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Hospitalization Insurance Policy

RBS provides its employees and their dependent family members with an insurance coverage to cover the expenses incurred by them for any disease or injury which requires Hospitalization.

Eligibility

This benefit is applicable to all RBS employees in India. Employees are covered from the date of joining.

Specific to Hospitalization Insurance – Additional Plan, Voluntary Parental Cover & VPC Top-up: Applicable to all RBS employees in India excluding fixed term employees.

Core coverage

Sum Insured	INR 800,000 family floater
Additional Plan	<ul style="list-style-type: none">Gold Plan – Sum Insured INR 1,000,000 (800,000 + 200,000)Platinum Plan – Sum Insured INR 1,300,000 (800,000 + 500,000)
Members Covered	<ul style="list-style-type: none">Employee + Spouse + 2 Dependent Children (first 2 living unmarried children up to 25 years)No age limit restriction for differently abled childrenIn case the second delivery is twins / triplets then the children will be covered irrespective of first child being already covered in the policyOnly employees who were provided parental cover under the previous Grandfathered policy by the company will continue to be covered under the INR 800,000 floater policy. Maximum Age Limit 85 years
Insurance Provider	The New India Assurance Company Ltd.
Third Party Administrator	UnitedHealthcare Parekh Insurance TPA Private Ltd.

Core cover: Coverage structure

- Pre-existing diseases covered
- Waiver of Time exclusion for diseases (1 year & 30 days)

- Room rent conditions :

COVERAGE	NORMAL ROOM	ICU
Core Cover	INR 8000	INR 16,000
Employee opting for higher room rent category will have to bear the proportionate deductions on other related hospitalization charges except for implants and medicines which will be at actuals.		

- Maternity coverage :

Limit (per maternity)	Core Cover – INR 75,000
Coverage	Normal & C-section. In case C-Section is not justified, 10% co-pay on the admissible amount will be applicable.
Payout	Can be cashless or reimbursement
Baby expenses	Capped at INR 5,000/- within the Maternity limit & covered prior to the discharge from hospital
Pre-post natal expenses	Covered for all the 9 months from the date of conception and 60 days from date of discharge, capped at INR 10,000/- within maternity limit; subject to policy terms and conditions
Note: <ul style="list-style-type: none"> All maternity claims should be pre-authorized to avail benefit of cashless procedure In case of C-section justification with supporting documents is mandatory. Failing to do so will result in a 10% co pay on the total admissible amount 	

- New Born Baby cover from Day 1 within family floater
- Pre & Post hospitalization period for claim is 30 & 60 days respectively. Same has to be submitted within 7 days after 60 days or before, if the treatment is completed prior to 60 days
- For all reimbursement claims for main bills of hospitalization, documents have to be submitted within 30 days from the date of discharge
- Ambulance charges of maximum INR 5,000/- per hospitalization
- Day Care ailments that require hospitalization for less than 24 hours will also be reimbursed. (Refer to the day care surgery list on the HR portal)
- Dental treatment for any surgery of a corrective, cosmetic or aesthetic nature that requires hospitalization carried out under local and general anesthesia and is necessitated by Illness or Accidental Bodily Injury. Dental treatment excluding bonding, braces ,bridges and implants ,crown and caps ,extractions, fillings and repair, root canals, sealants, veneers, teeth

whitening or any dental procedure/treatment of cosmetic nature and/or which is not medically necessary shall be out of scope of this policy.

- Terrorism and epidemic break out and Act of God perils.
- Hearing Aids will be covered only on prescription of Registered Medical practitioner. The cap is Rs 40,000 per ear. The employee can buy the implant and then claim basis the original invoice & doctors prescription.
- Husband and wife if both are employees of RBS – Separate family floater sum insured available for husband and wife. (Eg. Sum Insured of INR 8 lacs for husband and INR 8 lacs for wife. INR 16 lacs will be available as family floater). They can cover each other as spouse. Children can be covered by both. Such employees can cover their respective parents/parents in law in the policy.
- Ayurvedic Treatment as in-patient by a registered Ayurvedic medical practitioner in government recognized Ayurvedic hospital and which is duly registered
- Life saving device like Pacemaker & all internal Prosthesis Devices are covered
- Internal and External Congenital covered. External Congenital Diseases to be covered except for the treatments which are cosmetic in nature.
- Claim arising out of usages of medicines due to advancement in Clinical Pharmacology and procedures due to advancement of technology, if availed treatment / procedure in hospital / Hospital OPD / Daycare / less than 24 hours hospitalization and not in clinic are reimbursable up to the extent of necessity in view of known-unknown contra indications, known-unknown adverse reactions and necessary observations, post to it. Other than the procedures, usage of medicine in OPD or Daycare will be strictly on reimbursement basis
- All cancer related treatments to be covered including Chemotherapy, Oral Chemotherapy, and cancer related injections and growth regenerators being used along with Chemotherapy, for example injections like Leucentis, Avastin etc.
- Domiciliary treatment is covered
- Cyber knife treatment
- Cost of treatment of Organ donor Treatment cost and all pre and post investigations but excluding the cost of the organ within Sum Insured
- Eye treatments for correction of sight (+ – 5 & above) capped at INR 50,000 for both eyes. Applicable only to employees.
- Use of Immuno modulators like Injection Rituximab, Injection Zolendronic Acid etc. should be considered on a day care basis
- Robotic surgery to be covered at 50% of admissible amount - cosmetic surgeries not covered
- Stem cell treatment to be covered at 50% of admissible amount however stem cell banking will not be covered
- Physiotherapy at home on advice from doctor only in situations where the member is immobile and cannot be taken to the hospital for treatment is covered
- Treatment relating to Psychiatric and Psychomatic disorders (mental illness/depression) up to INR 30,000 per family on IPD basis only
- Infertility and sterility for INR 50,000 over and above the maternity limit on IPD and OPD

applicable to only primary infertility (first maternity) stands covered

- Only for injuries out of accidents - OPD treatment for normal fractures etc. for which 24 hours hospitalisation is not required is covered
- Only conventional method of treatment is covered under insurance plan

Hospitalisation expenses covered includes surgeons' fees, anaesthetists, medical practitioners, medical consultants and medical specialists and nurses relating directly to the period of hospitalisation. However the same should form a part of hospital bill.

Additional Plan: Coverage structure

In addition to the core insurance cover, employees can also avail Gold plan or Platinum plan. These plans provide additional coverages and enhanced limits. Employees can avail either Gold or Platinum plan by paying nominal premium to avail the benefit of enhanced coverages.

COVERAGE	SUM INSURED(Core+Top up)	NORMAL ROOM	ICU
Gold Plan	INR 1,000,000/- (800,000+ 200,000)	1% of sum insured	At actuals
Platinum Plan	INR 1,300,000/- (800,000 + 500,000)	1% of sum insured	At actuals
Employee opting for higher room rent category will have to bear the proportionate deductions on other related hospitalization charges.			

- Maternity coverage :

Limit (per maternity) Only For C-Section	Gold Plan - INR 90,000/- Platinum Plan – INR 100,000
Other coverages	All other coverages and limits will be same as the Maternity benefit under core cover.

- Cochlear Implant to include cost of medical device and surgery.
 - Gold Plan – INR 600,000
 - Platinum Plan – INR 800,000
- OPD Benefit: OPD reimbursement will be made only against Registered Medical Practitioner (RMP) prescription. All OPD benefits including medicines will be against RMP prescription except for Health check-ups which will be paid on the basis of submitted bills, payment receipt and reports in original (except for x-rays). This excludes dental implant & orthodontic treatment.
 - Gold Plan – INR 25,000
 - Platinum Plan – INR 35,000
- Prosthetics & Artificial Limbs covered upto full sum insured under both Gold and Platinum Plan. However replacement of Prosthetics & artificial limbs will not be covered
- Child Health & Disability - All treatments, consultation, therapies including rehabilitation will be covered on OPD basis (INR 50,000) and IPD basis (up to family floater sum insured) under both Gold and Platinum Plan. Medicine cost will not be covered.
- Bariatric surgery will be covered in cases where BMI is above 35 under morbid conditions under both Gold and Platinum Plan.

- Death Claim will be covered maximum up to available sum insured provided claim is admissible and subject to eligible room rent under both Gold and Platinum Plan.
- Dependent cover of deceased employee will be continued till the end of policy period under both Gold and Platinum Plan.
- HIV/AIDs treatment, if contracted accidentally due to blood transfusion, will be covered under the under Platinum Plan only on IPD basis.
- Keratoconus Treatment will be covered under the Platinum Plan only.
- Additional plan must be chosen within the window period allowed for declaration & the appropriate premium must be paid. The top up sum insured is on a family floater basis only. No change mid term or after the expiry of the window period shall be allowed.
- The additional plan is considered as a “Pay and Avail” Benefit i.e. the employee pays to avail this benefit. Tax exemption can be availed on the Top-up under the Section 80D of the Income Tax Act.

General exclusions

Expenses NOT eligible for reimbursement under the Insurance Policy, for detailed list of exclusions you may contact TPA.

Reimbursement of hospitalization expenses related to the below mentioned conditions will NOT be eligible for reimbursement.

- Cosmetic or plastic surgery or any treatment for the purpose of beautification.
- Circumcision (unless necessary for treatment of a disease not excluded by the terms of the policy or as may be necessitated due to treatment of an accident).
- Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception.
- The cost of spectacles, contact lenses.
- Convalescence, general debility, run-down condition or rest cure.
- Treatment for Venereal disease.
- HIV/AIDS disease is excluded from the core cover.
- Intentional self-injury (whether arising from an attempt to suicide or otherwise).
- Use of intoxicating drugs and/or alcohol.
- Naturopathy treatment.
- If there is no active line of treatment during the period of hospitalisation.
- Hospitalisation charges purely for diagnostic purposes (unless related to a particular illness for which the employee underwent hospitalisation) i.e. treatment on trial and experimental basis are not covered under the scope of the policy.

- All expenses arising out of any condition directly or indirectly caused to or associated with Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human T-Cell Lymphotropic Virus Type III (HTLV-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind.
- Diseases, illness, accident or injuries directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionizing radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
- Stem Cell Banks
- Registration charges, administration charges, surcharges and service charges are not covered
- Vaccination charges not covered
- Non-Medical expenses not eligible under the Insurance Policy and need to be borne by the employee. For detailed list of exclusions you may contact TPA.

Enrolment procedure

- Existing employees are covered under the policy from 1st April 2020
- In case of new joiners, self and dependent information should be updated within 45 days from date of joining
- In case of marriage or new born baby, all new dependent information should be updated within 45 days of the event
- The coverage in case of mid-term additions, deletions of employees and dependents (by marriage and child birth) will be effective from the date the employee has updated their records

To update your dependent records please contact the HRPS team.

From 1st April, 2020 onwards employees need to submit all reimbursement claims to TPA (UHC)

Contact details

Third Party Administrator	UnitedHealthcare Parekh Insurance TPA Private Limited
Address	For All Locations: 3B Gundecha Onclave, Kherani Road, Saki Naka, Andheri (E), Mumbai – 400 072
For general queries	Customer Service Toll Free no.: 1800-209-8884 & 1800-209-8444(24X7)
	Dedicated Helpline Number: 022-49337787
	Email: customerservice@uhcpindia.com

	Website: https://enrol.uhcpindia.com/#!/home
For cashless status, hospitalization queries	Nurse line Toll-free: 1800-209-8444
	Dedicated Helpline No: 022-49337787
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