

Conditions for Group Mediclaim Insurance Scheme – 2023-24**Group Mediclaim Cover**

- Base cover of Rs.3,00,000/- Floater amongst Employee/ Pensioners / Family Pensioners and their dependents.
- In addition to mandatory base cover as above, Employee/Pensioner/Family Pensioner can opt for additional cover of 2 lakhs / 4 lakhs by paying additional premium.

Total (overall) sum insured per family will be base cover 3 lakhs + any additional coverage opted by Employee/Pensioner/Family Pensioner

Buffer Comprehensive Medical Cover

Rs.75,00,000/- Floater amongst Employee / Pensioners / Family Pensioners and their dependents with a ceiling of

- Rs.5 lakh/ family for conditions listed in Annexure-I (A)
 - Rs.20 lakh/ family for conditions listed in Annexure-I (B)
- On first cum first served basis for Employee/ Pensioners / Family Pensioners and their dependents.

Claim procedure for buffer (comprehensive medical cover) utilization:

- The treatment which comes under critical illness which are covered for buffer utilization (as listed below) will be recommended by CMO and communicated through the Deputy Registrar (Admn.) / Assistant Registrar (Admn.III) for processing.

Illness covered for buffer utilization- A

- Major Surgeries include cardiac surgeries, Neuro 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, limbs, Thorax and abdomen where surgeries are indicated for near normal function of life.
- Renal failure.
- Stroke.
- Multiple Sclerosis.
- Major transplants other than those listed in buffer utilization – B
- Major accident claims involving RTA / burns / Lab Accidents where expenditure may incur more than the Sum Insured.
- Complication arising out of surgery performed during the policy period.
- CVA and complications.
- Complications from recent Covid Infection warranting longer periods of hospitalization.
- Any Life threatening medical conditions necessitating lifesaving critical care interventions (Not more than 5 claims during the policy period – subject to the approval of Medical Board/CMO of IITM).

Illness covered for buffer utilization- B

- All Cancers excludes the following:
 - (a) Carcinoma in situ including of the cervix
 - (b) Ductal Carcinoma in situ of the breast
 - (c) Papillary Carcinoma of the bladder and Stage 1 Prostate Cancer
 - (d) All skin cancers except malignant melanoma
 - (e) Stage I Hodgkin's disease
 - (f) Tumors manifesting as complications of Acquired Immune Deficiency Syndrome.

(g) Stage one malignancy

- Fulminant Viral Hepatitis
- Major Organ Transplant, such as for:
 - (a) Kidney
 - (b) Lung(s)
 - (c) Liver
 - (d) Heart
 - (e) Bone marrow
- AIDS
- Terminal Illness

SUBLIMITS

Maternity:

I. Normal Delivery claims:

- Rs.50,000/- (For those with basic coverage i.e., sum insured = base coverage)
- Rs.75,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage)

II. Caesarean Delivery claims:

- Rs.75,000/- (For those with basic coverage i.e., sum insured = base coverage)
- Rs.1,25,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage)

Cataract claims:

- Rs.35,000/- (For those with basic coverage i.e., sum insured = base coverage)
- Rs.45,000/- (For those with 2 lakhs / 4 lakhs optional add on coverage)

Knee Replacement claims:

- Rs.3 Lakhs per knee (For those with basic coverage i.e., sum insured = base coverage)
- Rs.3.5 Lakhs per knee (For those with 2 lakhs / 4 lakhs optional add on coverage)
- In case of bilateral knee/hip surgery done during the same hospitalization, reimbursement to be made up to twice if both knees done in single hospitalization.

Siddha / Ayurveda / Homeopathic / Unani Claims:

- Siddha/Ayurveda/Homeopathic/Unani hospitalization expenses are admissible up to Rs.25,000/- only when the treatment is taken as in patient in a Government approved Hospital / Medical College.

Room Rent:

- Room, Boarding and Nursing expenses as provided by the Hospital / Nursing Home not exceeding 1.5% of overall sum insured or the actual expenses whichever is less.

ICU/IMCU:

- Intensive Care unit expenses not exceeding 3.0% of overall sum insured 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 + eligible 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.
- All congenital (internal and external) and Psychiatric disorder treatments are payable.
- Dental treatment or surgery due to accidents are payable.
- 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-Preferred Provider Network (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 Medclaim 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 Medclaim 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 subject to submission of day care discharge summary.

- Haemo Dialysis,
- Parenteral Chemotherapy,
- Parenteral Immunotherapy,
- Radiotherapy,
- Lithotripsy (Kidney Stone removal),
- Surgery of Eye,
- Intra ocular Eye injection and its procedure
- 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 / treatment following an accident is covered without hospitalization also (as Out- patient)
- 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 anesthesia
- EECp
- Excision Biopsy of Lymph Node
- Excision of benign tumors/cyst
- 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 Employee/ Pensioners / Family Pensioners and their dependents 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 submitted in the prescribed claim form along with all supporting documents, such as Discharge Summary, Final bill, paid receipts, prescription and Pharmacy bills, Lab / investigation reports in original, Insured bank details & cancelled cheque (or) copy of First page of Bank Passbook within 20 days from the date of discharge to the Insurance Cell of IIT Madras for onward transmission to the TPA within 30 days from the date of discharge.
