

ANNEXURE-18

**18. GROUP MEDICLAIM INSURANCE POLICY FOR RINL/VSP  
RETIRED EMPLOYEES & THEIR SPOUSES WITH FLOATER AND THEIR  
MENTALLY & PHYSICALLY CHALLENGED CHILDREN**

1.0. **Type of Risks & Coverage** : Hospitalization, Domiciliary Hospitalization and OPD Treatment, Pre & Post hospitalization, pre-existing diseases, (all the above covers with 30 days exclusion waiver) for the members covered under para 2 below.

: Hospitalization, Domiciliary Hospitalization and OPD Treatment with floater for retired employees & their spouses covered at a, b, c of para 2 below.

2.0. **Coverage :**

- a. Retired employees of RINL/VSP and their spouses .
- b. The employees who have taken Voluntary retirement and their spouses.
- c. The employees who cease to be in employment on account of permanent total disablement and their spouses.
- d. The spouse of an employee who dies while in service.
- e. Mentally/Physically challenged children of employees separated on account of superannuation, death, total permanent disablement and voluntary retirement. (As per policy in operation around 1274 (146 single + 564 couples) are Mediclaim policy members, held with M/s. New India Assurance Co Ltd. It may be noted that another 300 members may likely to join during next 12 months.

3.0. **Capital Sum Insured** : Rs. 3822 Lakhs with a ceiling of Rs.3,00,000/- (CSI) hospitalization charges per member and Rs.6,00,000/- **with floater** for member and spouse. Actual sum insured & number of members for 2012-13 (from 01.04.2012) will depend upon option of members. As per options received, premium will be paid before commencement of risk.

4.0. Policy Excess : Nil

5.0 Period of coverage : 01.04.2012 - 00.00 Hrs to 31.03.2013 Mid-night 12.00 Hrs.

6.0 Following is the claims ratio for last 3 years (including OPD Treatment):

| <u>Period</u>            | <u>Ratio</u> | <u>Name of the Insurance Co.</u>             |
|--------------------------|--------------|--|
| 01-10-2008 to 30-09-2009 | - 71.00%     | - M/s. The New India Assurance Co. Ltd.,     |
| 01-10-2009 to 30-09-2010 | - 137.93%    | - M/s. HDFC ERGO General Insurance Co. Ltd., |

01-10-2010 to 30-09-2011 - 131.00% - M/s. The New India Assurance Co. Ltd.,

7.0. No. of members in each age group:

| Age Group                 | Total | Below 36 | 36-45 | 46-55 | 56-65 | 66-70 | 71-75 | 76-80 | Above 80 |
|---------------------------|-------|----------|-------|-------|-------|-------|-------|-------|----------|
| No. of members (single)   | 146   | 4        | 37    | 28    | 47    | 19    | 6     | 2     | 3        |
| No. of members* (couples) | 564   | -        | -     | -     | 383   | 107   | 45    | 27    | 2        |

\*higher age of either wife or husband is considered

Total Number of members: 1274 (146+564\*2)

8.0 Pro-rata premium shall be charged for the balance risk period, in case of newly joined members (as specified at para 2 above) during the policy period.

9.0 In case, the Insurance Company provides any other benefit other than those detailed hereunder within the premium quoted, may detail. (However this shall not be considered in tender evaluation but will be binding on the Insurance Company in case the policy is obtained from such Insurance Company).

**10.0 Claims Settlement:**

**10.1 Time Limit for settlement of claim from the time of Lodgment of claim:**

Within 15 days from the date of submission of documents by the member. Claims are to be settled by the Insurance Company Directly. No Third Party Administrator is allowed/required.

**10.2** In case claims are not settled by the Insurance Company within the prescribed time limit as specified above subject to submission of required documents, the Insurance Company shall pay interest at the rate of 20% p.a.

**10.3** The Insurance Company shall also extend cashless settlement in respect of all Corporate Hospitals and other hospitals as mutually agreed to, subject to ceiling of balance available CSI.

**10.4** RINL shall not hold itself responsible for any fraudulent claims from the Members of Mediclaim Policy.

**10.5** An MOU will be entered between RINL/VSP and Insurance Company for operational/working arrangement of the Scheme.

11.0 All other terms and conditions shall be as per enclosure.

**Enclosure to ANNEXURE – 18**

**Other terms & Conditions of Group Mediclaim Policy**

**1. OBJECTIVE OF THE SCHEME :**

To extend the Medical Benefits to the Retired Employees of RINL/VSP and their Spouses and mentally / physically challenged children.

**2. PERSONS COVERED :**

- Retired employees of RINL/VSP and their spouses.
- The employees who have taken Voluntary retirement and their spouses.
- The employees who cease to be in employment on account of permanent total disablement and their spouses.
- The spouse of an employee who dies while in service.
- Mentally/Physically challenged children of employees separated on account of superannuation, death, total permanent disablement and voluntary retirement

This scheme is optional and those who opt for this scheme will hereinafter be referred to as “**members**”.

**3. SCHEME:**

The members will be covered through Group Mediclaim Insurance Policy of the Insurance Company and will be operated through Insurance Co. The period of the policy is from 01.04.012 to 31.03.2013.

**4. PROCEDURE FOR JOINING THE SCHEME :**

- i) As per the arrangement to be made with RINL, all retiring employees shall be given enrolment form by Mediclaim Cell of Welfare Section, Personnel Department.
- ii) This enrolment form should be filled in by the employee and his/her spouse desiring to join the scheme.

The enrolment fee is Rs.1300/- per person for the policy period. The complete enrolment form along with fee of Rs.1300/- per person by Demand Draft in

favour of RINL/VSP should be submitted to Mediclaim Cell of Welfare Section, Personnel Department, RINL/VSP.

- iii) On receipt of completed enrolment form by Mediclaim Cell of Welfare Section, RINL/VSP, Mediclaim Index No. (MIN) for each individual shall be allotted.

NOTE : Any change of address must be intimated to Welfare Section and to M/s. \_\_\_\_\_ (Insurance Co.) giving the Mediclaim Index No. (MIN) and Mediclaim Policy No. \_\_\_\_\_.

## **5. POLICY COVERAGE :**

The policy covers reimbursement of Hospitalization charges and/or Domiciliary Hospitalization charges and/or Out-patient Department (OPD) expenses for illness/diseases contracted or injury sustained by the injured person. In the event of any claim becoming admissible under the policy, the Insurance company will pay to the insured member/Corporate Hospital/any other Hospital (as mutually agreed) in which the insured member is admitted, the amount of such expenses as reasonably and necessarily incurred anywhere in India, but not exceeding, in any one period of insurance, the amount under the respective category in the TABLE OF BENEFITS mentioned at Clause-8.

## **6. DEFINITIONS :**

- 6.0 HOSPITAL/NURSING HOME** means any institution in India established for indoor care or domiciliary treatment and treatment of sickness and injuries and which 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. For the purpose of OPD treatment, Hospital shall mean a Government Hospital/RINL Hospital/Registered Hospital/Nursing Home/Clinic/Premises of Registered Medical Practitioner having minimum degree in Allopathic/Homeopathic Medicine.

The terms "Hospital" shall not include an establishment which is a place of rest, a place for the aged, a place for drug addicts or alcoholic, a hotel or a similar place.

- 6.1 SURGICAL OPERATION** means manual and operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.

- 6.2 DOMICILIARY HOSPITALISATION BENEFIT** means medical treatment for a period exceeding 3 days for such illness/disease/injury which in the normal course would require care and treatment at a Hospital/Nursing home but actually taken whilst confined at home in India under any of the following circumstances namely :

The condition of the patient is such that he/she cannot be removed to the Hospital/Nursing Home.

However, the Domiciliary Hospitalisation Benefits shall not cover :

- i) Expenses incurred for pre and post hospitalization treatment; and
- ii) Expenses incurred for treatment of any of the following diseases:
  1. Asthma
  2. Bronchitis
  3. Chronic Nephritis and Nephritic Syndrome.
  4. Diarrhea and all types of dysenteries including Gastroenteritis.
  5. Diabetes Mellitus and Insipidus.
  6. Epilepsy
  7. Hypertension
  8. Influenza, Cough and Cold
  9. All psychiatric or psychosomatic disorders.
  10. Pyrexia of unknown origin for less than 10 days.
  11. Tonsillitis and Upper Respiratory Track infection including laryngitis and Pharyngitis.
  12. Arthritis, Gout and Rheumatism.

However, treatment for the above is admissible, when the patient is admitted in a hospital or if the treatment is taken in O.P.D. of the defined hospital/Clinic.

NOTE: When treatment such as Dialysis, chemotherapy, Radiotherapy Microsurgery or cancer related treatment is taken in the Hospital/Nursing Home and the insured is discharged on the same day the treatment taken by the insured is considered under the Hospitalization Benefit Section.

### 6.3 **O.P.D. Treatment:**

Means treatment taken as an out-patient in any Government Hospital/RINL Hospital/Any Registered Hospital/Nursing Home/Clinic. The charges incurred for treatment taken from Registered Medical Practitioners having minimum Degree in Allopathic/Homeopathic Medicine will also be reimbursed. The medicines should be prescribed by Doctors on letter heads of Hospitals/Nursing Home/Clinic/Doctors.

### 6.4 Any One Illness:

Any One illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Doctor/Hospital/Nursing Home/Clinic. Occurrence of same illness after lapse of 45 days as stated above will be considered as fresh illness for the purpose of the mediclaim policy.

#### 6.5 Registered Medical Practitioner:

Registered Medical Practitioner means a person who holds a minimum degree in allopathic/homeopathic medicine of a recognized institution and is registered by appropriate authority for the time being. (Medical Council of respective State in India). The term Registered medical practitioner would include Physician, Specialist and Surgeon.

#### 7.0 IMPORTANT EXCLUSIONS:

Under Group Mediclaim policy, the Insurance Company shall not be liable to make any payment in respect of any expenses whatsoever incurred by the insured person in connection with:

1. Any disease/injury caused by War/Nuclear Weapons/Radiations/Breach of Criminal Law.
2. Circumcision, Cosmetic or Plastic Surgery unless necessitated by an accident or as a part of any disease / illness.
3. All health check-ups, routine eye examination and cost of glasses and contact lenses.
4. Cost of dentures.
5. Convalescence, general debility, "Run-Down" condition or rest cure, congenital diseases or defects, sterility, venereal diseases, intentional self-injury and use of intoxicating drugs.
6. Any expenses incurred for diagnosis etc. not consistent with treatment for injury/illness disease.
7. Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
8. Treatment traceable to pregnancy / child birth, voluntary medical termination of pregnancy during first 12 weeks of conception.
9. Naturopathy Treatment.

#### 8. TABLE OF BENEFITS:

##### 8.1 HOSPITALISATION BENEFIT

Reimbursement of actual charges up to Rs.3,00,000/- per member and Rs.6,00,000/- with FLOATER for member & spouse per policy period spent on Room, IC Unit, Nursing Expenses, Surgeon, Anesthesia, Medical Practitioner, Consultant, Specialist fees, Blood, Oxygen, Operation Theatre Charges, Surgical appliances, Medicines, & Drugs, Diagnostic Material, X-Ray, Dialysis, Chemotherapy, Radio therapy, cost of pace maker, artificial limbs and cost of organs and similar other expenses.

**Note:**

Pre-Hospitalization: Relevant medical expenses incurred during the policy period up to 30 days prior to the hospitalization / disease / illness injury sustained will be considered as a part of claim under hospitalization.

Post Hospitalisation: Relevant medical expenses incurred during the policy period up to 60 days after hospitalization / disease / illness injury sustained will be considered as a part of claim under hospitalization.

**8.2 DOMICILIARY HOSPITALISATION BENEFITS(NON-SURGICAL TREATMENT ONLY)**

|  |   |
|--|---|
| Medical Practitioner, Consultants & Specialist fees for visits, etc. | Rs.13,500/- per member and Rs.27,000/- with floater for member & spouse |
| Blood, Oxygen, Diagnostic Material X-Ray, Employed Nurses, Medicines |   |

Thus the total limit under hospitalization including domiciliary hospitalization is Rs.3.0 lakhs per member and Rs.6.0 lakhs WITH floater for member & spouse per policy period.

**8.3 OUT-PATIENT DEPARTMENT (OPD):**

1. The limit of reimbursement of OPD expenses would Rs.8,000/- per member and Rs.16,000/- WITH floater for member & spouse per policy period.
2. The member shall take treatment as out patient from any Registered Medical Practitioner having minimum Degree in Allopathic/Homeopathy Medicine.
3. OPD Treatment availed from Hospital/Nursing Home/Clinic shall be necessarily claimed on the letter head of the Doctors/Hospital/Nursing Home/Clinic.

8.4 The overall ceiling under 8.1, 8.2 and 8.3 shall be Rs.3.0 lakhs per member and Rs. 6.0 lakhs WITH FLOATER for member & spouse per policy period.

9.0. **CLAIM PROCEDURE :**

A) **HOSPITALISATION AND DOMICILIARY HOSPITALISATION :**

- i) Notice of the claim should be sent to the Insurance Company immediately and not later than 7 days of the injury/hospitalization/domiciliary hospitalization indicating Medclaim Index No., Name of the Insured Member, Nature of injury/ illness, name of the Hospital/Nursing Home. Specimen of the claim intimation letter is attached at Annexure-I.
- ii) On receipt of such claim intimation, the Insurance Company will issue a Claim Form directly to the insured person. The Claim Form should be returned duly filled in all respects and no column should be left blank. A specimen copy given at Annexure-II can also be used for the purpose.
- iii) All Bills, Medical Reports, Test Reports, Pathological test report duly certified by the attendant Medical Practitioner along with original prescription, Hospital admission & discharge certificates be submitted by Regd. Post to the Insurance Company in support of the claim along with the prescribed claim form immediately on completion of the treatment or on expiry of 60 days from the date of discharge from the hospital whichever is earlier. Members to ensure that the treatment is taken from a Registered Medical Hospital. However, in case the treatment is taken in non-registered hospitals on emergency basis, the insured member should have valid reasons for doing so and should immediately inform Insurance Company with full details. All claim papers should be submitted in one lot and not on piece-meal basis.
- iv) On receipt of complete Claim Form along with relevant documents & discharge voucher, the insurance company shall process the claim, if the documents are found to be in order and other relevant information is complete, the claim will be settled and claim cheque would be posted as early as possible but within 15 days of receipt of all claim documents mentioned by the Insurance Company. Cheques valuing more than Rs.500/- would be sent by Registered Post. Cheques can also be collected in person by the claimant or by any other person authorized by the claimant to collect the cheque.

The above is to be followed for claiming Hospitalisation charges wherever Cashless facility is not extended by the Insurance Company.

B) **OUT PATIENT DEPARTMENT (OPD) TREATMENT:**

- i) OPD claims should be submitted to the Insurance Company along with :



- a) OPD Claim Form duly filled in;
- b) All Doctor's Prescriptions;
- c) All Receipts for Drugs/Diagnostic Tests; &
- d) All Diagnostic Reports.

NOTE : All the above documents should be submitted in Original.  
Specimen of the OPD treatment Claim Form is given at Annexure-III.

- ii) Dental treatment can also be availed of within the existing limit of Rs.8,000/- per member and Rs.16,000/- WITH floater for member & spouse for the policy period under OPD treatment. Cost of dentures will not be reimbursed.
  - iii) In case of expenses on Eye treatment, Cost of spectacles/Contact Lenses shall not be reimbursed
  - iv) OPD Claims should be submitted to the Insurance Company only when the claim amount exceed Rs.500/- per member (s) per policy period. In other words, the minimum claim for OPD treatment should be Rs.500/-. For those members whose OPD expenses do not exceed Rs.500/- during the entire policy period, the bills may be forwarded by such members after expiry of policy period to the Insurance Company for settlement of claims.
- C) In case of any dispute in any claim, a Committee of RINL Officials and Insurance Company will be constituted to resolve the dispute. The decision of the committee in this regard will be binding on both the parties. It shall be compulsory for all members of the scheme to first refer any grievance that they may have to the committee and wait for a reasonable time for the decision of the committee. The committee shall give detailed reasons for the decision taken for each and every dispute or grievance referred to it by any member of the scheme.
- D) At the time of lodging Hospitalisation/OPD Mediclaim Bill with the Insurance Company, a copy of the covering letter indicating Mediclaim Index No. (MIN) and the amount claimed, etc., should be sent to Mediclaim Cell of Welfare Section to monitor the claim settlement.

**Annexure-I to mediclaim policy**

**CLAIM INTIMATION LETTER**

Date :

To

Dear Sir,

Sub : Mediclaim Index No. (MIN) \_\_\_\_\_

Ref : Mediclaim Policy No. \_\_\_\_\_

This is to inform you that I have been admitted to Hospital, details of which are as under :

1. Name of the Insured Member : \_\_\_\_\_
2. Name of the injury/illness : \_\_\_\_\_
3. Name & Address of Hospital : \_\_\_\_\_
4. Date of Admission in Hospital : \_\_\_\_\_

Thanking you,

Yours faithfully,

Name : \_\_\_\_\_

Full Address for Correspondence

:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone No.

STD Code

Cell No.

Annexure –II to Mediclaim policy

**HOSPITALISATION AND DOMICILIARY HOSPITALISATION**  
**BENEFIT POLICY CLAIM FORM**

Claim No.  
(for office use only)

Please fill in all columns without exception put 'NA', wherever the column is not relevant.

1. Name of the insured : \_\_\_\_\_  
(Surname) (Name)

2. Details of the person  
Undergoing treatment :

a) Name : \_\_\_\_\_

b) Date of Birth : \_\_\_\_\_

c) Occupation, if any. : \_\_\_\_\_

d) Residential address : \_\_\_\_\_  
(in capital letters)  
\_\_\_\_\_

e) Phone No. : \_\_\_\_\_

3. MIN No./Mediclaim Policy No.: \_\_\_\_\_

4. Nature of Disease/Illness/Injury suffered : \_\_\_\_\_

5. a) Name & Address of the Hospital/  
Nursing Home : \_\_\_\_\_  
\_\_\_\_\_

b) Date of Admission : \_\_\_\_\_

c) Date of Discharge : \_\_\_\_\_

6. If the claim is for Domiciliary Hospitalization, please indicate :

a) Date of commencement of treatment: \_\_\_\_\_

b) Date of completion of treatment : \_\_\_\_\_

c) Name & Address of the attending Medical Practitioner : \_\_\_\_\_

\_\_\_\_\_

I have incurred on the treatment of Disease/Illness/Accident referred to above, the expenses as per the details given by me in the Schedule of expenses given overleaf.

In support of the above claim, I enclose the following documents : (please indicate by tick) :

1. Bill, Receipt and Discharge Certificate/Card from the Hospital.
2. Cash Memos from the Hospital/Chemist(s) supported by proper prescription.
3. Pathological Test Reports
4. Surgeon's Certificate stating nature of operation performed.
5. Attending Doctor's/Consultant's/Specialist's/Anesthetist's Report.
6. Discharge Voucher duly signed on Rs.1/- Revenue Stamp.

I hereby warrant the truth of the foregoing particulars in every respect. I further declare that, in respect of the above treatment, no benefits under any other scheme of insurance or from my present employer's, if any, have been claimed by me.

Note : All original documents should be enclosed. Photocopy will not be accepted. However, photocopy of the document submitted may be retained by the claimant.

Date :

Signature of the Claimant

MIN NUMBER

CLAIM NO. \_\_\_\_\_

**SCHEDULE OF EXPENSES INCURRED BY THE CLAIMANT**

(Attach separate Annexure for details of Bills)

| Details of expenses claimed under Hospitalisation/Domiciliary hospitalization<br>(To be supported by Bills/Receipt, Cash Memos, etc.) | Amount Claimed<br>(Rs.) |
|---|-------------------------|
| 1. a) Pre-hospitalisation benefits<br>(Within 30 days prior to admission in the Hospital)   |                         |
| 2. a) Hospitalisation Benefits  |                         |
| 3. Post-Hospitalisation Benefits<br>(up to 60 days from date of discharge)  |                         |
| <b>TOTAL</b>  |                         |

Place :

Date :

Signature of the Claimant

**Annexure – III to Mediclaim policy**

**OPD TREATMENT CLAIM FORM**

1. Name of the Insured Person : \_\_\_\_\_
2. Mediclaim Index No. (MIN) : \_\_\_\_\_
3. Mediclaim Policy No. : \_\_\_\_\_
4. Address (in block letters) : \_\_\_\_\_
5. Phone No. with STD Code : \_\_\_\_\_
6. Nature of illness : \_\_\_\_\_
7. Period of Illness : \_\_\_\_\_

| 8. | Expenses incurred                        | Amount (Rs.) | Bill No. | Bill date |
|----|--|--------------|----------|-----------|
| a) | For consultation                         |              |          |           |
| b) | For medicines                            |              |          |           |
| c) | For pathological & other Diagnostic Test |              |          |           |

I declare that the facts given are correct and that I have not claimed reimbursement for the above expenses incurred by me from any other source.

Place :

Date : (Signature of the Insured)

Please enclose the following documents along with the Claim Form :

- a) OPD Card
- b) Chemist/Nursing Home Bills/Receipts
- c) All Pathological & other Test Reports and Bills, if any.
- d) Discharge Voucher duly signed on Rs.1/- Revenue Stamp.

**All the above documents should be in original. Photocopies will not be accepted.**