

**GROUP MEDICLAIM INSURNACE POLICY FOR THE REGULAR  
EMPLOYEES OF INDIAN STATISTICAL INSTITUE AND  
THEIR DEPENDANT FAMILY MEMBERS**

**1. NAME OF THE SCHEME:** The name of the proposed scheme is Group Medclaim Insurance Policy for the regular employees of the ISI.

**2. BNEFICIARIES:** All workers of the Indian Statistical Institute who are covered under the exiting CS(MA) [Central Services (Medical Attendance) Rules].

**3. INSURANCE COVERAGE :**

**(A) In-patient benefits** – The insurance Scheme shall pay all expenses incurred in course of medical treatment availed of by the beneficiaries in an Empanelled Hospitals/Nursing Homes (with 24 hours admission clause) within the country, arising out of either illness/disease/injury and/or sickness.

**(B) Coverage of Pre-existing diseases** – All diseases under the Scheme shall be covered from day one. A person suffering from any disease/having implants & internal congenital disease prior to the inception of the policy shall also be covered.

**(C) Post hospitalization benefit** – All expenses for the Post Hospitalization period of upto 60 days would be covered required relating to the treatment of the sickness for which hospitalization was done.

**(D) Day Care Procedures** – Given the advances made in the treatment techniques, many medical treatments, formerly requiring hospitalization, can now be treated on a day care basis. The scheme would also provide for day care facilities (less than 24 hours hospitalization) for such identified procedures. However, OPD services shall not be part of Day Care facilities. Day care facilities would be available for the following medical treatment:

1. Eye Surgery
2. Lithotripsy (kidney stone removal)
3. Tonsillectomy
4. D&C
5. Dental surgery following an accident
6. Surgery of Hydrocele
7. Surgery of Prostrate
8. Few Gastrointestinal Surgery
9. Genital Surgery
10. Surgery of Nose/Throat/Ear
11. Surgery of Urinary System

- 12 Dialysis
13. Chemotherapy
14. Radiotherapy
15. Treatment related to dog bite/snake bite etc.
16. Treatment of fractures/dislocation, Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization.
17. Laparoscopic therapeutic surgeries that can be done in day care
18. Identified surgeries under General Anesthesia or any procedure mutually agreed upon between insurer and health care provider.

NOTE : Insurers will provide the exhaustive list of Day Care Procedures.

**(E) MATERNITY AND NEWBORN BENEFITS :**

**A. Maternity Benefit**

- (a) This means treatment taken in Empanelled Hospital/Nursing Home arising from childbirth including Normal Delivery/Caesarean Section including miscarriage or abortion induced by accident or other medical emergency.
- (b) This benefit would be limited to only first two living children in respect of Dependent Spouse/Female Employee covered from day one under the policy, without any waiting period.
- (c) Limitation : Limited to Rs.25,000/- for Normal Delivery ; Limited to Rs.50,000/- for Caesarean Delivery.

**B. Newborn Benefit**

- (a) Newborn child (**single/twins**) to an insured mother would be covered under the scheme from day one up to the expiry of the current policy for the expenses running incurred for treatment taken in empanelled Hospitals/Nursing Homes/Day Care Clinics as an in-patient during the same policy and will be treated as a part of the mother subject to eligibility of the Maternity Benefit as stated above.
- (b) If, in first pregnancy, twins are born then the benefit stand ceases for second pregnancy. However, in second pregnancy twins are born then both will be covered till the expiry of the running policy.
- (c) Congenital diseases of new born child shall also be covered under this scheme.

**4. CONCESSIONS FOR FAMILY :**

**A. Definition – ‘Family’ means employee’s -**

- (a) Husband/Wife including more than one wife and also judicially separated wife.
- (b) Parents and Stepmother – In case of adoption, only the adoptive and not the real parents, If the adoptive father has more than one wife, the first wife only a female employee has a choice to include either her parents or her parents-in-law ; option exercised can be changed only once during service.
- (c) Children including legally adopted children, stepchildren and children taken as wards subject to the following conditions :
  - Unmarried Son : Till he starts earning, or attains the age of 25 years, which ever is earlier.
  - Daughter : Till she starts earning or gets married, whichever is earlier, irrespective of age limit.
  - Son suffering from permanent disability of any kind (physical or mental) : No age limit.
- (d) Widowed daughters and dependent divorced/separated daughters irrespective of age limit.
- (e) Sisters including unmarried/divorced/abandoned or separated from husband/widowed sisters – irrespective of age limit.
- (f) Minor brothers.

## **B. Dependency**

The income limit for dependency of the family members (other than spouse) is Rs.3500/- p.m. plus the Dearness Relief admissible on Rs.3500/- on the date of consideration of the claim.

NOTE : The definition of dependent shall be governed as per guidelines issued by the Central Government from time to time.

## **C. Addition & Deletion of Family Members during the Running Policy**

- (a) **Addition to the family** is allowed in following contingencies during the policy :
  - (1) Marriage of the beneficiary (requiring inclusion of spouse's name), or
  - (2) Parents becoming dependants
- (b) **Deletion from Family** is applicable in following contingencies :
  - (1) Death of covered beneficiary
  - (2) Divorce of the spouse
  - (3) Member becoming ineligible (on condition of dependency)

#### **D. New Employees**

As regards to the new incumbents, the coverage in the group insurance scheme is compulsory.

**5. IDENTIFICATION OF FAMILY :** Beneficiaries shall be identified by a "Photo Smart Card" issued by the insurer. This card would be used across the country to access Health Insurance Benefits. The photograph embedded in the Card will be taken as the proof for determining the eligibility of the beneficiaries.

#### **6. SUM INSURED AND BUFFER/CORPORATE SUM INSURED :**

(a) Sum Insured : The Scheme shall provide coverage for meeting all expenses relating to hospitalization of beneficiary members up to Rs.4,00,000/- per family per year in any of the Empanelled Hospital/Nursing Home/Day Care Unit subject to stated limits on cashless basis through smart cards. The benefit shall be available to each and every member of the family on floater basis i.e. the total reimbursement of Rs.4,00,000/- can be availed either by one individual or collectively by all members of the family.

(b) Buffer/Corporate Sum Insured : An additional Sum Insured of Rs.20 lakhs shall be provided by the Insurer as Buffer/Corporate Floater in case hospitalization expenses of a family (per illness or annual) exceed the original sum insured of Rs.4,00,000/-. Insurer is required to inform the ISI Authority with the details on case to case basis and the ISI Authority will decide upon control over the distribution and disbursement of the buffer corporate sum insured.

(c) Limitations :

- (i) Room Rent Limit : 1% of Sum Insured per day, however if admitted in IC Unit limit is 2% of sum insured per day. Over all limit under this head : 25% of Sum Insured per illness.
- (ii) Surgeon, Anesthetist, Medical Practitioner, Consultants Special fees, Maximum Limit per illness – 25% of Sum Insured.
- (iii) Anesthesia, Blood, Oxygen, OT charge, Surgical appliances, Medicines, Drugs, Diagnostic Material & X-Ray, Dialysis, Chemotherapy, Radiopathy, Cost of Pacemaker, Artificial Limbs and cost of stent and implant. Maximum limit per illness – 50% of Sum Insured.
- (iv) Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the submit under (iii) applicable to the insured person.
- (v) Reimbursement of Ambulance charges : Maximum Rs.1000/- in a policy year will be reimbursed provided registered ambulance is used. This benefit is available only for shifting patient from residence to hospital if admitted to ICU or Emergency Ward or from one hospital to another subject to the sub limits under (iii) above.

\*\* In the rarest of rare cases, the limitation in respect of (i) & (ii) above may be relaxed as per advice of the ISI Authority.

**7. PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICES IN NETWORK HOSPITAL/ NURSING HOME :** Claims in respect of Cashless Access Services will be through the list of the network of Hospitals/Nursing Homes and its subject to pre admission authorization. The TPA shall, upon getting the related medical information from the insured persons/network provider, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorization letter/guarantee of payment letter to the Hospital/Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to be admitted as a patient.

Cashless Services to be processed within 4 hours on receipt of (fax) documents.

Pre authorization for Cashless Access Services in Network Hospital/Nursing Home is within the authority of TPA and will be given after verification of required documents pertaining treatment of the insured to the satisfaction of TPA.

NOTE : Panel of 25 Hospital/Nursing Home to be selected by ISI Authority where admission preferred without any deposit (Cashless in absolute term).

**8. CLAIM DOCUMENTS :** Final claim along with hospital receipted original Bills/Cash memos/reports, claim form and list of documents as listed below should be submitted to the Company/TPA within 30 days from date of discharge from the Hospital and where Post-hospitalization treatment is not completed, it shall be within 30 days from the date of completion of Post-hospitalization treatment.

- (a) Original bills, receipts and discharge certificate/card from the hospital.
- (b) Medical history of the patient recorded by the Hospital.
- (c) Original Cash memo from the hospital(s)/chemist(s) supported by proper prescription.
- (d) Original receipts, pathological and other test reports from a pathologist/radiologist including film etc. supported by the note from attending medical practitioner/surgeon demanding such tests.
- (e) Attending Consultants/Anaesthetists/Specialist Certificates regarding diagnosis and bill/receipts etc.
- (f) Surgeon's Original Certificate stating diagnosis and nature of operation performed along with bills/receipts etc.
- (g) Any other information required by TPA/Insurance Company.
- (h) Reimbursement claims to be settled within 25 days of submission of complete documents.
- (i) Status of claims will be updated within 7 days.
- (j) After receiving the request of Insured person settlement advice/certificate to be issued by TPA after 10 days of settlement of subject claim.

**NOTE :** Waiver of this condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances which the Insured was placed it was not possible from him or any other persons to give such notice or file claim within the prescribed time limit.

**Special Services to be provided by TPA to ISI**

- (1) TPA will set up Help Desk at ISI, Kolkata.
- (2) Claim cheque to be issued in favour of employee.
- (3) List of non payable items to be provided by TPA.
- (4) TPA will provide 24 x 7 exclusive Helpline No. for ISI.
- (5) Nabjivan Hospital/Nursing Home at Giridih to be included in the network of TPA.
- (6) Photographs to be collected at the Help Desk.
- (7) Any name which is not in the list to be referred to ISI Authority.