

FEATURES	TERMS AGREED
FAMILY DEFINITION	(1+3) Self + Spouse + 2 Dependent children including Domestic Partners (Same/opposite sex) under Medical program
SUM INSURED	Family Floater Sum Insured of INR 500,000 Per Family, Parents/ In laws covered upto the SI limit of INR 250,000(Base plan) Modular plan given below*
AGE BRACKET	0 - 80 years for ESC, 35 to 90 years for Parents
1ST, 2ND AND 4TH YEAR EXCLUSION CLAUSE	Waived for all
1ST 30 DAYS EXCLUSION CLAUSE	Waived for all
PRE-EXISTING DISEASE	Covered for all
MATERNITY BENEFITS - LIMITS AND COVERAGES	INR 75,000 for Normal Delivery and C-Section Delivery. For Twins : An additional INR 30,000 and for Triplets : additional INR 60,000 over the maternity capping limit will be given. (Base Plan). Modular plan given below *
NEW BORN BABY COVERAGE FROM DAY 1	Covered from day one up to family floater Sum insured
9 MONTHS WAITING PERIOD FOR MATERNITY	Waived for all(Employee + Spouse)
PRE AND POST NATAL EXPENSES	Covered within the Maternity Limit on OPD & IPD Basis (Employee + Spouse)
ROOM RENT OR ROOM TYPE RESTRICTION	Standard AC Private Room (first level only) for Normal Hospitalization and No cap for ICU Hospitalization Opting for a room of a higher category than the eligible category will result in higher cost for all hospitalization services, which must be borne by the claimant
PRE AND POST HOSPITALIZATION COVERAGE	60 days pre-hospitalization and 90 days post-hospitalization respectively
DOMICILIARY HOSPITALIZATION COVER	Deleted
CONGENITAL INTERNAL DISEASE	Covered for all
EVENT RESTRICTION	Nil

Day Care Procedures	Any day care procedure covered with / without pre-auth in network or non-network hospital Any new medical procedures or drugs that replace less than 24 hour hospitalization to be included as Day care procedure.
CLAIMS INTIMATION	Claims Intimation required within 48 Hours for reimbursement claims & Day Care procedure claims
RE-IMBURSEMENT CLAIMS REPORTING / SUBMITTING PERIOD	Claim reporting /submission period within 45 days from the Date of Discharge
GIPSA/PPN Rates	Not Applicable
LIMIT ON ANY ONE DISEASE / AILMENT/ CATARACT INCLUDING MULTI FOCAL LENSES	Not Applicable
LIMIT ON SURGEON CHARGES, ANESTHETIC CHARGES, STENT CHARGES, ETC.	No Capping
HOSPITALIZATION/INJURY/ARISING OUT TERRAORISM	Covered for all
PREMIUM CALCULATION	Pro rata basis
WELL MOTHER CARE EXPENSES	Coverage for Room Rent for Mother whose required to Feed the baby post birth if the new born baby is hospitalized covered up to Baby's age of 2 years within the Family Floater Sum Insured.(Employee + Spouse)
HEALTHY BABY EXPENSES / WELL BABY CARE EXPENSES	Covered for Expenses Incurred for a Normal baby after the birth till discharge. Automatic coverage for necessary expenses related to the newborns wellbeing after birth and before discharge. Expenses like doctors check up and any other check up / tests performed to ensure that the baby is well at birth,Covered up to INR 5,000 within Maternity Limit.(Employee + Spouse & Child)
ORAL CHEMOTHERAPY	Covered for all
LASIK SURGERY	Covered if the power of the eye is +/- 5
ORGAN DONOR EXPENSES	Expenses incurred towards the transportation of the Organ (Any Mode)including the hospitalization expenses with 30 Days pre & 60 days post to be paid for the Donor
TREATMENT OF INFERTILITY (IVF)	For Self & Spouse with a sub limit of INR 100,000 for IPD & OPD within the Floater sum insured subject to continuation of treatment

INCOME PROTECTOR COVER - Loss of Wages Due to Illness	Covered subject to "Actual Loss Of Pay or maximum of INR 20,000 per week whichever is lower for 6 months, over and above the Sum Insured. When the Employee is on leave for more than 2 weeks of Continuous absence from work due to the following illnesses / major accidents with a Deductible - 2 weeks/ Max Any One Accident / Incident (AOI) - 6 Indemnification / First Heart Attack /Coronary Artery Disease /Coronary Artery Bypass Surgery / Heart Valve Surgery / Surgery in Aorta / Stroke/ Kidney Failure / Plastic Anemia / End Stage Lung Disease / End Stage Liver Failure / Coma / Major Burns / Major Organ Transplantation /Bone Marrow Transplantation / Multiple Sclerosis / Fulminant Hepatitis / Motor Neurine Disease / Primary Pulmonary Hypertension / Terminal Illness/swineflue/Ebola/ Dengue and other Major or Life Threatening Ailments
ROBOTIC SURGERY/STEM CELL/CYBERKNIFE/ HARMONAL THERAPY	Covered up to 50% of Co-pay
AIDS/HIV - CASES REPORTED	IP treatment for HIV /AIDS for employee/ Spouse/ Child/ Parents . Overall annual limit for both the contingencies is INR 500,000 only..
TREATMENT FOR GENETIC DISORDER	IP treatment for genetic disorders for employee, spouse and children only with a per family annual ceiling of INR 100,000

MENTAL WELLNESS AND PSYCHIATRIC COVER	Coverage up to INR 50,000 per family on both OPD and IPD basis Treatment including counselling, consultations, prescribed medication on both OPD/ IPD basis.
AUTISM COVER	In case of children who have been diagnosed with ASD by a registered medical practitioner. Treatments like behavior management/modification therapy/medication/ speech/occupational and physical therapies - Capped at INR 50,000 per year per child
EXTENDED CANCER CARE	Complete Blood Count (CBC)/PET Scans/ ONCO Scans & other follow up tests including patients in remission sublimated to INR 10,000 Per Incidence
ACCIDENT RELATED MEDICAL EXPENSES	Any claim arising from an employee meeting with an accident would be covered up to family floater sum insured without any caveat of 24 hours hospitalization
EMERGENCY AMBULANCE CHARGES	1. Within the City Limit : INR 10,000 Per Event 2. INTERSTATE ROAD AMBULANCE SERVICES : Covered up to INR 25,000 Per Event 3. AIR AMBULANCE : Covered up to INR 100,000 Per Event & AOY Limit will be INR 1,000,000
CONTINUITY BENEFIT	A) Employees and family members who are presently covered under GMC Policy of EMPLOYER will be allowed to buy Individual Health Policy from existing insurance company as per prevailing market rates, without any health check up.b) Excluding Maternity Benefit & No Claim Discount) Confirmation on Coverage of the employee and dependents to be confirmed by the insured & TPA (Based on the no of years of service in the organization without any break in the coverage)d) Waiver of clauses to be applied from the Date of Joining of the Employee in the Insured Company (Eg . : If the employee has completed 4 years of service in the Insured Company he will be allowed to carry forward the waiver of PED / 30 days / 1st 2nd & 4th Year Exclusion)e) Intimation will be provided by the employee 15 Days in advance from the last Date of leaving the organization) Sum Insured for the Individual Policy shall be equal to the sum insured in the Corporate policy or lesser. They cannot opt for a higher sum insured) Health check up for parents to be done at the employees cost. In case the employee has completed only 2 years of service with Insured, then the parents will have to undergo medicals. In case the employee has completed 4 Years, then there is no need for medical check up
THIRD PARTY ADMINISTRATOR (TPA)	MEDI ASSIST INDIA TPA PVT LTD
CONGENITAL EXTERNAL DISEASE	Covered in case of Life Threatening & Non- Cosmetic Conditions
BEREAVEMENT COVER	In the event a claimant expires / passes away during the hospitalization, no deductions or copay's or sub limits to apply to the claim

WIDOW / WIDOWER COVER	If an employee passes away during the course of the policy, the benefits can be extended to all covered dependents for the remaining policy period
DISABLED CHILDREN/SIBLING WITHOUT ANY UPPER AGE LIMIT	Coverage for dependent siblings who are physically or mentally challenged and are financially dependent on the employee.
ANY ANIMAL / SERPENT ATTACK RESULTING IN TREATMENT ON INPATIENT OR OUT PATIENT BASIS SUB LIMITED TO A MAXIMUM OF INR 5,000 ON EACH AND EVERY CLAIM TO BE PAID, EVEN IF IT RESULTS IN HOSPITALIZATION LESS THAN 24 HOURS TO BE COVERED	Covered on OPD/IPD basis sub limited to a maximum of INR 5,000/- on each and every claim
No Active Line Treatment clause if employee is evacuated to hospital from office premises	Agreed
Ayush Treatment	Our liability for expenses incurred for Ayurvedic / Homeopathic / Unani treatments shall not exceed 25% of the Sum Insured in respect of all such treatments admitted during the Period of Insurance, provided the treatment for Illness or Injury, is taken in a government Hospital or in any institute recognized by government or accredited by Quality Council Of India or National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures
PCOS/PCOD	To be Covered under OPD upto INR 5,000 for ESC
TOP-UP POLICY	Modular Plan. Details given below
Additions and deletions	Midterm addition of Employee and Dependents will be permitted for new joiners only and not for existing employees. Dependents of existing employees may be added only in case of marriage of employee or in case of childbirth. Effective date of inclusion will be from the date of joining of the employee (to be communicated to us within 30 days) subject to availability of sufficient balance in CD and premium will be on pro-rata basis. Deletion: On account of resignation/retirement of the employee and death of any member. Refund will be on pro-rata basis from the said date provided NO Claim has been reported/lodged/settled against any member of the family.
All other terms and conditions	As per Standard Group Mediclaim Clause

Modular plan for 2024-25

2024-25						
Sum Insured	INR 5 Lakh	INR 7 Lakh	INR 10 Lakh	INR 10 Lakh	INR 13 Lakh	INR 13 Lakh
Enhanced Coverages Base(Default Plan)	Bronze	Silver	Silver plus	Gold	Gold Plus	
Family Definition	Employee, Spouse/ Partner, 2 Dependent Children, 2 Dependent Parents/ In laws	Employee, Spouse/ Partner, 2 Dependent Children, 2 Dependent Parents/ In laws	Employee, Spouse/ Partner, 2 Dependent Children, 2 Dependent Parents/ In laws	Employee, Spouse/ Partner, 2 Dependent Children, 2 Dependent Parents and In laws	Employee, Spouse/ Partner, 2 Dependent Children, 2 Dependent Parents/ In laws	Employee, Spouse/ Partner, 2 Dependent Children, 2 Dependent Parents and In laws
Maternity Limit for Normal & C-Section (ES)	INR 75,000	INR 90,000	INR 105,000	INR 105,000	INR 120,000	INR 120,000
Infertility Limit (ES)	INR 100,000	INR 120,000	INR 130,000	INR 130,000	INR 150,000	INR 150,000
Mental Wellness & Psychiatric Cover (ESC)	INR 50,000 on OPD And IPD basis	INR 65,000 on OPD and IPD basis	INR 75,000 on OPD and IPD basis	INR 75,000 on OPD and IPD basis	INR 80,000 on OPD and IPD basis	INR 80,000 on OPD and IPD basis
Autism (Child)	INR 50,000	INR 65,000	INR 80,000	INR 80,000	INR 100,000	INR 100,000

Co-pay on Parent Claims (P/PIL)	20%	15%	10%	10%	10%	10%
Gender Reassignment Surgery (E)	Not Covered	Not Covered	INR 500,000	INR 500,000	INR 500,000	INR 500,000
Parental Sum Insured (P/PIL)	INR 250,000	INR 450,000	INR 750,000	INR 750,000	INR 1,050,000	INR 1,050,000