MEMORANDUM No.22/2019 Dated 01/04/2019

This is to inform all concern that Tea Board India has entered into the contract with M/s United India Insurance Company Limited for extending their services for Group Health Mediclaim Insurance to Board’s existing employee and their dependents w.e.f midnight of 28/03/2019, for in-patient treatment only.

The details of the terms and conditions are contained in the soft copy of the policy attached herewith (Policy No.0303002818P117380430). Individual health Card will be issued shortly by the Insurance Company/TPA with PAN India validity. All the disbursement offices are therefore directed not to receive any medical claim of the Board’s employee and their dependents under their jurisdiction in respect of In-patient treatment from midnight on 28/03/2019. M/s United India Insurance Company Limited has appointed M/s Raksha Health Insurance Pvt. Ltd as their TPA for processing of medical claims. The escalation structure of the said TPA as follows:

<table>
<thead>
<tr>
<th>Name &amp; Address of the TPA</th>
<th>Raksha Health Insurance Pvt. Ltd, 2A, Shakespeare Sarani, Usha Martin Building 2nd Floor, Ward No.63, Kolkata 700 071</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship Manager</td>
<td>Mr. Gunjan Choudhary 9830860566, <a href="mailto:gunjan.choudhury@rakshatpa.com">gunjan.choudhury@rakshatpa.com</a></td>
</tr>
<tr>
<td></td>
<td>Prasanta Ghosh 9830078817, <a href="mailto:prasanta@rakshatpa.com">prasanta@rakshatpa.com</a></td>
</tr>
<tr>
<td>Escalation Contact</td>
<td>Dr. Chiranjib Bera 9830317253, <a href="mailto:c.bera@rakshatpa.com">c.bera@rakshatpa.com</a></td>
</tr>
<tr>
<td>E-mail ID to send Pre-authorization Form</td>
<td><a href="mailto:cashlesskolkata@rakshatpa.com">cashlesskolkata@rakshatpa.com</a>, <a href="mailto:cashless@rakshatpa.com">cashless@rakshatpa.com</a>, <a href="mailto:cashlessmumbai@rakshatpa.com">cashlessmumbai@rakshatpa.com</a></td>
</tr>
<tr>
<td></td>
<td>Kolkata Help Line – 033-40061531 Toll Free: 1800-180-1444 Tel.No. – 0129-4289999</td>
</tr>
<tr>
<td>Claim Intimation for reimbursement Claim</td>
<td><a href="mailto:sumi.chakraborty@rakshatpa.com">sumi.chakraborty@rakshatpa.com</a>, <a href="mailto:prasanta@rakshatpa.com">prasanta@rakshatpa.com</a></td>
</tr>
</tbody>
</table>

Henceforth all In-patient treatment will be settled by the Insurer Company. The list of the employee and their dependents as approved in the Policy shall be updated from time to time as per the policy terms & condition.

Sd/-
(Dr. Rishikesh Rai)
Secretary I/c

| Executive Director, Guwahati | for information and necessary action pl |
| Executive Director, Coonoor | for information and necessary action pl |
| DDTD(P) Siliguri, Dibrugarh, Palampur | for information and necessary action pl |
| Dr. B. Bera, DTR&DC | for information and necessary action pl |
| All HODs | for information and necessary action pl |
| All Regional & Field Offices | for information and necessary action pl |
| Secretary to Dy. Chairman, FA&CAO | for information |
| Establishment Branch (Spare copy) | for information |
| IT-Cell | for uploading in Board’s website |
UNITED INDIA INSURANCE COMPANY LIMITED
16, RALLIS BUILDING HARE STREET, BBD BAGH KOLKATA, KOLKATA, WEST BENGAL
KOLKATA - 700001 WEST BENGAL
PH: (033) 22488989 FAX: EMAIL:

GROUP HEALTH POLICY
UIIN NO. IRDA/RL-HLT/UII/P-H/V.1/235/13-14
POLICY NO.: 0303002818P1117380430

PERIOD OF INSURANCE
FROM 19:21 Hrs on 29/03/2019
To Midnight on 28/03/2020

Insured
TEA BOARD OF INDIA
14, BMT SARANI (BRABOURNE ROAD), KOLKATA 700001

KOLKATA
WEST BENGAL
700001

Agent Name:
Agent Code:
Mobile/Landline Number/Email:

LIT US JOIN THE FIGHT AGAINST CORRUPTION.
P少量 TAKE THE PLEDGE AT https://votelandindia.in

For any Information, Service Requests and Grievances please write to 03000@uiic.co.in

For ID Cards & Claim Intimations Please contact the TPA mentioned in the Policy document

HEAD OFFICE, 24, WHARF ROAD, MUMBAI 400014
Website: http://www.uiic.co.in
Printed By: SUR12376 @ 01/04/2019 11:40:39 AM

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# GROUP HEALTH POLICY

## Schedule

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>0303002818P117380430</th>
<th>Previous Policy No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insured Detail</td>
<td>Name/ID</td>
<td>MA BOARD OF INDIA/2306277/1156</td>
</tr>
<tr>
<td></td>
<td>Tel.(O)</td>
<td>Tel.(R)</td>
</tr>
<tr>
<td></td>
<td>Fax.</td>
<td></td>
</tr>
<tr>
<td>Business/Occupation</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Period of Insurance</td>
<td>From</td>
<td>19/21</td>
</tr>
<tr>
<td></td>
<td>Hours of</td>
<td>29/03/2019</td>
</tr>
<tr>
<td></td>
<td>To</td>
<td>Midnight of 28/03/2020</td>
</tr>
<tr>
<td>Coincurrence</td>
<td>UIIC 030300 : 100%</td>
<td></td>
</tr>
<tr>
<td>No.of Employees</td>
<td>446</td>
<td></td>
</tr>
<tr>
<td>No.of Lives</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Coverage Details:

<table>
<thead>
<tr>
<th>Cover Group</th>
<th>Sum Insured</th>
<th>Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization</td>
<td>213,000,000.00</td>
<td>6,031,000.00</td>
</tr>
<tr>
<td>Maternity Benefit</td>
<td>223,000,000.00</td>
<td>662,100.00</td>
</tr>
<tr>
<td><strong>Total Sum Insured</strong></td>
<td><strong>446,000,000.00</strong></td>
<td><strong>6,693,100.00</strong></td>
</tr>
</tbody>
</table>

## Insured Details

As Per Annexure Attached.

---

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This Schedule and the attached policy shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

<table>
<thead>
<tr>
<th>Customer GST/UEN No.:</th>
<th>Office GST No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1IAA2P2I5120G</td>
<td>1IAA22275120G</td>
</tr>
</tbody>
</table>

**Amount Subject to Reverse Charges:** NIL

**Anti Money Laundering Clause:** In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company’s website.

Date of Proposal and Declaration: 29/03/2019

For and On behalf of
United India Insurance Co. Ltd.

Affix Policy Stamp here.

Authorized Signatory
Underwritten By - PRI209222 (DO UNDERWRITER)

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Details of TPA

Please contact the following TPA for issue of Identity Cards, Cashless Approvals & Claim Settlement.

<table>
<thead>
<tr>
<th>Name of TPA</th>
<th>A/R Aksha TPA Pvt. Ltd.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>15/5, Mathura Road, Faridabad. Pin Code : 121003, Fax No :</td>
</tr>
<tr>
<td>Toll Free number</td>
<td>18001801444</td>
</tr>
<tr>
<td>Contact Details</td>
<td></td>
</tr>
<tr>
<td></td>
<td>For General Enquiries</td>
</tr>
<tr>
<td></td>
<td>For Cashless approval</td>
</tr>
<tr>
<td></td>
<td>For Claim intimation</td>
</tr>
<tr>
<td></td>
<td>For Grievances</td>
</tr>
<tr>
<td>Telephone Numbers</td>
<td>0129-4289999</td>
</tr>
<tr>
<td></td>
<td>0129-4289999</td>
</tr>
<tr>
<td>Email IDs</td>
<td><a href="mailto:credit@aksha.com">credit@aksha.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:cashless@aksha.com">cashless@aksha.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:claims@aksha.com">claims@aksha.com</a></td>
</tr>
<tr>
<td></td>
<td><a href="mailto:grievance@aksha.com">grievance@aksha.com</a></td>
</tr>
</tbody>
</table>

http://gecore.uiic.in/Configurator/HTMLReportSource/qakw55hrupje45qoge40qajrTu... 01/04/2019
GROUP HEALTH POLICY

1. Whereas the insured specified in the Schedule hereto has by a proposal and declaration ceded to the policy the
Schedule which shall be the basis of this Contract and is deemed to be incorporated herein has applied to UNITED INDIA
INSURANCE COMPANY LTD. (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of
Employees/Members (including their eligible family members) named in the Schedule hereto (hereinafter called the
INSURED PERSON) and has paid premium as consideration for such insurance.

1.1 Now this policy witnesses that subject to the terms, conditions, exclusions and definitions contained herein or
otherwise expressed herein the Company undertakes that if during the period stated in the Schedule or
during the continuance of this policy by renewal any insured person shall contract any disease or suffer from any illness
(hereinafter called "DISEASE") or sustain any bodily injury through accident (hereinafter called "INJURY") and if such disease
or injury shall require any such insured person, upon the advice of a duly qualified Physician/Medical Specialist/Medical
practitioner (hereinafter called "MEDICAL PRACTITIONER") or of a duly qualified surgeon (hereinafter called "SURGEON") to
incur hospitalisation/domiciliary hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital in
India as herein defined (hereinafter called "HOSPITAL") as an Insured, the Company will pay through TPA to the Hospital/
Nursing Home or insured the amount of such expenses incurred as are Medically necessary and reasonable and customary
in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one
period of insurance stated in the schedule hereto.

1.2 In the event of any claim becoming admissible under this scheme, the company will pay through TPA to the Hospital/
Nursing Home or insured the amount of such expenses as would fall under different heads mentioned below and as
are reasonably and necessarily incurred thereof by or on behalf of such insured person but not exceeding the Sum Insured
in aggregate stated in the Schedule hereto.

A. Room, Boarding and Nursing expenses as provided by the Hospital/Nursing Home not exceeding 1% of the sum
insured per day or the actual amount whichever is less. This also includes nursing care, IMU charges, IV Fluids/ Blood
transfusion/ injection administration charges and similar expenses.

B. Intensive Care Unit (ICU) expenses not exceeding 2% of the sum insured per day or actual amount whichever is less.

C. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees

D. Anaesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Cost of Artificial Limbs, cost of prosthetic devices implanted during surgical procedure like pacemakers, orthopaedic implant, intra cardiac valve replacements, vascular sheaths, relevant laboratory/diagnostic tests, X-ray and such similar expenses that are medically necessary.

E. Hospitalisation expenses (excluding cost of organ) incurred for/by donor in respect of organ transplant to the insured.

Note:
1. The amount payable under 1.2 C & D above shall be at the rate applicable to the entitled rate category. In case the
Insured person opts for a room with rent higher than the entitled category as in 1.2 A above, the charges payable under
1.2 C & D shall be limited to the charges applicable to the entitled category. This will not be applicable in respect of
medicines & drugs and implants.
2. No payment shall be made under 1.2 C other than as part of the hospitalisation bill.

1.2.1 Expenses in respect of the following specified illnesses/surgeries will be restricted as detailed below:

<table>
<thead>
<tr>
<th>Hospitalisation Benefits</th>
<th>LIMITS per surgery RESTRICTED TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Catastrophic.</td>
<td>a. Actual expenses incurred or 25% of the sum insured whichever is less</td>
</tr>
<tr>
<td>b. Major surgeries*</td>
<td>b. Actual expenses incurred or 70% of the sum insured whichever is less</td>
</tr>
</tbody>
</table>

* Major surgeries include Cardiac surgeries, Brain Tumor surgeries, Pacemaker implantation for sick sinus syndrome, Cancer surgeries, Hip, Knee joint replacement surgery, Organ Transplant.

* The above limits specified are applicable per hospitalisation/surgery.
1.3 Pre and Post Hospitalisation expenses payable in respect of each hospitalisation shall be the actual expenses incurred subject to a maximum of 10% of the Sum Insured.

1.4 In addition to the above, the following would apply to claims arising out of persons aged more than 60 years

| EXPENSES ON MAJOR ILLNESSES CHARGED AS A TOTAL PACKAGE | TO BE SETTLED WITH A CO-PAY ON 80:20 BASIS. The co-pay of 20% will be applicable on the admissible claim amount. |

2. DEFINITIONS:

2.1 ACCIDENT:
An accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2.2 A. "Acute condition" Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

B. "Chronic condition" A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
   i. It needs ongoing or long-term monitoring through consultations, examinations, check-ups and/or tests.
   ii. It needs ongoing or long-term control or relief of symptoms.
   iii. It requires your rehabilitation or for you to be specially trained to cope with it.
   iv. It continues indefinitely.
   v. It comes back or is likely to come back.

2.3 ALTERNATIVE TREATMENTS:
Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Siddha and Homeopathy in the Indian context.

2.4 ANY ONE ILLNESS:
Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of last consultation with the Hospital / Nursing Home where treatment has been taken.

2.5 CASHLESS FACILITY:
Cashless facility means a facility extended by the insurer to the insured where the payments, of the cost of treatment undertaken by the insured in accordance with the policy terms and conditions, or directly made to the network provider by the insurer to the extent pre-authorisation approved.

2.6 CONGENITAL ANOMALY:
Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
   a. Internal Congenital Anomaly Which is not in the visible and accessible parts of the body.
   b. External Congenital Anomaly Which is in the visible and accessible parts of the body.

2.7 CONDITION PRECEDENT:
Condition Precedent shall mean a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.

2.8 CONTRIBUTION:
Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a ratabale proportion.

2.9 DAY CARE CENTRE:
A day care centre means any institution established for day care treatment of illness and/or injuries or for a medical setup within a hospital which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under:
   - Has qualified nursing staff under its employment.
   - Has qualified Medical practitioners(s) in charge.
   - Has a fully equipped operation theatre of its own where surgical procedures are carried out.
   - Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.

2.10 DAY CARE TREATMENT:
Day care Treatment refers to medical treatment and/or surgical procedure which is
   1. undertake under general or local anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancements.
   2. which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an outpatient basis is not included in the scope of this definition.

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2.11 DOMICILIARY HOSPITALISATION:
Domestic Hospitalisation means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

a) The condition of the patient is such that he/she is not in a condition to be removed to a hospital or
b) The patient takes treatment at home on account of non-availability of room in a hospital.

2.12 GRACE PERIOD:
Grace Period means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.

2.13 HOSPITAL/NURSING HOME:
A 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 in the Schedule of Section 54(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 houses having a population of less than 10 acres 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.

2.14 HOSPITALIZATION:
Hospitalisation means admission in a Hospital/Nursing Home for a minimum period of 24 consecutive hours of inpatient care except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.

2.15 ID CARD:
ID Card means the identity card issued to the insured person by the TPA to avail cashless facility in network hospitals.

2.16 ILLNESS:
Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the policy period and required medical treatment.

2.17 INJURY:
Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

2.18 IN-PATIENT CARE:
In-patient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

2.19 INTENSIVE CARE UNIT:
Intensive Care Unit means an identified section, ward or wing of a Hospital which is under the constant supervision of a specially trained Medical Practitioner(s) and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

2.20 MATERNITY EXPENSES:
Maternity expenses/treatment shall include:

a) Medical treatment expenses traceable to childbirth (including complicated deliveries and cesarean sections incurred during hospitalization).
b) Expenses towards lawful medical termination of pregnancy during the policy period.

2.21 MEDICAL ADVICE:
Any consultation or advice from a medical practitioner/doctor including the issue of any prescription or repeat prescription.

2.22 MEDICAL EXPENSES:
Medical expenses-Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

2.23 MEDICALLY NECESSARY:
Medically necessary treatment is defined as any treatment, test, medication or stay in hospital or part of a stay in a hospital which
2.24 MEDICAL PRACTITIONER:

A Medical Practitioner is 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 the homoeopathy 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 his license.

The term medical practitioner would include physicians, specialist and surgeon.

(The Registered practitioner should not be the insured or close family members such as parents, in-laws, spouse and children.)

2.25 NETWORK PROVIDER:

Network Provider means hospitals or health care providers enlisted by an insurer or by a TPA and insurer together to provide medical services to an insured on payment by a cashless facility.

The list of network hospitals is maintained by and available with the TPA and the same is subject to amendment from time to time.
2.36 RENEWAL:
Renewal defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.

2.37 ROOM RENT
Room rent shall mean the amount charged by a hospital for the Occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

2.38 SUBROGATION
Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.

2.39 SURGERY:
Surgery or Surgical Procedure means manual end/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

2.40 THIRD PARTY ADMINISTRATOR
TPA means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is engaged by the Company for the provision of health services as specified in the agreement between the Company and TPA.

2.41 UNPROVEN/EXPERIMENTAL TREATMENT
Unproven/Experimental treatment is treatment, including drug Experimental therapy, which is not based on established medical practice in India.

2. COVERAGES:

3.1 Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments such as:

<table>
<thead>
<tr>
<th>1. Adenoidectomy</th>
<th>9. FESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Ascitic/Pleural tapping</td>
<td>21. Fistulectomy/Fistulotomy</td>
</tr>
<tr>
<td>4. Auroplasty</td>
<td>22. Mastectomy</td>
</tr>
<tr>
<td>5. Carotid angioplasty</td>
<td>13. Hydrocele</td>
</tr>
<tr>
<td>6. Coronary angioplasty</td>
<td>24. Hysterectomy</td>
</tr>
<tr>
<td>7. Dental surgery</td>
<td>25. Inguinolabial/lumbar/ Femoral hernia</td>
</tr>
<tr>
<td>8. Dilation &amp; Curettage</td>
<td>35. Parenteral chemotherapy</td>
</tr>
<tr>
<td>9. Endoscopies</td>
<td>37. Polypectomy</td>
</tr>
<tr>
<td>10. Excision of Cyst/Grasaoma/lump</td>
<td>38. Scoploplasty</td>
</tr>
<tr>
<td>11. Eye surgery</td>
<td>39. Piles/ fistula</td>
</tr>
<tr>
<td>12. Fracture/dislocation excluding hairline fracture</td>
<td>40. Prostate</td>
</tr>
<tr>
<td>13. Radiotherapy</td>
<td>51. Sinusitis</td>
</tr>
<tr>
<td>14. Lithotripsy</td>
<td>52. Tonsillectomy</td>
</tr>
<tr>
<td>15. Incision and drainage of abscess</td>
<td>53. Liver aspiration</td>
</tr>
<tr>
<td>16. Colonoscopy</td>
<td>54. Sclerotherapy</td>
</tr>
<tr>
<td>17. Varicocelectomy</td>
<td>55. Varicose veins ligation</td>
</tr>
<tr>
<td>18. Wound suturing</td>
<td></td>
</tr>
</tbody>
</table>

This condition will also not apply in case of stay in hospital of less than 24 hours provided:

a. The treatment is undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hours because of technological advancement and
b. Which would have otherwise required a hospitalisation of more than 24 hours.

Procedures/treatments usually done in out patient department are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hours or carried out in Day Care Centres.

3.2 Domiciliary Hospitalisation means medical treatment for a period exceeding three days for such an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

a. The condition of the patient is such that he/she is not in a condition to be removed to a hospital or

b. The patient takes treatment at home on account of non-availability of room in a hospital.

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Subject however that domiciliary hospitalisation benefits shall not cover:

i) Expenses incurred for pre and post hospital treatment are

ii) Expenses incurred for treatment for any of the following diseases:

a. Asthma
b. Bronchitis
c. Chronic Repeated and Nephritis syndrome
d. Diarrhoea and all type of Dysentery including Gastrenteritis
e. Diabetes Mellitus and Insipidus
f. Epilepsy
g. Hypertension
h. Influenza, Cough and Cold
i. All Psychotic or Psychomotor Disorders
j. Pyrexia of unknown Origin for less than 10 days
k. Tonsilitis and Upper Respiratory Tract Infection including Laryngitis and pharyngitis
l. Arthritis, Gout and Rheumatism

Liability of the company under this clause is restricted as stated in the Schedule attached hereto.

3.3 For Ayurvedic Treatment, hospitalisation expenses are admissible only when the treatment has been undergone in a Government Hospital or in any Institute recognised by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

Company’s Liability for all claims admitted in respect of any/all insured person/s during the period of insurance shall not exceed the Sum Insured stated in the schedule.

4. Exclusions:

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of:

4.1 Any pre-existing condition(s) as defined in the policy, until 48 months of continuous coverage of such insured person having elapsed since inception of his/her first Policy with the Company.

4.2 Any disease other than those stated in clause 4.3 below, contracted by the Insured person during the first 30 days from the commencement date of the policy. This exclusion shall not, however, apply in case of the Insured person having been covered under an Insurance scheme with our Company for a continuous period of preceding 12 months without any break.

4.3 Unless the Insured has 24 months of continuous coverage, the expenses on treatment of diseases such as Cataract, benign prostatic hypertrophy, Hypertrichosis for Menorrhagia, or Enlargement, Hernia, Hydrocele, Congenital internal disease, Fistula in ano, piles, Tumours and related disorders, Cyst or Bladder Stone removal, Gout & Rheumatism, Calculus Diseases are not payable. Internal Congenital Disease means anomaly which is not visible and accessible parts of the body.

4.4 Unless the Insured has 48 months of continuous coverage, the expenses related to treatment of Joint Replacement due to Degenerative Condition and age-related Osteoarthrosis & Osteoporosis are not payable.

If these diseases mentioned in Exclusion no.4.3 and 4.4 (other than Congenital Internal Diseases) are pre-existing at the time of proposal they will not be covered even during subsequent period of renewal subject to the pre-existing disease exclusion clause. If the Insured is aware of the existence of congenital internal disease before inception of the policy, the same will be treated as pre-existing.

4.5 Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).

4.6 a. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident.

b. Vaccination or inoculation
c. Change of life or cosmetic or aesthetic treatment of any description such as correction of eyesight, etc.
d. Plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
4.7 c. Cost of spectacles, contact lenses and hearing aids.
4.8 Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalisation.
4.9 Convalescence, general debility; run-down condition or rest cure, obesity treatment and its complications including morbid obesity, Congenital external disease or defects or anomalies; treatment relating to all psychiatric and psychotic disorders. Infertility, Sterility, Venereal disease, intentional self injury and use of intoxication drugs / alcohol.
4.10 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphocytic Virus Type III (HTLV -III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

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4.11 Charges incurred at Hospital or Nursing Home primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.

4.12 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.

4.13 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials.

4.14 Treatment arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section, except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy) which is proved by submission of Ultra Sonographic report and Certificate of Gynaecologist that it is life threatening one if left untreated.

4.15 Naturopathy Treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatment/therapy. Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

4.16 External and or durable Medical / Non-medical equipment of any kind used for diagnosis and/or treatment and/or monitoring and/or maintenance and/or support including CPAP, CAPD, infusions pump, Oxygen concentrator etc., Ambulatory devices i.e., walker, crutches, Sella, Collars, Capi, Splints, Slings, Braces, Splinting, elastic orthoses, external orthopedic pads, subcutaneous insulin pump, Diabetic foot wear, Glucometer / Thermometer, alpha / water bed and similar related items etc. and also any medical equipment which are subsequently used at home.

4.17 Genetic disorders and stem cell implantation / surgery.

4.18 Change of treatment from one system of medicine to another unless recommended by the consultant/hospital under whom the treatment is taken.

4.19 Treatment for Age Related Muscular Degeneration (ARMED), treatment such as Magnetic Resonance (ECHO), Enhanced External Counter Pulsation (EECP), etc.

4.20 All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, e-mail, private nursing/double or beauty services, diet charges, baby food, cosmetic, tissue paper, diapers, sanitary pads, toiletary items and similar incidental expenses.

4.21 Any kind of Service charges, Surcharges, Admission Fees/Registration Charges, Luxury tax and similar charges levied by the hospital.

4.22 All non-Medical expenses. For detailed list of non-medical expenses, please log on to our website www.uiic.co.in.

5. CONDITIONS:

5.1 Contract: The Proposal form, Prospectus, Pre-acceptance Health check-up and the Policy issued shall constitute complete Contract of Insurance.

5.2 Every notice or communication regarding hospitalisation or claim to be given or made under this Policy shall be delivered in writing at the address of the TPA office as shown in the Schedule. Other matters relating to the policy may be communicated to the policy issuing office.

5.3 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorised official of the company. The due payment of premium and the observation and fulfillment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.

5.4 Notice of Communication: Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA named in the schedule immediately and in case of emergency hospitalization within 24 hours from the time of hospitalisation/Comissary Hospitalisation.

5.5 All supporting documents relating to the claim must be filed with TPA within 15 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 60 days), all claim documents should be submitted within 7 days after completion of such treatment.

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Note: Waiver of this Condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.

5.6 The Insured Person shall obtain and furnish to the TPA with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA / Company such additional information and assistance as the TPA / Company may require in dealing with the claim.

5.7 Any medical practitioner authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease leading to Hospitalisation if so required.

5.8 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.

5.9 DISCLOSURE TO INFORMATION NORM
The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

5.10 If at the time when a claim arises under the policy, there is in existence any other insurance taken by the insured to indemnify the treatment costs, the insured person shall have the right to require a settlement of the claim in terms of any of his policies. If the amount to be claimed exceeds the sum insured under a single policy, after considering deductibles or co-payment, the insured person shall have the right to choose the insurer by whom the claim is to be settled. In such cases, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses.

Note: The insured person must disclose such other insurance at the time of making the claim under this policy.

5.11 The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof. The Company shall not be bound to give notice that such renewal premium is due, provided however that if the insured applies for renewal and remits the requisite premium before the expiry of this policy, renewal shall not normally be refused, unless the Company has reasonable justification to do so.

5.12 ENHANCEMENT OF SUM INSURED
The insured may seek enhancement of Sum Insured in writing at or before payment of premium for renewal, which may be granted at the discretion of the Company. However, notwithstanding enhancement, for claims arising in respect of aliments, disease or injury contracted or suffered during a preceding policy period, insolvency of the company shall be to the extent of the sum insured under the policy in force at the time when it was contracted or suffered during the currency of such renewed policy or any subsequent renewal thereof.

Any such request for enhancement must be accompanied by a declaration that the insured or any other insured person in respect of whom such enhancement is sought is not aware of any symptoms or other indications that may give rise to a claim under the policy. The Company may require such insured person's to undergo a Medical examination to enable the company to take a decision on accepting the request for enhancement in the sum insured.

5.13 Cancellation Clause:
The Company may at any time cancel the Policy on grounds of misrepresentation, fraud, non-disclosure of material fact or non-cooperation by the insured by sending fifteen days notice in writing by Registered A/D to the insured at his last known address in which case the Company shall return to the insured a proportion of the last premium corresponding to the unexpired period of insurance if no claim has been paid under the policy. The insured may at any time cancel this policy and in such event the Company shall allow refund of premium at Company's short period rate table given below provided no claim has occurred up to the date of cancellation.

<table>
<thead>
<tr>
<th>PERIOD ON RISK</th>
<th>RATE OF PREMIUM TO BE CHARGED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to one month</td>
<td>1/4th of the annual rate</td>
</tr>
<tr>
<td>Up to three months</td>
<td>1/2 of the annual rate</td>
</tr>
<tr>
<td>Up to six months</td>
<td>3/4th of the annual rate</td>
</tr>
<tr>
<td>Exceeding six months</td>
<td>Full annual rate</td>
</tr>
</tbody>
</table>

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5.14 If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall be determined by all the other matters referred to the decision of a sole arbitrator to be appointed in writing by the parties if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

5.15 If the TPA, as per terms and conditions of the policy or the Company shall claim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such claim or claim notice by the TPA/ Company in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/ Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

5.16 All medical/surgical treatments under this policy shall have to be taken in India and admissible claims therein shall be payable in Indian currency. Payment of claim shall be made through TPA to the Hospital/Nursing Home or the Insured Person as the case may be.

Upon acceptance of an offer of settlement, the payment of amount due shall be made within 7 days from the date of acceptance of offer by the Insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the base rate prevalent at the beginning of the financial year in which the claim is reviewed by it.

5.17 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 Mediclaim Insurance Policy for the preceding 3 completed years excluding the year immediately preceding the date of renewal where the Group Mediclaim Insurance Policy has not been in force for 3 completed years, such shorter period of completed years excluding the year immediately preceding the date of renewal will be taken into account.

<table>
<thead>
<tr>
<th>Incurred claim ratio under the group policy</th>
<th>Discount %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not exceeding 60%</td>
<td>5</td>
</tr>
<tr>
<td>Not exceeding 10%</td>
<td>10</td>
</tr>
<tr>
<td>Not exceeding 40%</td>
<td>20</td>
</tr>
<tr>
<td>Not exceeding 10%</td>
<td>30</td>
</tr>
<tr>
<td>Not exceeding 25%</td>
<td>40</td>
</tr>
</tbody>
</table>

5.18 High Claims Ratio Loading (Malus)

The total premium payable at renewal of the Group Policy will be loaded at the following scale depending upon the incurred claims ratio for the entire group insured under the Group Mediclaim Insurance Policy for the preceding year (immediately preceding the date of renewal).

<table>
<thead>
<tr>
<th>Incurred claims ratio under the group policy</th>
<th>Loading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 70% and 100%</td>
<td>5%</td>
</tr>
<tr>
<td>Between 10% and 125%</td>
<td>10%</td>
</tr>
<tr>
<td>Between 125% and 150%</td>
<td>20%</td>
</tr>
<tr>
<td>Between 150% and 175%</td>
<td>30%</td>
</tr>
<tr>
<td>Between 175% and 200%</td>
<td>40%</td>
</tr>
<tr>
<td>Over 200%</td>
<td>Cover to be reviewed</td>
</tr>
</tbody>
</table>

Note:
1. Low Claim Ratio Discount (Bonus) or High Claim Ratio loading (Malus) will be applicable to the Premium at renewal of the Policy depending on the incurred claims ratio for the entire group insured.
2. Insured claim would mean claims paid plus claims outstanding in respect of the entire group insured under the policy during the relevant period.

The insured shall throughout the period of insurance keep and maintain a proper record of register containing the names of all the insured persons and other relevant details as are normally kept in any institution/ Organisation. The insured shall declare to the company any abortions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed.

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It is hereby agreed and understood that, that this insurance being a Group Policy availed by the insured covering Members, the benefit thereof would not be available to Members who cease to be part of the group for any reason whatsoever.

Such members may obtain further individual insurance directly from the Company and any claims shall be governed by the terms thereof.

6 MATERNITY EXPENSES BENEFIT EXTENSION: (Wherever applicable)

This is an optional cover, which can be obtained on payment of 10% of total basic premium for all the insured persons under the Policy.

Option for Maternity Benefits has to be exercised at the inception of the Policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.

The hospitalization expenses in respect of the new born child can be covered within the Mother's Maternity Expenses. The maximum benefit allowable under this clause will be up to Rs. 50,000/- or the sum insured opted by the group whichever is lower.

Special conditions applicable to Maternity expenses Benefit Extension:

1. Those benefits are admissible only if the expenses are incurred in Hospital / Nursing Home as In-patients in India.
2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.
3. Claim in respect of delivery for only first two children and / or operations associated therewith will be considered in respect of any one Insured Person covered under the policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
4. Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
5. Pre-natal and postnatal expenses are not covered unless admitted in Hospital / Nursing Home and treatment is taken there.

Note. When group policy is extended to include Maternity Expenses Benefits, the exclusion No.4.14 of the policy stands deleted.

7 IRDA REGULATIONS: This policy is subject to IRDA (Health Insurance) Regulations 2013 and IRDA (Protection of Policyholders' Interests) Regulations 2012, as amended from time to time.

8. GRIEVANCE REDRESSAL: In the event of the policyholder having any grievance relating to the insurance, the insured person may submit in writing to the Policy Issuing Office or Grievance cells at Regional Office of the Company for redressal. If the grievance remains unaddressed, the insured person may contact the Officer, Uni-Customer Care Department, Head Office.

9 IMPORTANT NOTICE

The Company may revise any of the terms, conditions and exceptions of this insurance including the premium payable on renewal in accordance with the guidelines/rules framed by the Insurance Regulatory and Development Authority (IRDA) and after obtaining prior approval from the Authority. We shall notify you of such changes at least three months before the revision are to take effect.

The Company may also withdraw the insurance as offered hereunder after following the due process as laid down by the IRDA and after obtaining prior approval of the Authority and we shall offer to cover you under such revised/new terms, conditions, exceptions and premium for which we shall have obtained prior approval from the Authority.

* * * *

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01/04/2019
This forms a part of the policy:

**APPLICABLE TERMS AND CONDITIONS**

The policy will be governed by all the terms and conditions and covers as per Tender Document of Tender No. 22/1/Estt/Medical/2017/02, and subsequent corrigendum, which may be read as below:

Family Definition: Employee, Spouse, parents, sisters, widowed sisters, widowed daughters, brothers, children, step children, divorced/separated daughter and step mother wholly dependent upon the employee and are normally residing with the employee.

In case of son, the coverage will be till he starts earning or he attains the age of 25 years, whichever is earlier. In case of daughter, the coverage will be till she starts earning or gets married, whichever is earlier irrespective of the age limit. Dependency and other criteria to be decided as per Government of India Medical Attendance Rules.

**Sum Insured band Rs. 5.00 Lakh**

**Corporate Buffer Rs 20,00,000/- (rupees twenty lakhs) Limit up to Sum Insured.**

<table>
<thead>
<tr>
<th>Dependents Age Band*</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-25</td>
<td>460</td>
<td></td>
</tr>
<tr>
<td>26-30</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>31-35</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>36-40</td>
<td>57</td>
<td></td>
</tr>
<tr>
<td>41-45</td>
<td>72</td>
<td></td>
</tr>
<tr>
<td>46-50</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>51-55</td>
<td>48</td>
<td></td>
</tr>
<tr>
<td>56-60</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>more than 60 years</td>
<td>108</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1427</td>
<td></td>
</tr>
</tbody>
</table>

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### Coverage and Benefit Details

<table>
<thead>
<tr>
<th>Details</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domiciliary Hospitalization</td>
<td>Covered</td>
</tr>
<tr>
<td>Coverage of Pre Existing diseases</td>
<td>Covered</td>
</tr>
<tr>
<td>Exclusions</td>
<td>Applicable/Specified</td>
</tr>
<tr>
<td>Cashless facility</td>
<td>Applicable/Specified</td>
</tr>
<tr>
<td>30 days waiting Period</td>
<td>Waived</td>
</tr>
<tr>
<td>1st Year and 2 years exclusions</td>
<td>Waived</td>
</tr>
<tr>
<td>30 Days Pre and 60 Days post hospitalization Expenses covered</td>
<td>Covered</td>
</tr>
<tr>
<td>Maternity Benefit / New Born Baby</td>
<td>Covered</td>
</tr>
</tbody>
</table>

**Corporate Buffer**
- Rs **20,00,000/-** (rupees twenty lakhs) Limit up to Sum Insured.

### Co-Payment
- Not Applicable

### Sub Limits For Disease or Room Rent Capping
- Applicable. Cap should not be lower than as mentioned in Appendix -3.

1. Room-Rent – Rs.7500 per day (Max.)
2. ICU – Rs.10000/- per day (Max.)
3. Minimum cap on diseases subject to Sum Insured should not be below as specified in the list attached. (Appendix-3)
<table>
<thead>
<tr>
<th>Other Conditions</th>
<th>New Employees shall be included in policy from date of joining and resigned/terminated employees shall be deleted from date of resignation/termination.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monthly declarations will be given for Additions and Deletions by end of the following month.</td>
</tr>
<tr>
<td>Any Service Charges on Medical Bills</td>
<td>Pro rata Premium to be charged / Refund in case of Addition and Deletion. As per IRDAI guidelines</td>
</tr>
</tbody>
</table>

The corporate buffer shall only be utilized for the “Critical Illness” means an illness or sickness or a disease or a corrective measure like Cancer, Kidney failure, coronary artery (by pass)surgery, Heart attack (myocardial infarction), Heart Valve Surgery, Major Organ Transplant, Multiple Sclerosis, Primary Pulmonary Arterial Hypertension, Aorata graft surgery, paralysis, coma, total blindness and stroke be utilized.

Under Maternity Benefit/New Born Baby (Annexure – III) the limit is Rs.50,000/- in case of normal delivery and Rs.1,00,000 in case of Caesarean. The New Born baby however will be covered from day 1 up to the limit of sum insured. No separate premium will be paid for the New Born baby as the baby will be part of the family of primary member.

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## Disease wise Capping

<table>
<thead>
<tr>
<th>S.No</th>
<th>Disease</th>
<th>Metro Location</th>
<th>Other Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Appendix</td>
<td>50,000/-</td>
<td>35,000/-</td>
</tr>
<tr>
<td>2</td>
<td>Eye Related</td>
<td>60,000/-</td>
<td>50,000/-</td>
</tr>
<tr>
<td>3</td>
<td>Gall Bladder</td>
<td>60,000/-</td>
<td>50,000/-</td>
</tr>
<tr>
<td>4</td>
<td>Hernia</td>
<td>50,000/-</td>
<td>40,000/-</td>
</tr>
<tr>
<td>5</td>
<td>Hydrocele</td>
<td>25,000/-</td>
<td>20,000/-</td>
</tr>
<tr>
<td>6</td>
<td>Hysterectomy</td>
<td>50,000/-</td>
<td>40,000/-</td>
</tr>
<tr>
<td>7</td>
<td>Piles</td>
<td>45,000/-</td>
<td>35,000/-</td>
</tr>
<tr>
<td>8</td>
<td>Kidney Stone (including DJ silent removal for same stone)</td>
<td>70,000/-</td>
<td>60,000/-</td>
</tr>
<tr>
<td>9</td>
<td>Joint Replacement including Vertebral joints</td>
<td>2,00,000/-</td>
<td>1,60,000/-</td>
</tr>
<tr>
<td>10.a</td>
<td>Maternity Benefit (Normal Delivery)</td>
<td>50000/-</td>
<td>50000/-</td>
</tr>
<tr>
<td>10.b</td>
<td>Maternity Benefit (Caesarean)</td>
<td>100000/-</td>
<td>100000/-</td>
</tr>
</tbody>
</table>

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## Appendix - IV

**Tea Board of India Group Medical Policy for their employee and its dependent**

<table>
<thead>
<tr>
<th>Type of Cover</th>
<th>Cover is for Board’s Employees and their dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Irrespective of Age</td>
</tr>
<tr>
<td></td>
<td>Corporate Buffer of Rs. 20.00 Lakhs will be provided for the members to take care of multiple hospitalizations subject to claim per hospitalization</td>
</tr>
</tbody>
</table>

| Sum Insured & Limit per hospitalization of Tea Board employee & their dependents | 5.0 Lakhs SI |

**Scope of Cover**

- The policy should cover expenses of hospitalization (room Charges, Doctors/surgeons fees, ICU/ICU, Medicines, pathology reports, etc.) on a reimbursement/cashless basis, incurred as a result of illness and/or accidents as an inpatient in a recognized hospital.
- The policy should cover dental treatment following an injury/accident.
- The policy should cover hospitalization expenses incurred in connection with accidents caused due to terrorism.
- Pre/Post Hospitalization to be covered 30 & 60 days respectively. In case of Physiotherapy, the post hospitalization is to be covered up to 180 days, subject to applicable per hospitalization ceiling.
- The policy should cover standard day care procedures (140+). An indicative list of procedures are attached in APPENDIX V. The day care list will also be inclusive of day care Medical Treatment undertaken due to advancement of technology. This is as per IRDAI guidelines.

**Additional Features Required**

- The policy must offer following covers
  1. Cashless facility (Minimum 24 hour hospitalization or irrespective of day care surgeries) for hospitalization procedures arising out of sickness or accident. Claims can be made on cashless/reimbursement basis.

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2. For repeated hospitalization of the same ailments within 46 days of hospitalization, reimbursement facility will be available, except in the case of serious ailments viz. cancer, CRF & heart ailments, etc. where cashless facility would continue.

3. Cover for new members and their dependents from the date of joining of the member (date of retirement/superannuation/special retirement scheme inclusion under MAP, etc. at the discretion of Tea Board Of India).

4. Pre-existing diseases must be covered for all the members.

5. Waiting period (30 days, First year, etc.) will not be applicable.

6. Waiver of co-morbid hospitalization benefits.


8. Ayurvedic treatment for cancer patients at private Ayurvedic Hospitals having registration with AyUSH-State Medical Council.

9. Supply and fitting of external prosthetic devices, artificial aids including eye glasses, hearing aids, artificial limbs, etc. if the same is necessitated following an accident as per IRDAI guidelines.

10. Local Ambulance charges for admission, transfer to another hospital and/or discharge under critical condition as advised by the doctor.

11. Registration charges levied by hospital.

12. Nursing charges should not be clubbed with room rent for arriving at eligibility (capped @ 2% of room charge).

13. In case of bilateral knee or hip replacement surgery done during the same hospitalization, reimbursement to be made up to twice the ceiling applicable and Cashless Extended in empanelled hospitals to be made twice the ceiling applicable.

14. Cataract operation with a cap of Rs 40000/ uniform for all.

15. Investigation charges during hospitalization will be re-insured in full irrespective of room occupied. Pro-rata deduction will not be applicable on investigation charges.

16. Oral chemotherapy subject to sum insured on cumulative basis.

17. Endoscopy/Colonoscopy as day care procedure.

http://gccrs.wix.in/Configurator/HTMLReportSource/qek/58gsj4g5ppq4gq40qajT... 01/04/2019
10. Eye treatment: Reimbursement of cost of intra vitreous injection Avastin Lucentis Macugen/ Ozurdex etc. up to ceiling of Rs. 20,000/- (inclusive of all hospitalization cost) per dose per eye up to maximum three dosages per eye during the policy year. Total Sub Limit – Rs. 75,000/-.

11. Psychiatric Treatment to be included on IPD Basis up to the Sum Insured.

12. EECP (Enhanced external counter pulsation) to be included under the policy on OPD basis up to the per hospitalization limit. Settlement of claim to be done on reimbursement basis only after completion of full treatment.

13. Donor Medical expenses in case of transplants like kidney, liver etc., to be covered within the sum insured (Organ cost not covered under policy).

14. Zoledronic Injection, Bortezomb Injection & Tenifrac Injection administration covered under day care procedures subject to sum insured on cumulative basis.

**Exclusions**

1. Circumcision unless necessary for the treatment of illness not otherwise excluded in this section or required as a result of accidental body injury.

2. Vaccination, inoculation cosmetic treatment (including any complications arising out of or how ever attributable to any cosmetic treatments, or the replacement of the existing breast implant), aesthetic treatment, experimental, investigational or unproven procedures or treatments, devices & Pharmacological regiments.

3. Vitamins & tonics unless forming necessary part of the treatment/ illness as certified by the attending doctor.

4. Personal comfort and convenience items or services such as television, telephone, barber or beauty service, guest services, and similar incidental services & supplies.

5. The treatment of obesity (including morbid obesity) & any other weight control programs, services or supplies.

6. Durable medical equipment (including but not limited to wheel chairs, crutches, artificial limbs & the like, (namely that equipment used externally from the human body which can withstand repeated use; is not designed to be disposable is used to serve a medical purpose; is generally not useful in the absence of illness or injury and is usable outside the hospital) unless required for the treatment of illness or accidental bodily injury.

7. Any travel/ transportation cost or expenses (accept local ambulance charges).
8. Ionizing, radiation or contamination by radioactivity from any nuclear waste or from combustion of nuclear fuel or otherwise; or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof, or asbestos or any related condition resulting from the existence, production, handling, processing, manufacture, sales, distribution, deposit, or use of asbestos or asbestos products.
9. In vitro fertilization (IVF), GIFT procedures, ZIFT procedures or any related prescription, medication, and treatment. Embryo transport, donor ova & semen & related cost including collection & preparation; voluntary medical termination of pregnancy.

### Important Policy Features

The policy will pay in respect of the hospitalization expenses as per the limit per hospitalization. If the insured is diagnosed with an illness or suffers accidental bodily injury, which necessitates his hospitalization, the insurer will reimburse the insured person's consequent hospitalization expenses for medical expenses reasonably and necessarily incurred including but not limited to:

1. Room & Board charges are applicable as per Sum Insured & Pay matrix. In the event of the insured utilizing room rent higher than his/her limits then following procedure will be followed in settling the claim:
   a) If the hospital maintains the tariff depending upon the room rate then claim will be settled on rates specified therein for all charges incurred.
   b) If such list is not available then the charges will be settled on pro-rata basis.
   c) In any case the pro-rata claim cannot be below the procedure charges of such treatment.
   d) In case of death also the claim will be settled on pro-rata basis if Insured is utilizing room rent higher than his/her Limit.
   e) Claims will be settled on proportionate basis if higher room rent is opted, however the minimum payment will be made as per PPV tariff irrespective of higher room rent.

2. Doctor's fees
3. Intensive care unit
4. Nursing expenses
5. Surgical fees, operating theatre, anesthesia & oxygen & their administration
6. Physiotherapy
7. Drugs & medicines consumed on the premises
8. Hospitalization miscellaneous services (such as laboratory, x-ray, diagnostic test)
9. Dressing, ordinary splints & plaster casts
| 10. Cost of prosthetic devices |
| 11. Organ transplantation including the treatment costs of the donor but excluding the cost of organ |

| Other Customized Features |
| 1. Individual ID cards for each member & dependents  |
| 2. Access to a 24 hours help line (TPA must set up special help line numbers for Tea Board Of India employees)  |
| 3. In case of death of the insured during hospitalization or within 48 hours of discharge from the hospital full amount (Fürer Para d of Point 1 of the Important Policy features) excluding non-medical items of the hospital bills will be paid irrespective of the hospitalization limit  |
| 4. No members will be out of the scheme till the buffer amount is available  |
| 5. There will be no cap/restriction on the number of medically justified hospital confinement per policy period (except in appendix 3)  |
| 6. Bifurcation need not be given by the hospital if package charges on PTCA, CAGB, Renal transplantation, etc. if charged with in the entitled ceiling of the employee & approved by the TPA  |

| Settlement of Claims |
| Intimation of hospitalization should be within 7 days from Date of admission. Immediately after the submission of relevant documents from DOU from hospital, not later than 30 days, the claims will be settled within 15 days. (In case the members are not availing cashless facility) |

| Policy Administration |
| 1. Shall be through a TPA/Panel of TPA which will be decided with prior approval of Tea Board with a written service level agreement in place prior to the date of commencement of the cover  |
| 2. In case of new entries, cover starts from the date of joining  |
| 3. In case of separations/ death, coverage ceases automatically from that date. Pre-rata refund of premium shall be credited in cases of deletion of members provided no claim has been admitted in respect of such member(s).  |
| 4. In the event of death of Board’s employee, the dependents continue to be covered till the currency of the policy  |
| 5. All admissions / exits shall be adjusted pre-rata, subject to monthly declarations- cover shall not be denied on grounds that the deposit premium was inadequate for that month. However all our efforts will be put to deposit the premium in advance, but, in exceptions/ unforeseen cases the service must be provided and the premium claim forwarded. |
Immediately so that the Tea Board will deposit the Premium at the earliest.

6. The insured shall maintain a deposit premium to take care of additions/ exits of the employees. This deposit shall be replenished each month to maintain the deposit balance.

7. Monthly declarations shall be sent through email by the insured to the insurer in the succeeding month. The insurer shall calculate the pro-rata premium/ refund and communicate the same to the Tea Board who will arrange to give a cheque for additional premium, if any. Refund premiums, if any shall be credited to the deposit account. The final refund, if any shall be returned to the insured within one month from the date of expiry of the policy.

8. There should be a monthly meeting where the insured, the insurer and the TPA(s) to review the progress/ health and service related issues.

9. Tea Board of India would carry out review of administration of claims on sample basis during the currency of GMP 2018-19 Teaching Board of India by itself or any third party may carry out review of administration of claims as a part of scope of work.

<table>
<thead>
<tr>
<th>Special Condition</th>
<th>The policy shall be valid for One year. Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Servicing</td>
<td>MCIU for servicing will be signed by the insured, Insurer, TPAs.</td>
</tr>
</tbody>
</table>

**APPENDIX - V**

**Day Care Facilities**

140+ day care surgeries are covered under the policy.

Please find below the list of 140+ daycare surgeries but not limited to:

**Operation on the Ears:**

**Microsurgical Operations on the Middle Ear**

- Stapedectomy
- Stapedectomy
- Revision of a Stapedectomy
- Other operations on the auditory ossicles
- Myringoplasty (Type 1 - tympanoplasty)
- Tymanoplasty (Closure of an ear drum perforation and reconstruction of the auditory ossicles)
- Revision of a Tymanoplasty
- Other Microsurgical operations on the Middle Ear

[Link](http://gcresult.dnic.in/Configurator/HTMLReportSource/qaah655r5p4j45pqq40q0jTa..._01/04/2013)
Other Operations on the Middle and Internal Ear

- Paracentesis (myringotomy)
- Removal of a tympanic drain
- Incision of the mastoid process and middle ear
- Mastoidectomy
- Reconstruction of the middle ear
- Other excisions of the middle and inner ear
- Fenestration of the inner ear
- Revision of fenestration of the inner ear
- Incision (opening) and destruction (elimination) of the inner ear
- Other operations on the middle and inner ear

Operation on the nose and the Nasal Sinuses

- Excision and destruction of diseased tissue of the nose
- Operations on the t(uga) Board of Indianastas (Nasal Concha)
- Other operations on the nose
- Nasal Sinus aspiration

Operation on the eyes

- Incision of the tear glands
- Other operation on the tear ducts
- Incision of diseased eyelids
- Excision and destruction of diseased tissue of the eyelid
- Operations on the canthus and epicanthus
- Corrective surgery for entropion and ectropion
- Corrective surgery for blepharoptosis
- Removal of foreign body from conjunctiva
- Removal of foreign body from the cornea
- Incision of the cornea
- Operations for pterygium
- Other operations on the cornea
- Removal of foreign body from the lens of the eye
- Removal of foreign body from the posterior chamber of the eye
- Removal of a foreign body from the t(uga) Board of Indianast and eyeball
- Operation of cataract with a cap of Rs. 40000/-
- Reimbursement of cost of intra vitreous injection Avastin/Lucertis/Macugen/Ozurdex etc. up to ceiling of Rs. 25000/- (inclusive of all cost) per dose/ per eye and maximum three dosages per eye during the policy year.

Operation of the skin and subcutaneous tissue

- Incision of a pilonidal sinus
- Other incisions of the skin and subcutaneous tissue
- Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissue

http://gcnode.uic.in/Configurator/HTMLReportSource/qahlwg55rwpje45qq40qjTm..._01/04/2019
Local excision of the diseased tissue of the skin and subcutaneous tissues
Other excisions of the skin and subcutaneous tissues
Simple restoration of surface continuity of the skin and subcutaneous tissues
Free skin transplantation, donor site
Free skin transplantation, recipient site
Revision of skin plasty
Other restoration and reconstruction of the skin and subcutaneous tissues
Chemosurgery of the skin
Destruction of diseased tissue in the skin and subcutaneous tissues

**Operation on mouth and face**

**Operation on the tongue**

Incision, excision and destruction of diseased tissue of the tongue
Partial glossectomy
Glossectomy
Reconstruction of the tongue
Other operation on the tongue

**Operation on the salivary glands and salivary ducts**

Incision and lancing of a salivary gland and salivary duct
Excision of diseased tissue of a salivary gland and salivary duct
Resection of salivary gland
Reconstruction of a salivary gland and salivary duct
Other operations on the salivary glands and salivary ducts.

**Other operations on the Mouth and Face**

**Operation on the tongue**

Incision, excision and destruction of diseased tissue of the tongue
Partial glossectomy
Glossectomy
Reconstruction of the tongue
Other operation on the tongue

**Operation on the salivary glands and salivary ducts**

Incision and lancing of a salivary gland and salivary duct
Excision of diseased tissue of a salivary gland and salivary duct
Resection of salivary gland
Reconstruction of a salivary gland and salivary duct
Other operations on the salivary glands and salivary ducts.

**Other operations on the Mouth and Face**

External incision and drainage in the region of the mouth, jaw and face
Incision of the hard and soft palate

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Excision and destruction of diseased hard and soft palate incision, excision and destruction in the mouth
Plastic surgery to the floor of the mouth
Palatoplasty
Other operations in the mouth

Operations on the Tonsils and adenoids

Transoral incision and drainage of a pharyngeal abscess
Tonsillectomy without adenoidectomy
Tonsillectomy with adenoidectomy
Excision and destruction of a lingual tonsil
Other operations on the tonsils and adenoids

Traumatological surgery and orthopedics

Incision on bone, septic and aseptic
Closed reduction fracture, fixation or epiphysiosis with osteosynthesis Suture and other operations on tendons and tendon sheath
Reduction of dislocation under GA, including K-wire Arthroscopic knee aspiration

Operation on the breast

Incision of the breast
Operation on the nipple.

Operation on the digestive tract

Incision and excision of tissue in the perianal region
Surgical treatment of anal fistula
Surgical treatment of haemorrhoids
Division of the anal sphincter (sphincterotomy)
Other operations on the anus
Ultrasound guided aspirations
Sclerotherapy
Endoscopy/Coloroscopy

Operations of female sexual organs

Incision of the ovary
Insufflation of the fallopian tube
Other operation on the fallopian tube
Dilation of the cervical canal
Conisation of the uterine cervix
Other operations on the uterine cervix
Incision of the uterus (Hysterotomy)
Therapeutic curettage

Culdocotomy

http://gcore.uic.in/Configurator/HTMLReportSource/gahlwg5Shwpjje65qsg41qjTm..._01/04/2019
Incision of the vagina.
Local excision and destruction of the diseased tissue of the vagina and the pouch of Douglas.
Operation's on Bartholin's gland (cysts)
Incision of the vulva.

Operations of the Male Sexual Organs

Operations on the Prostate and Seminal Vesicles
Incision of the prostate.
Transurethral excision and destruction of prostate tissue.
Transurethral and percutaneous destruction of prostate tissue.
Open surgical excision and destruction of Prostate tissue.
Radical Prostatectomy.
Bilateral prostatectomy.
Other excision and destruction of prostate tissue.
Operations on the seminal vesicles.
Incision and excision of peri-prostatic tissue.
Other Operations on the prostate.

Operation on the Scrotum and Tunica Vaginalis Testis
Incision of the Scrotum and Tunica Vaginalis testis.
Operation on a testicular hydrocele.
Excision and destruction of diseased scrotal tissue.
Plastic reconstruction of the Scrotum and tunica vaginalis testis.
Other operations on the scrotum and tunica vaginalis testis.

Operation on the Testes
Incision of the Testes
Excision and destruction of diseased tissue of the testes.
Unilateral orchidectomy.
Bilateral orchidectomy.
Orchiectomy.
Abdominal exploration in cryptorchidism.
Surgical reposition of an abdominal testis.
Reconstruction of the testis.
Implantation, exchange and removal of a testicular prosthesis.

Other operations on the testis.

Operations on the Spermatic Cord, Epididymis and Ductus Deferens
Surgical treatment of a varicocele and a hydrocele of the spermatic cord.
Excision in the area of the epididymis.
Epididymectomy.
Reconstruction of the spermatic cord.
Reconstruction of the ductus deferens and epididymis.
Other operations on the spermatic cord, epididymis and ductus deferens.

Operations on the Penis
Operations on the foreskin.
Local excision and destruction of diseased tissue of the penis.
Amputation of the penis.
Plastic reconstruction of the penis.
Other operations on the penis.

Operations on the Urinary System
Cystoscopical removal of stones.

Other Operations / Procedures
Lithotripsy.
Coronary angiography.
Dialysis
Coronary CT angiography
Chemotherapy & radiotherapy
Oral chemotherapy subject to sum insured on cumulative basis. Age related Macular Degeneration (Laser Treatment)
Carotid Artery Angiography
Foam sclerotherapy
Treatment of pemphigus vulgaris by rituximab therapy (injection rituximab)
All types of Angiography covered
Cystoscopy
Photo dynamic laser therapy covered under ARMD treatment
Cost of ORT/CKD treatment including the cost of injection Erythropoietin/Cyclosporine
Bisphosphonate up to admissible per hospitalization limit on cumulative basis
Zolendronic Injection, Bortezomib Injection & Teriflunomide Injection administration covered under day care procedures subject to sum insured on cumulative basis.
**Usage**

Once the sum insured is fully utilized, the subsequent payable claims as per each employee eligibility and as per hospitalization limit is paid from the corporate buffer.

<table>
<thead>
<tr>
<th>Sum Insured Per Hospitalization</th>
<th>Claimed Amount</th>
<th>SI used</th>
<th>SI Balance</th>
<th>Corp Buffer Used</th>
<th>Corp Buffer Balance</th>
<th>Claim Amount Paid</th>
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[Link to HTMLReportSource](http://gecorg.uic.in/Configurator/HTMLReportSource/qak/wg55hrugie45qqg40qajTa... 01/04/2019)
APPENDIX – VI
GRADE WISE LIMITS

For SI of Rs. 5.0 Lakhs

<table>
<thead>
<tr>
<th>Category</th>
<th>Sum Insured Limit Per Hospitalization</th>
<th>Limit of Bed Charges per day for normal hospitalization</th>
<th>Limit of Bed Charges per day for ICU</th>
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<td>Group A</td>
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<tr>
<td>Group B</td>
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<td>7500.00</td>
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<tr>
<td>Group C</td>
<td>500000</td>
<td>3000.00</td>
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</tr>
</tbody>
</table>

Date of Proposal and Declaration: 29/03/2019
IN WITNESS WHEREOF, this policy has been signed at DO 3 KOLKATA 700300 on this 30th day of March 2019

For and On behalf of
United India Insurance Co. Ltd.

Authorized Signatory
Underwritten By: PR2022 (DO UNDERWRITER)

http://gcinfo.uidc.in/Configurator/HTMLReportSource/ga/bwg5Shwrjrje45qgg40qulTm... 01/04/2019