. under a single policy, you shall have the right to choose Insurer from whom you want to claim balance amount

The insured person must disclose such other Insurance at the time of making a Claim

STANDARD EXCLUSIONS

Investigation &
Evaluation:

Rest Cure,
Rehabilitation
and Respite Care:

Obesity/Weight Control

If the Surgical treatment fulfil all the below conditions, it is not excluded.

- i. Surgery to be conducted is upon the advice of the doctor
- ii. The surgery/Procedure conducted should be supported by Clinical protocols
- iii. The member has to be 18 years of age or older
- iv. BMI is ≥ 40 or
 ≥ 35 with following severe Co-morbidities
 - a) Obesity-related Cardiomyopathy
 - b) Coronary Heart Disease
 - c) Severe Sleep Apnea
 - d) Uncontrolled Type2 Diabetes

Standard Exclusions

Change of
Gender
Treatments

Expenses of
Cosmetic /
Plastic Surgery

Hazardous or
Adventure
Sports

Breach of law with
Criminal intent

Correction of
Eyesight due to
refractive error less
than 5 dioptries

Unproven
Treatment

Sterility and
Infertility

Standard Exclusions

Refractive Error :
Correction of Eyesight
due to refractive error
less than 5 dioptries

Unproven Treatment

Sterility and Infertility
(Contraception, sterilization,
Assisted Reproduction
Services, Gestational
Surrogacy, Reversal of
Sterilization)

War and allied perils

Nuclear Risks

Treatment taken
outside India

Specific Exclusions

Foreign invasion, act of foreign enemies, war like operations, Civil war, Rebellion, revolution etc.,

Nuclear damage caused by ionizing radiation

Stem Cell Implantation / Surgery (Except as provided in Modern treatment section)

External Congenital Anomaly or defects

Circumcision unless due to illness/accident

Out-patient Expenses

Not a reasonable Charges, Not a medically necessary treatment

Treatment with alternative medicines/experimental

Cost of donor screening involves organs not harvested from human body

Vaccination or inoculation

Dental treatment unless necessitated due to an Accident

Routine Eye-examinations, Cost of spectacles, multifocal lens, Contact lens.

Specific Exclusions

Cost of Hearing aids / Cochlear implants unless necessitated by an Accident

Alopecia, baldness, hair fall treatment

Health check-up / for the purpose of issuance of medical certificates

Prostheses, corrective devices

Treatment taken outside India

CPAP, Oxygen Concentrator, external devices used during or after treatment

Non-Medical Expenses as per IRDAI

Thank you

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