

## Adobe Systems 2020-21 GMC Policy Terms and Conditions

Policy Details	
<b>Policy Holder</b>	Adobe Systems
<b>Policy start and end date</b>	01 April 2020 to 31 March 2021
<b>Insurance Company</b>	United India Insurance Co Ltd
<b>Third Party Administrator (TPA)</b>	Medi Assist Insurance TPA Pvt Ltd

### Policy Features

**Note: Annual sub limits have not been mentioned and same would be as per main policy terms and conditions.**

Sum Insured	The GMC Family Sum Insured coverage is INR 7 lakhs per family. There is no room- rent capping on 1+ 5 basis (Spouse / partner, 2 Children, Parents); however, the parental sum insured is limited to INR 5 lakhs. Third Child Addition can be done, basis request received from the employee.
Maternity Benefit	The Maternity benefit limit is for INR 1 Lakh each for maximum of 2 children. The benefit can be availed without waiting period. Pre / post-natal and well-baby care expense can be availed up to INR 5,000 each within the maternity limit. New-born baby covered from day 1.
Pre and Post Hospitalization	Pre and Post Hospitalization are covered for 30 days prior to the date of admission of the hospitalization and 60 days post discharge respectively. Only in the case of critical illness, pre and post hospitalization expenses are enhanced to 60 and 90 days respectively.
External Congenital diseases	External Congenital diseases are covered up to INR 20,000 to the maximum.
Co-pay	On all parental claims, there is a Co-pay of 20% on admissible claim amount, Infertility related procedures have 20% of Co-pay & Stem Cell Implantation procedure also has 30% co-pay.
Ambulance Charges	Ambulance charges are INR. 3000 per hospitalization. (Home to hospital / hospital to hospital)
Intra Biological Targeted Therapy	Biological Targeted Therapy is covered with a maximum limit of INR 5 Lakhs per life (including top-up sum insured if opted).
Intravitreal	Covered for Avastin, Lucentis injection etc. AOA: 15K, AOY: 3 LAKHS
Infertility	Infertility is Covered up to a maximum limit of INR 100,000 with 20% Co- pay.
Oral Chemotherapy	Oral Chemotherapy is covered up to INR 50,000 per incidence.

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Stem Cell	Stem Cell is covered for Haemopoietic Stem Cell/Bone marrow transplant. Also, will be covered for Leukemia, Thalassemia Major & Lymphoma after they are not responding to Chemotherapy, Radiotherapy. However, will be subject to co-pay of 30%.
Pre-Existing Disease	Pre-existing disease is covered for all
Death During hospitalization	No deduction in case of death during hospitalization
Life Threatening situations	In case of life-threatening situations, if there is no active line of treatment; however, is restricted to per incidence limit of INR 25,000
Other ailments with the Annual Limit of 10 Lakh	Additional day care procedures /Non-list case which can be life-threatening and/ or related to critical diseases like Kidney /Liver/Cancer and not so critical cases but lifestyle impacting situation including Lasik cases where medically required
Bariatric Surgery	Bariatric Surgery is covered subject to policy terms and conditions.
Sickness Disability	If because of sickness, an employee is unable to perform the material and substantial duties of his employment and is not engaged in any other occupation for which employee is deemed reasonably qualified by education, training or experience during this period. 10 cases weekly compensation of INR 10,000 for a maximum 52 weeks. The disability arising due to any of the following health conditions are covered: - Neurological Disorders, Cerebro Vascular Accidents, Polio/Post-polio syndrome, Myasthenia Gravis, Multiple Sclerosis, Parkinson's, Epilepsy, Alzheimer's Certain infections like meningitis or any form of encephalitis 3Potts, TB, paraplegia Diabetes Mellitus and its complications. rheumatoid arthritis, Osteoarthritis (Rare), Coma.
Hormonal/ Adjuvant / Immune modulators in Cancer Treatments	Covered up to INR 5 lakhs per family
Autism	Autism with Base Policy there is a limit of INR 50,000/- (sub limit of INR 5,000 per therapy/consultation) Autism coverage age for children will be 18 years
Psychiatric Treatment	Reimbursement is applicable post consultation, only for therapies. Cashless cannot be availed
Advance Treatment	Coverage of Medically advanced treatments/robotic treatments restricted up to 50% of the sum insured (base cover) and for parents 20% co-pay would be applicable.

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Ayurvedic Treatment	<p>For Ayurvedic Treatment, hospitalization expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health. Only followed by an active line of treatment warranting inpatient hospitalizations are admissible.</p> <p>Company's Liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.</p>
Same Sex Partner	<p>1. Coverage for the SAME SEX PARTNER self is as normal "self". 2. Cover for same sex partner subject to the following conditions: (a) Such relationship not being in any contravention to any law of the land. (b) The Insured confirms such relationship through the data provided for cover. (c) The partner shall be covered prior to commencement of the policy. No mid-term inclusion or change of partner is permitted. Change of partner can be considered once in a block of 2 years with valid reasons and clear recommendations from the Insured. (d) The employee can cover either spouse or the partner and not both. 3. Adoption: Cover available only for legally adopted children within the family definition of the policy. 4. Surrogacy: Cover available only for maternity and pre-post-natal and up to the maternity sub limit. Surrogate claim to be informed to the insurer immediately after conception. Post event inclusions will not be permitted. 5. Gender Reassignment Surgery: Covered up to a sub limit of Rs. 5 Lakh per employee. Cover not available for partners.</p>

### Day Care Procedure

Expenses on hospitalization for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments, such as:

<u>"Day Care Surgeries"</u>	
1. Surgical debridement of wound	
2. Therapeutic Ascitic Tapping	
3. Therapeutic Pleural Tapping	
4. Therapeutic Joint Aspiration	
5. Aspiration of an internal abscess under ultrasound guidance	
6. Aspiration of hematoma	
7. Incision and Drainage	
8. Endoscopic Foreign Body Removal - trachea /- pharynx-larynx/ bronchus/esophagus/stomach /rectum	
9. True cut Biopsy – breast/- liver/- kidney-Lymph Node/-Pleura/-lung/- Muscle biopsy/Nerve biopsy/- Synovial biopsy/-Bone trephine biopsy/-Pericardial biopsy	
10. Endoscopic ligation /banding	

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11. Sclerotherapy
12. Dilatation of digestive tract strictures
13. Endoscopic ultrasonography and biopsy
14. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux Disease
15. Endoscopic placement/removal of stents
16. Endoscopic Gastrostomy
17. Replacement of Gastrostomy tube
18. Endoscopic polypectomy
19. Endoscopic decompression of colon
20. Therapeutic ERCP
21. Bronchoscopic treatment of bleeding lesion
22. Bronchoscopic treatment of fistula /stenting
23. Bronchoalveolar lavage & biopsy
24. Excision and destruction of lingual tonsil
25. Foreign body removal from nose
26. Antral wash under LA
27. Quinsy drainage
28. Direct Laryngoscopy with biopsy
29. Reduction of nasal fracture
30. Mastoidectomy
31. Removal of tympanic drain
32. Reconstruction of middle ear
33. Incision of mastoid process & middle ear
34. Excision of nose granuloma
35. Blood transfusion for recipient
36. Therapeutic Phlebotomy
37. Haemodialysis/Peritoneal Dialysis
38. Chemotherapy
39. Radiotherapy
40. Coronary Angioplasty (PTCA)
41. Pericardiocentesis
42. Insertion of filter in inferior vena cava
43. Insertion of gel foam in artery or vein
44. Carotid angioplasty
45. Renal angioplasty
46. Tumor embolisation
47. TIPS procedure for portal hypertension
48. Endoscopic Drainage of Pseudopancreatic cyst
49. Lithotripsy
50. PCNS (Percutaneous nephrostomy)
51. PCNL (percutaneous nephrolithotomy)
52. Suprapubic cytostomy

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53. Tran urethral resection of bladder tumor
54. Hydrocele surgery
55. Epididymectomy
56. Orchidectomy
57. Herniorrhaphy
58. Hernioplasty
59. Incision and excision of tissue in the perianal region
60. Surgical treatment of anal fistula
61. Surgical treatment of hemorrhoids
62. Sphincterotomy/Fissurectomy
63. Laparoscopic appendicectomy
64. Laparoscopic cholecystectomy
65. TURP (endoscopic Resection prostate)
66. Varicose vein stripping or ligation
67. Excision of dupuytren's contracture
68. Carpal tunnel decompression
69. Excision of granuloma
70. Arthroscopic therapy
71. Surgery for ligament tear
72. Surgery for meniscus tear
73. Surgery for hemoarthrosis/pyoarthrosis
74. Removal of fracture pins/nails
75. Removal of metal wire
76. Incision of bone, septic and aseptic
77. Closed reduction of fracture, subluxation or epiphyseolysis with osseosynthesis
78. Suture and other operations on tendons and tendon sheath
79. Reduction of dislocation under GA
80. Cataract surgery
81. Excision of lachrymal cyst
82. Excision of pterygium
83. Glaucoma Surgery
84. Surgery for retinal detachment
85. Chalazion removal (Eye)
86. Incision of lachrymal glands
87. Incision of Diseased eye lids
88. Excision of eye lid granuloma
89. Operation on canthus & epicanthus
90. Corrective surgery for entropion & ectropion
91. Corrective surgery for blepharoptosis
92. Foreign body removal from conjunctiva
93. Foreign body removal from cornea
94. Incision of cornea
95. Foreign body removal from lens of the eye

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96. Foreign body removal from Posterior chamber of eye
97. Foreign body removal from orbit and eye ball
98. Excision of breast lump /Fibro adenoma
99. Operations on the nipple
100. Incision/Drainage of breast abscess
101. Incision of pilonidal sinus
102. Local excision of Diseased tissue of skin and subcutaneous tissue
103. Simple restoration of surface continuity of the skin and subcutaneous tissue
104. Free skin transportation, donor site
105. Free skin transportation recipient site
106. Revision of skin plasty
107. Destruction of the Diseases tissue of the skin and subcutaneous tissue
108. Incision, excision, destruction of the Diseased tissue of the tongue
109. Incision and lancing of the salivary gland and a salivary duct
110. Resection of a salivary duct
111. Reconstruction of a salivary gland and a salivary duct
112. External incision and drainage in the region of the mouth, jaw and face
113. Incision of hard and soft palate
114. Excision and destruction of the Diseased hard and soft palate
115. Incision, excision and destruction in the mouth
116. Surgery to the floor of mouth
117. Palatoplasty
118. Transoral incision and drainage of pharyngeal abscess
119. Dilatation and curettage
120. Myomectomy , hysteroscopic or laparoscopic biopsy or removal
121. Vaccination / Inoculation forming a part of Post bite treatment.

This condition will also not apply in case of stay in hospital of less than 24 hours provided -

- a. The treatment is undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours because of technological advancement and
- b. Which would have otherwise required a hospitalization of more than 24 hours?

### **Day care pre approval:**

- a. Day care can be opted through **cashless facility** in the network hospital by obtaining prior approval.
- b. If in case the day care is under the non-network hospital, **pre-approval from TPA is required.**

Procedures/treatments usually done in outpatient department are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hours or carried out in Day Care Centers.

### **Exclusions**

The company shall not be liable to make any payment under the GMC policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

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- The expenses related to treatment of Joint Replacement due to Degenerative Condition and age-related Osteoarthritis & Osteoporosis are not payable.

1. Asthma
2. Bronchitis
3. Chronic Nephritis and Nephritic Syndrome
4. Diarrhea and all type of Dysenteries including Gastroenteritis
5. Diabetes Mellitus and Insipidus
6. Epilepsy
7. Hypertension
8. Influenza, Cough and Cold
9. Pyrexia of unknown Origin for less than 10 day
10. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and pharyngitis
11. Arthritis, Gout and Rheumatism

### Procedures as per the conventional method

Sl. No.	Procedures	Remarks
1	Femto Second Laser Cataract Surgery	Liability to be restricted for MICS Procedure
2	Lasik Surgery	Liability to be restricted for Conventional Laser Procedure & as per the other policy terms and conditions
3	Coblation Related Tonsillectomy	Liability to be restricted for Conventional Tonsillectomy
4	Bariatric Surgery	Covered subjected to other policy terms and conditions.
5	Cyber Knife Gamma Knife Procedures	Liability to be restricted for Conventional Radiotherapy
6	Ozone/ Hyperbaric Oxygen Therapy	Not admissible because it is not proven procedure
7	Oral Chemotherapy	Liability restricted to 50K per incident
8	Hormonal/ Adjuvant / Immune modulators in Cancer Treatments	Liability to be restricted for 5lac
9	Multifocal Lens	Liability to be restricted for Monofocal Lens
10	Avastin/ Lucentis Inj.	Liability to be restricted to 15k per incident
11	Newborn Well baby care expense	Liability to be restricted to 5k within maternity sub limit (If well baby care expense included in GIPSA Package then the same not admissible)
12	Pre and Post Natal Expense	Liability to be restricted for 5k within the maternity sub limit (Pre 30 Days prior to DOA and 60 Days after DOD)
Note:	All advance procedure	Coverage of Medically advanced treatments/robotic treatments restricted up to 50% of the sum insured (base cover) and for parents 20% co-pay would be applicable

### Reimbursement Claims in PPN Network Hospitals

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Any Reimbursement claim for a Listed GIPSA Package procedure in a PPN (Preferred Provider Network) Hospital would be restricted to the PPN applicable rates irrespective of the billed amount

## **Information on GIPSA**

### **What does GIPSA stand for?**

General Insurers' Public Sector Association. It is an association of 4 PSU's general insurance companies namely National Insurance Co Ltd., New India Assurance Company Ltd, Oriental Insurance Co Ltd & United India Insurance Co Ltd.

### **What is GIPSA PPN?**

Preferred provider network (PPN) of hospitals empaneled by GIPSA companies for their insured member. Hospitals enter into an agreement with GIPSA companies for extending cashless hospitalization benefit for GIPSA member companies' health insurance beneficiaries. Currently approximately 2200 hospitals have empaneled across 12 Major cities. Bangalore, Chennai, Coimbatore, Hyderabad, in south. Pune, Mumbai, Ahmadabad and Jaipur in West. Delhi, Chandigarh, Kolkata and Indore.

### **What is GIPSA package?**

In PPN Hospitals, GIPSA companies have negotiated special package rates for a good number of procedures commonly undergone.

### **Medical Insurance Scheme for employees-**

Benefits of using GIPSA Hospital Packages vs. Network Hospital vs. Non-Network Hospital and also availing reimbursement route:

\*GIPSA Network hospitals provide treatment based on rate schedule separately contracted with all the PSU insurance companies in 12 major cities.

### **Process to find GIPSA network hospitals.**

1 – Employee has to login through Okta and once they login; they need to click on MediBuddy tab at the homepage.

2 – Once the employee gets the next page, employee can click on Network hospitalization, located on top right-hand corner of the screen.

3 – Next page they would have to enter the city name and select the city, where they want the hospitalization to be done.

4 – Next the employee would have the option to select the insurer; they can choose – United India Insurance Co. Ltd. from the dropdown.

5 – Post that the employee would have a switch option on the bottom left below the insurer's name tab (right side of the screen), now they can choose it to ON, and the results would only ShowGIPSA network hospitals.

6 – Employee can select the hospital, which would also show the address and contact number of the hospital.

7 – Once they select the desired hospital, they can now enter the name of the hospital, in the section search by specific hospital, located under the selected city name (left side of the screen).

8 – This would help you identify the hospital and the contact details of the hospital.

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**Refer the terms and conditions for Non-Medical Expenditure related to 'Covid-19' and 'Non Covid-19' Treatments, Diagnostic Tests incidental to these treatments and Home Care Treatment.**

**These guidelines are valid from July 17, 2020 to 31 March, 2021 and is liable to be reviewed subsequently.**

## **Non-Medical Expenditure (NME):**

### **a. For Covid-19 Patients:**

i. The major component of NMEs is the Personal Protective Equipment (PPE). PPEs may be allowed up to the following limits for treatment of Covid-19 Patients:

1. Treatment in 'Isolation Ward': Rs. 1,300 per diem
2. Treatment in 'Twin Isolation Ward': Rs. 1,800 per diem
3. Treatment in 'Single Room': Rs. 2,400 per diem
4. Treatment in 'ICU': Rs. 2,600 per diem

ii. Other expenditure towards hand wash, shoe cover, caps, gown, face mask and such similar items may be subsumed under the room rent / ICU charges limit. Wherever the room rent / ICU charges are on actual basis, the same may be allowed with a co-pay of 50%.

### **b. For Non-Covid-19 Patients:**

i. Expenditure towards PPEs, hand wash, shoe cover, caps, gown, face mask and such similar items may be subsumed under the room rent / ICU charges limit. Wherever the room rent / ICU charges are on actual basis, the same may be allowed with a co-pay of 50%.

ii. RT-PCR or any other approved test for 'Covid-19' may be allowed to Non-Covid-19 persons as per the rates approved by the State / UT Administration /Appropriate Government Authority up to a maximum of Rs. 3,000 provided the test is done as per medical protocol while availing hospitalization treatment for a Non-Covid-19 ailment / disease / injury. The expenses shall become admissible only if the primary claim is admissible under the policy.

iii. The above expenses as mentioned in clause 1.b.ii shall be admissible only once for chronic / repetitive treatments like dialysis and chemotherapy.

Where, the policy already has 'Non-medical Expenses' as an Add-on cover, the Insured may be given a choice to prefer a claim under the said Add-on cover of the policy or as per the above provision.

**2. Hospitalization:** Treatment for COVID-19 is regulated by various government agencies /authorities. The policy shall cover treatments availed by insured members from hospitals /Isolation centers / community halls / schools / colleges / stadiums / railway coaches/ any other facility / make-shift or temporary hospital notified by the competent government authority to treat COVID-19. Treatments availed at these places shall be considered as hospitalization treatments.

**3. Home Care Treatment:** Our Group Health shall cover 'Home Care Treatment'. The coverage, terms, and conditions for 'Home CareTreatment' is given below.

a. Home Care Treatment means Treatment availed by the Insured Person at home for Covid-19 on positive diagnosis of Covid-19 in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:

- i. The Medical Practitioner advises the Insured Person to undergo treatment at home.
- ii. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the homecare treatment
- iii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- iv. Insured shall be permitted to avail the services as prescribed by the Medical Practitioner. Cashless facility shall be offered under home care expenses if the treatment is through a network provider.
- v. In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer / TPA needs to be taken before availing such services.

b. In this benefit, the following shall be covered if prescribed by the treating Medical Practitioner and is related to treatment of COVID:

- i. Diagnostic tests undergone at home or at diagnostics center
- ii. Medicines prescribed in writing
- iii. Consultation charges of the medical practitioner
- iv. Nursing charges related to medical staff

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- v. Medical procedures limited to parenteral administration of medicines
- vi. Cost of Pulse Oximeter, Oxygen cylinder and Nebulizer
- c. The benefit under this clause is limited to Rs. 15,000 per incident.
- d. Where, the policy already has 'Domiciliary Hospitalization' cover, the Insured may be given a choice to prefer a claim under the said Domiciliary Hospitalization cover of the policy or as per the above provision.
- e. The claim intimation clause should be adhered to.

**4. Treatments at Private Facilities:** There are requests from clients seeking approval for taking treatments at private centers such as hospital-hotel tie ups.

- a. Where any network provider has set up any such make-shift or temporary hospital, such make-shift or temporary hospital shall be regarded as the extension of the network provider and cashless facility shall be made available.
- b. Treatments at locations / facilities not specifically approved / authorized by the concerned Government authority to treat Covid-19 shall not be admissible as a claim under a policy.

**5. Quarantine:** Quarantine is a restriction on the movement of those who may have been exposed to a communicable disease but do not have a confirmed medical diagnosis. Quarantine can be an 'Institutional Quarantine' generally maintained by the public authorities. People with travel history are normally lodged in such facilities. It can be a private facility like hotels, etc. People who do not wish to stay in Institutional Quarantine facilities may opt for private facilities. It can also be a home quarantine. As Quarantine is done only to restrict movement of persons who do not have a confirmed medical diagnosis, the expenses in case of Quarantine are not covered.