



West Bengal State Electricity Distribution Company Limited

(A Govt. of West Bengal Enterprise)

Corp. HR Department, 7th Floor 'D' Block, Vidyut Bhawan

OFFICE ORDER NO. P/73

Dated: 04.10.16

In continuation with the Office Order No. P/72 dtd. 07/10/2015 of the Director (HR) it is notified that the Gr. Medical Insurance Scheme for retired persons of WBSEDCL is being reintroduced for the period 01/11/2016 to 31/10/2017 with sum insured of Rs 1,08,500. Retired employees of WBSEDCL (both pensioners & non pensioners) may submit their option form in the following manner :-

- a) Retired employees who are not covered under the Death cum Retirement Benefit Regulation 1985 of WBSEDCL but want to be opted for the Group Medical Insurance Scheme from November 2016 onwards will be considered for this scheme subject to submission of their filled up Option Form at 'Help Desk', Gr. Medical Insurance Cell, 6th Floor, 'C' Block and deposition of Rs.2400/- (Rupees Two thousand four hundred) only within 20/10/2016 at the Corporate Cash Section at Vidyut Bhawan by Demand Draft payable in favour of "West Bengal State Electricity Distribution Company Limited" Payable at Kolkata.
- b) For Pensioners/Family Pensioners who have not yet opted for Group Medical Insurance Scheme but want to be opted for the Group Medical Insurance Scheme from 01/11/2016 onwards are advised to submit their filled up Option Form within 20/10/2016 at Gr. Medical Insurance Cell, 6th Floor, 'C' Block. Rs.200/- (two hundred) only per month will be deducted as premium of the Scheme from their pension payable from the month of November 2016 onwards for 12 (Twelve) months. The deducted amount is to be deposited to WBSEDCL account by the Pension Trust within 5th of the following month. Necessary Account Code for this transaction may be allocated by both Pension Trust and Corporate Compilation Cell WBSEDCL.
- c) The Pensioners/family Pensioners who has already been included in the Gr. Medical Insurance Policy for the year 2015-16 and don't opt to withdraw their names from the Gr. Medical Insurance Scheme within 20/10/2016 will automatically be included in the MDCL database w.e.f November 2016 for one year by Corp. MIS Cell, WBSEDCL.

For any further clarification and help, necessary guidance will be available from Gr. Medical Insurance Cell, Vidyut Bhawan, 6th Floor, 'C' Block, WBSEDCL. For details please visit company's website www.wbsecl.in. or contact the Gr. Medical Insurance Cell (Retired Persons Help Desk), ph. no. 033 2359-8385.

Encl: Copy of option form.


Sujay Sarkar
Director(HR)

OPTION FORM FOR GROUP MEDICLAIM POLICY FOR RETIRED EMPLOYEES OF WBSEDCL

To

The Officer-in-Charge
Help Desk for Gr. Mediclaim Policy for retired Employees, WBSEDCL
6th Floor, C-Block, Bidyut Bhavan,
Salt Lake City, Kolkata-700 091

I Sri / Smt.whose particulars are given below want to opt for the existing Group Mediclaim Policy for retired employees of WBSEDCL. I also declare that upon enrolment under the scheme I shall forego the regular monthly medical relief drawn by me as part of my total pensionary benefits in each month / contribute the same amount in advance. I further declare that I will abide by the provisions, rules and regulations of the said scheme as may be in force from time to time.

The particulars are given below :

1. Name of the optee : (Pensioner / Family Pensioner / Other retired Employees / spouse of deceased retired employees)

2. Name of the Ex-employee : (in case 1. above is a family pensioner) Late
3. Name of the deceased-employee : (in case of non-pensioner) :
4. PPO/FPPO Number (in case of Pensioner / family Pensioner) :
5. PF A/c. No. (in case of other retired employees i.e. non-pensioner) :
6. Residential Address including PIN Code :
7. Date of Birth of optee :
8. Name of Spouse of the optee :
9. Date of Birth of Spouse :
10. Date of Retirement / Death of the ex-employee :
11. Office to which last attached (i.e. the ex-employee) :
12. Contact No. :
13. Email Id (if any) :

I do hereby declare that the particulars furnishd above are true & correct to the best of my knowledge & belief.

Date :

Place :

Full Signature of the Optee

(Name of the Optee)

Particulars of Payment of Premium amount by CPF / EPF category (i.e. Non-Pensioners)

Premium Amount	DD/Pay order No & Date	DCR No & Date	Remarks

Enco : Copy of D.C.R.

Signature of the Optee

Signature of Official of Mediclaim help Desk

**GROUP FLOATER MEDICAL INSURANCE POLICY FOR RETIRED
EMPLOYEES OF WBSIEDCL (2016 - 17)**

WBSIEDCL is going to re-introduce a Group Medical Insurance Scheme for its retired employees with United India Insurance Co. Ltd.

- 1) **Class of Insurance :** Group Floater Medical Insurance.
- 2) **Coverage:** Rs 1,08,500/- of coverage per member with clubbing facility under hospitalization with his/her spouse.
- 3) **Period of Insurance:** 12 months w.e.f. 1st November 2016.
- 4) **Annual Premium :** Rs 2400/- per retired person (including spouse, wherever applicable) including Service Tax.
- 5) **Policy type :** Cashless Floater Type.
- 6) **Eligibility Criteria :** 1+1 (ex-employee + spouse).
- 7) **Geographical limit :** India.
- 8) **Policy Coverage :**
 - i) Includes coverage of pre-existing diseases from day one, no age bar for entering Mediclaim member without any prior medical examination. Employees who retired and intend to join the policy during the course of operation of policy can be included in policy with payment of pro-rata premium after every quarter & carry full amount of coverage of sum insured (floater basis).
 - ii) Policy covers cashless facility in approved list of hospitals / nursing homes etc. & reimbursement of hospitalization in other cases.
 - iii) In the event of any claim becoming admissible under this policy, the insurance company will pay to the hospital (for cashless treatment) & to the insured person (for non-cashless treatment) for this purpose of the said mediclaim policy, the ex-employee & his/her spouse will be treated as two distinct members.

**9) Hospitalization
(IPD)** :

- a)
 - i) Room rent including administration charges for IV fluid, injection charges excluding their cost in non ICU/ HDU / ITU / ICCU bed will have maximum limit of Rs 1500/- per day.
 - ii) Room rent including administration charges for fluid, Injection, Ventilator, infusion pump, Bi-pap, monitor, oxygen, blood transfusion charges in ICU / HDU / ITU / ICCU bed will have maximum limit of Rs 3500/- per day.
 - iii) Maximum limit on total amount of room rent in both is normal-> Rs. 1500/- & ICU/ITU-> Rs. 3500/- per day.
- b) Surgeon, Anesthetist, consultant fees, Nursing charges, physiotherapy charges will have maximum limit of 25% of sum insured per member.
- c) Hospital charges like investigation, OT charges, consumables & disposable, medicine, oxygen, blood, diagnostic material, dialysis, chemotherapy, radiotherapy, cost of pacemaker or any implant will have maximum limit of 75% of sum insured per member. No capping will be allowed on individual items like IOL, stent, orthopedic implants.
- d) All types of treatments / procedure/ investigations done in hospital/nursing home including day care treatment should be considered under hospitalization benefit (like stitching of wounds, dialysis, chemotherapy, radiotherapy, arthroscopy, ENT surgery, Lithotripsy, endoscopy, angiography, eye surgery including correction of eye sight by laser surgery, cataract operation, psychiatric & psychosomatic disorder, any condition directly or indirectly caused to or associated with HIV).

- e) The terms under Clause 9(d) includes treatment undertaken on package basis, where full amount of package cost will be entertained ignoring Clause Clause 9(a), (b) &(c) within sum insured. It also includes all types of treatment under hospitalization for less than 24 hrs. in addition to day care treatment.

10)

a) **Pre Hospitalization:**

Relevant medical expenses incurred during the period upto 15 days after hospitalization will be considered as part of claims mentioned under hospitalization expenses.

b) **Post Hospitalization:**

Relevant medical expenses incurred during the period upto 15 days after hospitalization will be considered as part of claims mentioned under hospitalization expenses.

- c) Relevant expenses as mentioned at (a) & (b) above will include physiotherapy, dressing charges, investigating charges, medicines,

11) Claim submission for Hospitalization treatment on cashless/re-imburement basis:

- i) The reimbursement claim (pre/post/IPD) to be submitted to insurance company within 02 months after completion of permissible post hospitalization treatment.
- ii) After receiving the claim concerned insurance company will release payments of admissible amount of claim latest by 30 days from the date of receipt of that claim.

12) Help Desk:

One authorized person of Insurance Company will be present two days in a week in the Gr. Medical Insurance Cell, Vidyut Bhawan (Retired Person's help desk) of WBS&EDCL at its Corporate Office for interactions with the beneficiaries of the scheme.

13) ROLES AND RESPONSIBILITIES OF THE UNDERWRITER (Insurance Company):

The Underwriter would be fully responsible for development, implementation and overall management of the policy on day to day basis within the frame work of the terms and conditions already designed for the purpose where the risk would be underwritten & absolved completely by them along with shouldering the post contractual liability also ensuring necessary day to day policy administration.

The liability of risk will be solely and entirely rested on the underwriter's shoulder and they will have to bear the responsibility for honouring the claim from the beneficiaries as & when triggered under the scope of the policy mainly on cashless basis from their listed facilities under their existing networking arrangements along with the Hospital & Nursing Homes approved by WBSEDCL authority on PPN basis or mutually agreed lower rate(if any) between empanelled hospitals & WBSEDCL, up to the limit of sum insured designed for the members within group as per approved rate of WBSEDCL authority .

Since the policy is basically of service oriented nature they should have the ability to organize the treatment of members in commensurate with the criticality as per their desired medical destinations on pan India basis as and when approached by them for availing indoor medical benefits by the beneficiaries and to handle all types of situation for progression of treatment without any interruption and would be especially client focused.

Since the policy is poised to be administered by the TPA, hence it would be the primary duty and responsibility of the underwriter to have liaison and co-ordination with the respective TPA on day to day basis for ensuring necessary policy administration so that the policy may run on a successful way and accordingly they should keep a tab on the day to day functioning of the TPA for servicing of the beneficiaries in a most satisfactory manner.

14) ROLES AND RESPONSIBILITIES TO BE PERFORMED / UNDERTAKEN BY THE 3RD PARTY ADMINISTRATOR (TPA) TO BE ENGAGED FOR DAY TO DAY ADMINISTRATION OF THE POLICY :

The TPA would be functioning under the aegis of the Insurance Co. hence they would be acting as an agent on their part (Insurance Co.) as mentioned in IRDA's different orders and circulars and they would bind their principal for all the actions having been taken by them within the tenure of the policy. In other words, the underwriter will be prima-facie liable and responsible for all such actions by TPA under the scope of the contract entered into with WBSEDCL.

Medicare TPA Services (I) Pvt. Ltd is the TPA for the year 2016-17 .Insurers who will not get their mediclaim cards within 1st week of December 2016 may download their ecards from the website of medicare TPA(www.medicaretpa.com) or contact to the following-

- 1) Mr. Surajit Pal(authorized person of medicare TPA)-9051192244.
Or mail to surajit.paul@medicaretpa.co.in.
- 2) Medicare TPA Services (I) Pvt. Ltd
6B Bishop Lefroy Road,Paul Mansion,Ground Floor,Kolkata 700020.
Ph No. 03340079991/9992/9993,Fax No. 033-2247-6111
Toll Free 1800 345 3339.
Email- medicareho@medicaretpa.co.in.

In case of any problem kindly contact the above mentioned contact nos.

15) Capping of 16 diseases:

The Policy is subject to United India Insurance Company's terms & conditions-

CAPPING OF 16 DISEASES		
SL NO.	AILMENT	ALLOWABLE LIMITS (Rs)
1	Tonsillities/tonsilectomy	12500
2	Cataract	13000
3	Typanoplasty	25000
4	Fistula,Hydrocele,Piles,Varicocele,Sinusitis	18000
5	(FESS)	25000
6	Appendicitis,Hernia,Benign,Prostatic,Hypertrophy(TURP)	21000
7	Hysterectomy	25000
8	Cholecystectomy,Lapchole,Angioplasty/PTCA due to Coronary Artery Diseases/ISCHEMIC Heart Disease(excluding cost of stent)	25000
8A	CABG	As per SI
9	Arterial Stent/Graft	As per SI
10	Joint Replacement-Knee Joint	40000
11	Hip Joint	As per SI
12	DJ stenting with PCNL	40000
13	Surgery for Varicose veins	40000
14	Laprosopy surgery for polycystic ovarian disease	35000
15	Diseases related to pancreas(excluding cancer)	45000
16	Colitis/gastric ulcer/Peptic ulcer/Acute-Subteintestinal/Obstruction/related disease	45000

16) Miscellaneous:

TPA is preparing the mediclaim cards and will send them to the address of the retired employees by post. Detailed information regarding enlisted hospital list and rules & regulations for cashless and reimbursement facilities are given in the brochure attached with the mediclaim card. Insurers who will not get their mediclaim cards within 1st week of December 2016 may download their ecards from the website of medicare TPA(www.medicaretpa.com) or contact to the following -

- 1) Mr. Surajit Pal(authorized person of medicare TPA)-9051192244.
- 2) Mail to surajit.paul@medicaretpa.co.in informing your PPO NO., Name and mail id so that medicare TPA may send to your ecard & brochure by mail.

In case of any D.O.B/Name related rectification follow the below mentioned steps-

- a) For change of Date of Birth of spouse of primary members(if any) send a letter addressing Assistant Manager(HR&A), Gr. Medical Insurance Cell(Retired Person's Help Desk), 6th Floor 'C' Block, Vidyut Bhawan, Kolkata 700091 with self attested xerox copy of original valid documents of date of birth by speed post(retired persons need not to come to the department as they are senior citizens) for necessary rectification and resending the rectified card by the TPA.

In case of any further problem contact Asst. Manager(HR&A) Gr. Medical Insurance Cell(RPHD), 6th Floor C Block, Vidyut Bhawan-033-2359 8385(within office hours).