

**KEY FEATURES OF THE GROUP MEDICAL INSURANCE POLICY (FLOATER BASIS) FOR THE
RETIRED EMPLOYEES OF WBSEDCL (2021-22).**

The Group Medical Insurance Policy for the retired employees of WBSEDCL for the year 2021-22 has been implemented in association with **The IFFCO TOKIO General Insurance Co. Ltd.** for the period **24/09/2021 to 23/09/ 2022.**

The salient features of the policy are listed hereunder:

DEFINITIONS:-

In this Agreement, the following abbreviations and expressions shall have the following meanings:

<u>Abbreviation</u>	<u>Meaning</u>
(i) TPA	Third Party Administrator
(ii) IPD	Inpatient Department (Hospitalization)
(iii) ICU	Intensive Care Unit
(iv) HDU	High Dependency Unit
(v) ITU	Intensive Therapeutic Unit
(vi) ICCU	Intensive Coronary/ Critical Care Unit

Expression

- (i) **“Hospital”** means any institution established for in-patient care and day care treatment(as per IRDA approved Day Care list) of illness and / or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 (as amended from time to time) or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- a. has qualified nursing staff under its employment round the clock;
 - b. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - c. has qualified Medical Practitioner (s) in charge round the clock;
 - d. has a fully equipped operation theatre of its own where surgical procedures are carried out.
 - e. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

- (ii) **“Medical Practitioner”** means a person who holds a valid registration from the Medical Council of any State or National Medical Commission or any such statutory body duly recognized by Govt. of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The registered practitioner should not be the Insured or close family members.
- (iii) **“Member/ Insured Person”** shall refer to:
- (a) A retired employee of WBSEDCL, along with his/ her spouse, wherever applicable, who may either be a Pensioner/ Non-Pensioner;
 - (b) A person in receipt of Family Pension, following the death of the retired employee;
 - (c) A person who is not in receipt of Family Pension, but having equivalent relationship to the deceased as would have ordinarily entitled him/her to be a family pensioner, had the deceased retired employee been a Pension holder.

POLICY BENEFITS:

- (i) **Class of Insurance:** Group Floater Medical Insurance Policy.
- (ii) **Sum insured:**
- (a) **For Part A :** Rs. 2,00,000/- of coverage in respect of IPD (Hospitalization benefit) per member with clubbing facility under hospitalization with his/her spouse.
 - (b) **For Part B :** Rs. 3,50,000/- of coverage in respect of IPD (Hospitalization benefit) per member with clubbing facility under hospitalization with his/her spouse.
- (iii) **Period of Insurance:** **24/09/2021** (00:00hrs) to **23/09/ 2022** (23:59hrs)
- (iv) **Annual Premium:**
- (a) **For Part A :** Rs 10289/- per member including GST.
 - (b) **For Part B :** Rs. 16174/- per member including GST.
- (v) **TPA:** Medi Assist Insurance TPA Pvt. Ltd.
- (vi) **Policy type:** Cashless Floater Type & Reimbursement Option.
- (vii) **Eligibility Criteria:** As per definition of “Member/ Insured Person” above.
- (viii) **Geographical limit:** The territory of India.
- (ix) **Policy Coverage:**
- (i) Includes coverage of pre-existing diseases from day one, no age bar for entering member without any prior medical examination. Any retired employee who intend to join the policy may also be

included against payment of pro-rata premium every Quarter & will carry full amount of coverage of sum insured (floater basis).

(ii) Policy covers cashless facility in approved list of hospitals / nursing homes etc. & reimbursement of hospitalization expenses in other cases.

(iii) In the event of any claim becoming under this policy, the insurance company will pay to the hospital (for cashless treatment) & to the insured person (for non-cashless treatment) for this purpose of the said Group Medical Insurance Scheme, the ex-employee & his/her spouse will be treated as two distinct members.

(x) Hospitalization (IPD):

- a)
 - i) Room rent including administration charges for I.V fluid, injection charges excluding their cost in non- ICU/ HDU / ITU / ICCU bed will carry a maximum limit of Rs 2500/- per day for Part A and Rs 3500/- for part B of the policy respectively.
 - ii) Room rent including administration charges for fluid, Injection, Ventilator, infusion pump, Bi-pap, monitor, oxygen, blood transfusion charges in ICU / HDU / ITU / ICCU bed will carry a maximum limit of Rs 5000/- per day for Part A and Rs 7,000/- for Part B of the policy respectively.
- b) Surgeon, Anesthetist, Consultant fees, Nursing charges, and physiotherapy charges will carry a maximum limit of 25% of sum insured amount per member for all parts of the policy.

Hospital charges like investigation, OT charges, consumables & disposable, medicine, oxygen, blood, diagnostic material, dialysis, chemotherapy, radiotherapy, cost of pacemaker or any implant will have maximum limit of 75% of sum insured per member for all parts of the policy. No capping will be allowed on individual items like stent, orthopedic implants etc.
- d) All types of treatments / procedures / investigations done in hospital/ nursing home (including day care treatment, i.e. where the period of hospitalization is less than 24 hours and the insured person is discharged on the same day), should be considered under hospitalization benefit (like stitching of wounds, dialysis, chemotherapy, radiotherapy, arthroscopy, ENT surgery, Lithotripsy, endoscopy, angiography, eye surgeries including refractive surgery as per IRDAI guideline, cataract operation, psychiatric & psychosomatic disorder, any condition directly or indirectly caused to or associated with HIV and ,or COVID '19 for all parts of the policy.

- e) IRDAI guidelines on standardization of exclusions in health insurance policies and consideration of modern treatment methods & advancement in technologies are to be followed scrupulously by the Insurance Co. IRDAI listed modern treatment methods and advancement in technologies shall be covered under the policy upto 50% of Sum Insured for both Part A & Part B.
- f) The terms under Clause ix(d) includes treatment undertaken on package basis, where full amount of package cost will be entertained ignoring Clause ix(a), (b) & (c) within sum insured. It also includes all types of treatment under hospitalization for less than 24 hrs. as per day care list approved by IRDAI.

(xi) Pre Hospitalization:

Relevant medical expenses incurred during the period up to 15 days prior to hospitalization will be considered as part of claims mentioned under hospitalization expenses for the policy.

(xii) Post Hospitalization:

Relevant medical expenses incurred during the period up to 30 days after hospitalization will be considered as part of claims mentioned under hospitalization expenses.

Relevant expenses as mentioned at (x) & (xi) above will include Doctor Consultations, physiotherapy, dressing charges, investigating charges, medicines etc.

**(xiii) Claim submission for
Hospitalization treatment
on cashless/ re-imburement basis:**

(i) The intimation of hospitalization is to be submitted to the Insurance Company within 45 days after the date of admission to the hospital. In case of non-compliance, 10% Co-Pay shall be applicable. This Co-Pay shall be over and above all other terms & conditions of the policy. However on reasonable ground the delay of intimation is to be condoned and co-payment is to be waived.

(ii) The reimbursement claim (inclusive of pre & post IPD) is to be submitted to the insurance company within 60 days after discharge/ completion of permissible post hospitalization treatment as applicable.

(iii) After receipt of claim, the concerned insurance company will release payment of admissible amount of claim latest by 30 days from the date of receipt of the necessary documents.

(iv) Any claim cannot be repudiated simply on the ground of claim submission beyond permissible period and the delay is to be condoned on reasonable grounds.

(xiv) Help Desk:

One authorized person of the Insurance Company/ TPA shall be present three days in a week at the Group Medical Insurance Cell, 6th Floor, C- Block, Vidyut Bhawan, for interactions with the beneficiaries of the scheme and facilitation of submission of claim documents, settlement of queries, grievances etc.

(xv) Settlement of Claim:

Settlements will be made by the Insurance Company as per PPN Rates/ WBHS Rates/ mutually agreed rates (whichever is applicable). Settlements that are not covered under the aforementioned rates shall be made at par with the rate applicable for the entitled category of room rates specified in the policy only. In case where the insured members opt for room rate higher than their eligible limit (as per Sum Insured of policy), the proportionate deduction clause will be applicable.

(xvi) Issuance of Mediclaim Card :

The Insurance Company shall arrange for issuance and dispatch of Mediclaim Cards for all members insured under the policy within 45 days from the inception of the policy, upon receipt of data from WBSEDCL. A provision for issuance of e-cards shall have to be made from the date of inception of the policy.

(xvii) Payment of Premium:

Members who opt for the aforesaid policy are required to pay an annual premium of Rs 6000/- only for part A and Rs 11885/- only for Part B. The balance premium of Rs 4289/- per member shall be borne by WBSEDCL, as a welfare measure towards its retired employees.

WBSEDCL shall arrange for recovery of premium from insured persons and deposit lump sum payment to the insurance company prior to commencement of the policy and on quarterly basis against inclusion of retired members, which shall be calculated on pro-rata basis.

(xviii) Capping of Diseases:

- (a) Capping (excluding pre and post hospitalization treatment) of 16 Surgical treatments shall be applicable for Part A of the policy as stated below:

SL NO.	Surgical Treatment	ALLOWABLE LIMITS (Rs)
1	Cataract surgery – each eye (including cost of IOL)	15500
2	Tympanoplasty (unilateral)	25000
3	Fissurectomy/Fistulectomy	25000
4	Haemorrhoidectomy	25000
5	FESS (unilateral)	25000
6	Surgery for Appendicitis, Hernia (excluding mesh)	30000
7	Hysterectomy	35000
8	TURP	35000
9	Surgical removal of Gall Bladder (excluding cancer)	30000
10	Angioplasty/PTCA due to Coronary Artery Diseases/Ischemic Heart Disease(excluding cost of stent)	50000
11	Knee Joint Replacement- unilateral(excluding implant)	55000
12	DJ stenting with PCNL	40000
13	Surgery for Varicose veins	40000
14	Pancreatic surgery (excluding cancer)	45000
15	Surgical treatment for Gastric Ulcer/ Peptic Ulcer/Acute or Sub-acute Intestinal Obstruction	45000
16	Hydrocelectomy, Varicocelectomy	20000

- (b) There shall be no capping for Part B of the policy i.r.o. the treatments as mentioned under clause xviii(a) .

The Policy is subject to The **IFFCO TOKIO General Insurance Co. Ltd's** terms & conditions duly accepted by WBSEDCL and IRDA regulations.

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