

GROUP HEALTH INSURANCE POLICY

With

New India Assurance Co Ltd

PERSONS INSURED

- The Mediclaim Policy covers all employees of **5G** Chennai along with their spouse and children .

THE BENEFITS UNDER THE POLICY

This Policy covers :-

- **Reimbursement of hospitalisation expenses** for the **illness/diseases contracted or injury** sustained by the Insured Person during the Period of Insurance stated in the Schedule of the policy

-The Insured Person should be hospitalised as an In-Patient for a minimum period of 24 hours.

Expenses reimbursed under the Policy

- Room, Boarding Expenses as provided by the Hospital/Nursing Home.
- Nursing Expenses.
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees.
- Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs and Cost of Organs and similar expenses.
- 1. Pre-Hospitalisation (30 days prior to hospitalization) and Post-Hospitalisation (60 days after discharge) as defined below.

Pre-Hospitalisation

Relevant medical expenses incurred during period upto 30 days prior to Hospitalisation but not prior to the effective date of this Policy on disease/illness/injury sustained shall be considered as part of claim.

Post - Hospitalisation

Relevant medical expenses incurred during period upto 60 days after Hospitalisation including all expenses incurred beyond the expiry date of this Policy on disease/illness/injury sustained shall be considered as part of claim

- Eligible Family Members means
 - ☐ Spouse - Spouse means your married partner who resides with you
 - ☐ Dependent Children - Dependent Children means all your unmarried children, stepchildren or legally adopted children and
 1. Who are over 90 days and under 18 years of age
 2. Financially dependent on you
 3. Who permanently reside with you

Hospital/Nursing Home:

Hospital/Nursing Home means any institution in India established for indoor care and treatment of sickness and injuries and which

Either

- Has been registered either as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner.

or

- Should comply with minimum criteria as under:
 - It should have atleast 20 In-Patient beds.
 - Fully equipped operation theatre of its own wherever surgical operations are carried out.
 - Fully qualified Nursing Staff under its employment round the clock.

(N.B.* In Class 'C' town condition of number of beds be reduced to 15).

The term Hospital/Nursing Home shall not include an establishment which is a place of rest, a place for the aged, a place for drug – addicts or place for alcoholics, a hotel or a similar place.

For the following specific treatments no In-Patient hospitalization is required:

- 1.Cataract .
- 2.Lithotripsy (Kidney stone removal)
- 3.Tonsillectomy
- 4.Eye Surgery
- 5.D&C
- 6.Any other disease specified from time to time.

Benefits of a Group Health Policy

Normally in an individual Medclaim policy the following are not covered

1. Pre-existing conditions - Such illnesses which have been in existence at the time of proposing this insurance
2. Any disease contracted by the Insured Person during the first 30 days from the commencement date of the Policy.
3. During the first year of the operation of the Policy the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Fistula in anus, Piles, Sinusitis and related disorders are not payable. If these diseases are pre-existing at the time of proposal they shall not be covered even during subsequent period or renewal too.

However

a)In a Group Health Policy the three exclusions mentioned above **are covered** as Add – Ons viz :

1. Pre-existing Diseases.
2. Diseases contracted during the first 30 days of the policy.
3. The named diseases excluded in the first year of insurance.

Claims Procedure

TTK Health Care the third Party Administrators have been appointed for providing Cashless facility for Hospitalisation ,provided admission is in a listed hospital in the agreed list of Networked Hospitals / Nursing homes. The Claims Procedure is as follows:

- Preliminary notice of claim with particulars to be given in writing to the Company within seven days from the date of hospitalisation/injury/death.
The pre-authorisations forms have been provided in the network hospitals which have to be filled in and faxed to the TPA.
- The TPA , on getting the related medical documents from the hospital and verifying the eligibility of the insured, will issue a pre- authorization/guarantee of payment letter to the Hospital .
If Cashless is denied by the TPA on some particular ground the denial need not be construed as denial of claim.
The insured person can collect the relevant papers and subsequently submit the same to the TPA for reimbursement.
- The following are the documents necessary for the claim.
 - ◆ Original Bills, Receipt and Discharge certificate / card from the Hospital.
 - ◆ Original Cash Memos from hospital(s)/Chemist(s), supported by the proper prescription.
 - ◆ Original Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests.

- ◆ Surgeon's certificate stating nature of operation performed and Surgeons' original bill and receipt.
- ◆ Attending Doctor's / Consultant's / Specialist's / Anesthetist's original bill and receipt, and certificate regarding diagnosis.
- ◆ Medical History Summary.

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