

**SALIENT FEATURES OF THE GROUP MEDICAL INSURANCE POLICY 2025-26, FOR THE
RETIRED EMPLOYEES OF WBSEDCL**

1. POLICY BENEFITS:

- (i) **Class of Insurance:** Group Floater Medical Insurance Policy.
- (ii) **Sum insured:**
- (a) **For Part A:** Rs 2,00,000/- of coverage in respect of IPD (Hospitalization benefit) per member with clubbing facility under hospitalization with his/her spouse.
 - (b) **For Part B:** Rs. 3,50,000/- of coverage in respect of IPD (Hospitalization benefit) per member with clubbing facility under hospitalization with his/her spouse.
 - (c) **For Part C:** Rs 5,00,000/- of coverage in respect of IPD (Hospitalization benefit) per member with clubbing facility under hospitalization with his/her spouse.
- (iii) **Period of Insurance:** 08.03.2025 (00:00hrs) to 07.03.2026 (23:59hrs).
- (iv) **Annual Premium:**
- (a) **For Part A:** Rs 14160/-per member including GST.
 - (b) **For Part B:** Rs. 41816/-per member including GST.
 - (c) **For Part C:** Rs. 59738/-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) a) 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 in any quarter against payment of pro-rata premium & will carry full amount of coverage of sum insured (floater basis). However, those employees who had retired earlier but were not eligible for submission of option before commencement of the policy will be considered for quarterly inclusion.
 - b) For extending the benefit to retired employees/spouses who had missed out from submission of options within the due date will be given a final opportunity for inclusion in the policy at the time of the 1st quarterly inclusion only.

(ii) Policy covers cashless facility in approved list of hospitals / nursing homes etc. and 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 / ICCU bed will carry a maximum limit of Rs 2500/- per day for Part A ,Rs 3500/- per day for part B and Rs 5000/- per day for part C 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 5000/- per day for Part A, Rs 7000/- per day for part B and Rs 10000/- per day for part C 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 all parts 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 all parts of the policy. No capping will be allowed on individual items like stent, orthopedic implants
- d) All types of treatments / procedures/ investigations done in hospital/ nursing home (including day care treatment, ie, where 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, all types of chemotherapy, radiotherapy, arthroscopy, ENT surgery, Lithotripsy,

endoscopy, angiography, eye surgery including refractive surgery as per IRDAI guideline, cataract operation, Psychiatric & Psychosomatic disorder, any condition directly or indirectly caused to or associated with HIV and ,or COVID 19) for all parts of the policy.

- (e) IRDAI guidelines on standardization of exclusions in health insurance policies and consideration of modern treatment methods and advancement in technologies are to be followed scrupulously by the Insurance Co. IRDAI listed modern treatment methods and advancements in technologies along with all types of targeted therapy shall be covered under the policy up to 50 % of Sum Insured for all Part A, Part B and Part C of the policy.
- (f) The terms under Clause ix (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. as per day care list approved by IRDAI.

(x) Pre Hospitalization:

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

(xi) Post Hospitalization:

Relevant medical expenses incurred during the period up to 30 days after hospitalization will be considered as part of claims mentioned under hospitalization expenses.

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

(xii) Claim submission for Hospitalization treatment

On cashless/re-imburement basis:

(i) The intimation of hospitalization is to be submitted to the Insurance Co. within 45 days after the date of admission to the hospital. In case of non-compliance, 10% Co-pay shall be applicable. This Co-pay shall be over and above all other terms & conditions of the Policy. However, on reasonable ground the delay of intimation is to be condoned and co-payment to be waived.

(ii) The reimbursement claim (inclusive of pre & post_IPD) is to be submitted to the insurance company within 60 days after discharge/after completion of permissible post hospitalization treatment as applicable.

(iii) 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.

(iv) Any claim cannot be repudiated simply on the ground of claim submission beyond permissible period and the delay is to be condoned on reasonable grounds.

(xiii) Help Desk:

One authorized person of the Insurance Company/ TPA shall be present 5(five) days {working days} in a week at the Group Medical Insurance Cell, 6th Floor, C- Block, Vidyut Bhavan and 2(two) days {working days} a week at different Zonal offices namely Siliguri, Malda, Berhampur, Midnapur & Burdwan Zonal Office for interactions with the beneficiaries of the scheme and facilitation of submission of claim documents, settlement of queries, grievances etc.

(xiv) Settlement of claims :

Settlements will be made by the Insurance Company as per PPN Rates/ WBHS Rates/ mutually agreed rates (whichever is applicable). Settlements that are not covered under the aforementioned rates shall be made at par with the rate applicable for the entitled category of room rates specified in the policy only. In case where the insured members opt for room rate higher than their eligible limit (as per Sum Insured of policy), the proportionate deduction clause will be applicable.

(xv) Issuance of Mediclaim Card :

The Insurance Company shall arrange for issuance and dispatch of Mediclaim Cards for all members insured under the policy preferably within 15 days from the inception of the policy, upon receipt of data from WBSEDCL. A provision for issuance of e-cards shall have to be made from the date of inception of the policy.

(xvi) 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, which shall be calculated on pro-rata basis.

2.

(a) Capping (excluding pre and post hospitalization treatment) of 16 Surgical treatments shall be applicable for Part A of the policy as stated below:

SL NO.	Surgical Treatment	ALLOWABLE LIMITS (Rs)
1	Cataract surgery – each eye (including cost of IOL)	15500
2	Tympanoplasty (unilateral)	25000
3	Fissurectomy/Fistulectomy	25000
4	Haemorrhoidectomy	25000
5	FESS (unilateral)	25000
6	Surgery for Appendicitis, Hernia (excluding mesh)	30000
7	Hysterectomy	35000
8	TURP	35000
9	Surgical removal of Gall Bladder (excluding cancer)	30000
10	Angioplasty/PTCA due to Coronary Artery Diseases/Ischemic Heart Disease(excluding cost of stent)	50000
11	Knee Joint Replacement- unilateral,(excluding implant)	55000
12	DJ stenting with PCNL	40000
13	Surgery for Varicose veins	40000
14	Pancreatic surgery (excluding cancer)	45000
15	Surgical treatment for Gastric Ulcer/ Peptic Ulcer/Acute or Sub-acute Intestinal Obstruction	45000
16	Hydrocelectomy, Varicocelectomy	20000

(b) There shall be no capping for Part B & Part C of the policy i.r.o. the treatments as mentioned under clause 2(a).