

**DETAILS REGARDING GROUP MEDICAL HEALTH INSURANCE POLICY FOR THE RETIRED EMPLOYEES  
OF WBSEDCL (2018-19)**

In this Policy, the following abbreviations and expressions shall have the following meanings:

<u>Abbreviation</u>	<u>Meaning</u>
(i) TPA	Third Party Administrator
(ii) IPD	Inpatient Department (Hospitalization)
(iii) ICU	Intensive Care Unit
(iv) HDU	High Dependency Unit
(v) ITU	Intensive Therapeutic Unit
(vi) ICCU	Intensive Coronary/ Critical Care Unit

Expression

- (i) **Hospital** means any institution established for in- patient care and day care treatment of illness and / or injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
  - has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
  - has qualified Medical Practitioner (s) in charge round the clock;
  - has a fully equipped operation theatre of its own where surgical procedures are carried out.
  - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- (ii) **"Medical Practitioner"**: means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. The registered practitioner should not be the Insured or close family members.
- (iii) **"Member/ Insured Person"** shall refer to:
- A retired employee of WBSEDCL, along with his/ her spouse, wherever applicable, who may either be a Pensioner/ Non-Pensioner;
  - A person in receipt of Family Pension, following the death of the retired employee;
  - Spouse of a retired employee of WBSEDCL, who had been a Non-Pensioner, and subsequently expired.

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**POLICY BENEFITS:**

- (i) **Class of Insurance:** Group Floater Medical Insurance Scheme provided by SBI General Insurance Company Limited.
- (ii) **Sum insured:** (a) For Part A: Rs 1,10,000/- of coverage in respect of IPD (Hospitalization benefit) per member with clubbing facility under hospitalization with his/her spouse.  
(b) For Part B: Rs. 2,00,000/- of coverage in respect of IPD (Hospitalization benefit) per member with clubbing facility under hospitalization with his/her spouse.
- (iii) **Period of Insurance:** 27<sup>th</sup> March 2018 to 26<sup>th</sup> March 2019.
- (iv) **Annual Premium:** (a) For Part A: Rs 2400/- per member including GST.  
(b) For Part B: Rs. 7000/- per member including GST.
- (v) **Policy type:** Cashless Floater Type & Reimbursement Option
- (vi) **Eligibility Criteria:** As per definition of "Member" above.
- (vii) **Geographical limit:** The territory of India.
- (viii) **Policy Coverage :** (i) Includes coverage of pre-existing diseases from day one, no age bar for entering member without any prior medical examination. Employees who retire during the course of the operation of the policy and intend to join the policy may also be included against payment of pro-rata premium 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 expenses in other cases.  
(iii) In the event of any claim becoming 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 Group Medical Insurance Scheme, the ex-employee & his/her spouse will be treated as two distinct members.
- (ix) **Hospitalization(IPD):**
- a)  
i) Room rent including administration charges for IV fluid, injection charges excluding their cost in non- ICU/ HDU / ITU

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day for Part A and Rs 2000/- for part B of the policy respectively.

- 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 carry a maximum limit of Rs 3500/- per day for Part A and Rs 5000/- for part B of the policy respectively.
- b) Surgeon, Anesthetist, Consultant fees, Nursing charges, physiotherapy charges will carry a maximum limit of 25% of sum insured amount per member for both Part A and Part B of the policy.
- 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 for both Part A and Part B of the policy. 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, ie, the period of hospitalization is less than 24 hours and the insured person is discharged on the same day, 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) for both Part A and Part B of the policy..
- e) The terms under Clause 9(d) includes treatment undertaken on package basis, where full amount of package cost will be entertained ignoring Clause ix(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.

**(x) Pre Hospitalization:**

Relevant medical expenses incurred during the period upto 15 days prior to hospitalization will be considered as part of claims mentioned under hospitalization expenses for both Part A and Part B of the policy.

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**(xi) Post Hospitalization:**

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

Relevant expenses as mentioned at (x) & (xi) above will include physiotherapy, dressing charges, investigating charges, medicines etc.

**(xii) Claim submission for Hospitalization treatment on cashless/re-imburement basis:**

(i) The reimbursement claim (pre/post IPD) is to be submitted to the insurance company within 60 days after completion of permissible post hospitalization treatment.

(ii) After receipt of claim, the concerned insurance company will release payment of admissible amount of claim latest by 30 days from the date of receipt of the necessary documents.

**(xiii) Help Desk:**

One authorized person of the Insurance Company/ TPA shall be present two days in a week at the Gr. Medical Insurance Cell, 6<sup>th</sup> Floor, C- Block, Vidyut Bhawan, for interactions with the beneficiaries of the scheme and facilitation of submission of claim documents, settlement of queries, grievances etc.

**(xiv) Payment of Premium:**

WBSEDCL shall arrange for recovery of Premium from the insured persons and deposit lump sum payment to the insurance company prior to commencement of the policy and on quarterly basis against inclusion of new members/migration of members from part A to Part B, which shall be calculated on pro-rata basis. Payment for Part A and Part B of the policy shall be made separately.

**(xv) Renewal of Policy:**

Renewal of policy may be considered fully on discretion of WBSEDCL authority and may continue or terminate through fresh tendering depending upon merit of the policy administration & service.

**11. Capping of Diseases:**

(a) There is no capping for Part B of the policy.

(b) Capping of 16 diseases shall be applicable for Part A of the policy shall be as stated below:

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CAPPING OF 16 DISEASES		
SL NO.	AILMENT	ALLOWABLE LIMITS (Rs)
1	Tonsilitis/tonsilectomy	12500
2	Cataract	13000
3	Tympanoplasty	25000
4	Fistula,Hydrocele,Piles,Varicocele,Sinusitis	18000
5	(FESS)	25000
6	Appendicitis, Hernia, Benign ProstaticHypertrophy(TURP)	21000
7	Hysterectomy	25000
8	Cholecystecetomy,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	Laparoscopy surgery for polycystic ovarian disease	35000
15	Diseases related to pancreas(excluding cancer)	45000
16	Colitis/gastriculcer/Pepticulcer/Acute- Sub-intestinal/Obstruction related disease	45000

The Policy is subject to SBI General Insurance Company Limited's terms & conditions.

Details regarding TPA and list of preferred hospitals shall be notified shortly on [www.wbsedcl.in](http://www.wbsedcl.in).

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