

Group Medical Insurance Policy for the existing employees and their dependants.

1. TITLE OF THE SCHEME

The scheme is known as “Group Medical Insurance Policy” for the employees and their dependants.

2. OBJECTIVE OF THE SCHEME

Objective of the scheme is to meet the expenses, incurred by the insured persons during the inpatient medical treatment.

3. APPLICABILITY OF THE SCHEME

This scheme is applicable to all the Permanent employees on the rolls of the CCI Ltd. and their family members, effective from 01.06.2019.

DEFINITIONS

- 4. Regular Employee** – means an employee whose name is borne on the permanent rolls of the company including probationers, Management Trainees, Junior Management Trainees and Worker Artisan Trainees.
- 5. Insured Person** – means Person(s) named on the schedule of the policy.
- 6. In-Patient** – An insured person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving treatment for suffered ailment/illness/disease/injury/accident during the currency of the policy.
- 7. Cashless Facility** – means the TPA may authorize upon the Insured persons’ request for direct settlement of admissible claim as per agreed charges between approved hospital and the insured person may not have to pay any bill after the end of the treatment at hospital to the extent the claim is covered under the policy.
- 8. Medical I.D. Card** – means the card issued to the Insured Person by the TPA to avail Cashless Facility in the approved hospital.
- 9. Approved Hospital** – means hospitals that have agreed with the TPA to participate for providing cashless health services to the insured persons. The list of empanelled hospital is enclosed.
- 10. Recognized Hospital** – means hospitals that are approved by the insurance company for providing treatment for the insured persons other than those which are providing cashless health services.
- 11. Referral Hospital** - means hospitals having facilities for providing super specialty treatment for the insured persons and duly approved by insurance company.

12. Coverage of the Scheme – This Medical Insurance Policy is to extend coverage to Existing employees, not covered under ESIC, on the rolls of CCI. The facilities under this policy to be extended to the Existing employees are detailed below:

Few of the salient features of the Medical Insurance Policy are as follows:

1	Geographical Limits	India (no location barrier)
2	Sum Insured (INR)	INR 300,000
3	Family Floater	Yes
4	Family Unit Definition	Employee + Spouse + Kids + set of parent (parents / in-laws) in case of male employee only parents can be covered. Parent-in laws shall be covered in case of female employee. Dependent children upto the age of 25 years for boys and unmarried daughters.)
5	Sum Insured	INR 300,000
6	Maternity Benefit	Covered for female employees
	Sub Limit on Normal Delivery	INR 50,000/-
	Sub Limit on Caesarean Delivery	INR 1 lakh
	9 month waiting period for maternity	Waived Off
	Maternity benefit limit for no of children	2 living children up to 25 years
	Expense incurred for Medical termination of pregnancy under Medical advice to save the life or prevent serious damage to the health of the mother	Covered
	Abortion if performed legally & under medical advice within first 20 weeks on confirmation of substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped. 20 weeks to be extended as per amendment in MTP Act, 1971 in due course of time.	Covered
7	Baby Cover	From day one within family sum insured
8	Pre-existing Disease Covered	Covered from day one for existing and new joiners both
9	30 days waiting period is Applicable	Waived Off
10	Ambulance Services	INR 2,000/- per incidence
11	Room Rent Restrictions if any	State capitals - 1.5% of sum insured for Normal / ICU on Actual basis

		Metro - 2% of SI for normal / ICU on Actual basis
		other cities - 1%of SI for normal / ICU on Actual basis
12	Day Care procedures	Covered
13	Terrorism Related Hospitalisation	Covered
14	Clause on Advancement of Medical Science	Covered upto conservative treatment
15	Coverage for cost of dentures	Covered
16	Donor & Receiver Expenses covered in case of organ transplant	Covered
17	Waiting Period for any ailment	Waived Off
18	Cancellation Clause	Not Applicable
Below clauses should be incorporated based on specific requirement of client		
19	Coverage to New Joiners	Covered from day one
20	Coverage to Family Members	Covered from day one
21	For family members of New Joiners	Covered from day one
22	New Borns & Spouse in the event of Marriage during the year	Covered from date of event

14. Coverage of all Pre-existing diseases or ailment / injuries:

All ailments / diseases / injuries / health condition which are pre-existing (treated/untreated, declared / not declared in the proposal form), shall be covered under the Policy.

Newly born babies will be covered from day one within overall limit of the family.

15. Pre-hospitalization and Post-hospitalization Expenses:

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

b) Post-Hospitalization: Relevant medical expenses incurred for the period of 60 days after hospitalization on diseases / illness / injury sustained will be considered as part of claim.

c) Special provision for Day Care: The insurance policy should provide day care coverage for specific treatment taken in network specialized day care centers where the insured is discharged on the same day like eye-surgery, radio therapy, Coronary Angiography, treatment of fractures, etc.