

SPECIAL CONDITIONS ATTACHED TO GROUP MEDICLAIM INSURANCE POLICY

Insured : Odisha State PSU (BBSR)Employees Welfare Society	
SPECIAL CONDITIONS ATTACHED AND FORMING PART OF GROUP HEALTH INSURANCE POLICY	
Sum Insured (Floater)	INR 500000 per family
PRE EXISTING DISEASE/CONDITION (Exclusion Clause No 01 of the GHIS Policy)	Waived.
WAITING PERIOD FOR SPECIFIED DISEASES/ALIMENTS/CONDITIONS (Exclusion Clause No 02 of the GHIS Policy)	Waived.
First 30 days waiting Period (Exclusion Clause No 03 of the GHIS Policy)	Waived.
Pre & Post Hospitlisation limits	Pre Hospitalisation - 30 Days. Pre hospitalization expenses incurred prior to inception of policy with the company is inadmissible. Post Hospitalisation - 60 Days Subject to capping at 10% of Sum Insured.
New Born Baby cover	New born baby is covered from day one up to 90 days with in maternity limit provided the mother is covered under the policy. Babies aged above 90 days are covered from 91 days within the floater SI of a family unit subject to compliance of family definition clause of this special condition.
Maternity Expenses	Covered subject to limits provided in the special conditions
Waiting Period for Delivery	Waiting period of 9 months for Delivery is hereby waived.
Corporate Buffer	Policy Limit 50 Lakhs with sub limit of 5 Lakhs per family
Special Conditions	
Entry Age	Up-to 65 Years for new joiners & up-to 80 years for renewals
Family Definition	(i) Primary Member (ii) Legal spouse of the member. (iii) First two children of the member up to 30 years of age. This includes mentally challenged also and for physically challenged if the disability is greater than 40%, child will be covered irrespective of any age. (iv) Parents / Parents-in-law of the member. Either parents / Parent-in-laws only (i.e., no inter / intra change of parent / Parent-in-law is allowed) Total six in number in a family unit

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<p>Room Rent limits including Boarding, Nursing Charges, etc,</p>	<p>Room Rent, Boarding and Nursing Expenses: Restricted to 1% of sum insured for NON-ICU room and 2% of sum insured for ICU Per Day of hospital stay.</p> <p>If the Insured occupies a room with a room rent limit other than his Eligibility as per the insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent or actuals, whichever is lower.</p> <p>Treatment in Network & Non-Network hospitals.</p>
<p>Co-pay on claims</p>	<p>10% on admissible claim amount of claim.</p>
<p>Maternity Benefits limits</p>	<p>This policy is extended to cover the child delivery expenses incurred by the insured up to the limits indicated in the special conditions. The company shall not be liable to make any payments under this policy in respect of any expenses what so ever incurred by the insured person in connection with or in respect of Family planning treatment and all types of treatment for infertility and its complications thereof.</p> <p>Limit of benefit: Rs.30,000/- for normal and Rs.50,000/- for caesarean delivery.</p> <p>For Complications in pregnancy is covered within family Sum Insured.</p> <p>Maximum two delivery only.</p>
<p>Day 1 cover for New born baby coverage limit</p>	<p>The benefit payable hereunder shall be within maternity for one day old babies to 90 days, beyond which they are covered within floater SI of a family unit subject to compliance of family definition clause of this special condition.</p>
<p>Corporate Buffer limits</p>	<p>Corporate buffer with the limit of INR 50 Lacs (Annual) for 11 specified critical illness. (Cancer of specified severity, first heart attack of specified severity, CABG open Chest CABG, Heart Valve replacement, Coma of specified severity, Kidney failure, Stroke resulting permanent symptoms, Major organ/Bone marrow transplant, Multiple Sclerosis, Major Neuron Disease with permanent symptoms, Permanent Paralysis of limbs.) Subject to maximum of Rs.5 lakh per family unit in a policy year.</p>
<p>Pre & Post Hospitalisation limits</p>	<p>Pre Hospitalisation - 30 Days & Post Hospitalisation - 60 Days subject to a maximum of 10% of Sum Insured.</p>
<p>Ambulance Expenses limits</p>	<p>Emergency ambulance charges up-to a sum of Rs.2,500/- per policy period for transportation of the insured person by private ambulance service when this is needed for medical reasons to go to hospital for treatment provided such hospitalisation claim is admissible as per the Policy.</p>

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<p>Sub Limits</p>	<p>1. Internal cap for Cataract up to Rs.40, 000/- per eye subject to a maximum of Rs. 80,000/- during the policy period.</p> <p>2. Hernia and Hysterectomy: up to 25% of the sum insured.</p>
<p>Addition / Deletion of insured persons</p>	<p>Insured will be allowed a window period of 60 days from the policy Inception date to review the employee list covered under the policy. All Addition of persons under family unit is to be done subject to receipt of additional premium.</p> <p>After the inception of the Policy, No midterm inclusion of any member unless he/her is a new joiner and dependents of the already insured member unless they are newly married spouse and new born child.</p> <p>Deletion of Employees members on resignation :</p> <p>The coverage under the policy in respect of the insured persons will cease once they cease to be an employee/ member of the Insured or on the expiry of the policy, whichever is earlier. In respect of deletions, refund will be effected on pro rata basis from the date of deletion of the employee under the policy - subject to No-claim for the primary insured member or the his/her family members, for which the Insured shall provide date of relieving of the member.</p> <p>Cover could operate or attach only in respect of risk to member and subject to condition that such member continuous to be part of the group at the time of commencement of insurance and also at the time of action.</p> <p>We agree for providing cover for additions from the date of joining of the new member by charging pro-rata premium from the date of joining till the expiry of the policy, subject to maintenance of free and adequate balance under Cash Deposit maintained by the Insured with us or the coverage will be effective from the date of payment of premium.</p> <p>The Insured shall submit of list of additions and deletions on monthly basis to reach us at the latest by the 10th. of subsequent month.</p>
<p>Other conditions</p>	<p>1. All Day Care Procedure covered.</p> <p>2. Ayurvedic /Homeopathic/Unani treatment: Hospitalisation expenses are admissible only when the treatment is taken as inpatient in a Government hospital / Medical college Hospital.</p> <p>3. Hospitalisation expenses (excluding cost of organ) incurred on Donor in respect of organ transplant to the insured.</p> <p>4. Circumcision, Preputioplasty, Frenuloplasty, Preputial Dilatation and Removal of SMEGMA, Inoculation or Vaccination stands covered.</p>

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5. Expenses incurred on High Intensity Focused Ultra Sound, Uterine fibroid embolisation, Balloon Sinoplasty, Enhanced External Counter Pulsation Therapy and related therapies, Chelation therapy, Deep Brain Stimulation, Hyperbaric Oxygen Therapy, Rotational Field Quantum Magnetic Resonance Therapy, VAX-D, Low level laser therapy, Photodynamic therapy and such other therapies similar to those mentioned herein under this clause stands covered.
6. Expenses incurred on Lasix Laser or Refractive Error Correction and its complications all treatment for disorder of eye requiring intra-vitreous injections and related procedures are covered.
7. Oral Chemotherapy, Immune therapy and Biologicals when Clinically indicated and hospitalization warranted stand covered upto SI without any cap.
8. Mental illness as per MHA 2017 stand covered.
9. Terms of the policy including the premium rates of the policy will not be revised or modified during the currency of the policy.
10. Time limit for Re-imbursment claims for pre & post hospitalizations: 30 days from the date of discharge from hospital subject to maximum of 75 days from the discharge from hospital. Clause No. 12.1.C of GHIS policy stands modified accordingly.
11. All claims shall be serviced through TPA.
12. Low Claim Ratio Discount (Bonus): Low claim ratio discount at the following scale will be allowed on the total premium at renewal only depending upon the incurred claims ratio for the entire group insured under the Group Health Insurance Policy for the preceding three completed years excluding the year immediately preceding the date of renewal. Where the Group Health Insurance Policy has not been in force for three completed years, such shorter period of completed years excluding the year immediately preceding the date of renewal will be taken into account.

Incurred Claims ratio under the Group Health Insurance Policy	Discount %
Not exceeding 60%	5
Not exceeding 50%	15
Not exceeding 40%	25
Not exceeding 30%	30
Not exceeding 25%	30

All Other Terms & Conditions Subject to printed Policy (SBGICL's Group Health Insurance Policy) Clauses attached.