

Features for **GROUP MEDICLAIM INSURANCE (POLICY NO: D087516303)**

1. For Employee only and Sum Insured is of Rs. 5 Lakhs each.
2. 30 days/ 1st year/2nd year/3rd year/ 4th year waiting period – Waived off.
3. Pre- Existing diseases covered from day one.
4. Room rent limit - Normal room 1% and ICU room 2% of Sum Insured.
5. Maternity limit - Normal – Rs. 25000/- & Caesarian Rs 35000/-.
6. Nine-month waiting period - Waived off
7. Pre hospitalization – 30 days, Post hospitalization - 60 days
8. 24 Hours hospitalization required in a hospital.
9. Daycare procedure covered.
10. Treatment taken anywhere in India
11. Ambulance cover - 1% of Sum Insured of Rs 1,000/-
12. Policy also covers hepatization arising out of Psychiatric treatment limited to Rs 30k.
13. Ayush treatment covered only for inpatient hospitalization in Government hospital upto 25% of base Sum Insured, pre and post hospitalization expenses are not covered.
14. Lasik treatment covered- when power of the lens is more than +/-7.
15. Modern treatment covered - 50% of Sum Insured.
16. Fracture Cover- Treatment for Fracture and snake bite/animal bite are to be covered as a Daycare procedure
17. Proportionate Deduction clause applicable where Insured member has opted for room rent higher than eligible room rent category.
18. Terrorism- Hospitalization due to Act of terrorism will be covered.
19. Internal congenital diseases are covered, external is not covered.
20. If a claimant passes away in the hospital while treatment, no co pay or any deductible on the claimed amount is applicable; entire claimed amount to be paid for facilitate quicker release of the mortal remains.

Automatic Sum Insured reinstatement: Up to 50 % of Base SI provided that the 100% of the base SI is exhausted and subsequently insured needs additional cover for unrelated illness / condition within the policy period. The second hospitalization must happen after the original Sum Insured has already been exhausted and there is a minimum gap of 45 days since the Sum Insured was exhausted and insured person was discharged from the hospital for the reinstatement to trigger

CLAIMS PROCEDURE

1) CASHLESS HOSPITALIZATION

- Immediately inform HR Office/ broker (In case of planned hospitalization)
- Go to hospital covered in the network list.
- Present ID card at the time of hospitalization
- Insurance Company will issue an approval letter with guarantee of payment or approval after checking details provided by the hospital.

2) REIMBURSEMENT OF HOSPITALISATION

- Immediately inform HR Office/ Insurance Co./Broker either through mail/fax/or verbally over phone (Within 48 hours of admission or before discharge from Hospital).
- Following information must be provided.
 - a) Id No. or Policy No.
 - b) Name of the Hospital
 - c) Hospitalization date
 - d) Disease or Type of treatment
 - e) Approximate cost of treatment
- Documents required to be submitted within 7 days of discharge from Hospital
 1. Claim form duly filled
 2. Discharge Summary/ Daycare Summary
 3. Final Hospital Bill
 4. Payment Receipts
 5. Investigation Reports
 6. Pharmacy Bills
 7. Implant Sticker/ Invoice
 8. Doctor Prescriptions
 9. Consultation Paper
 10. Age Proof
 11. Indoor Case Paper
 12. EFT (Copy of cancelled cheque/ self-attested ID poof/ Bank attested copy of passbook with IFSC code
 13. KYC (Copy of ID proof, Residence proof, & 2 Passport size photos)