

No. PERS/40/Medi-Claim/2019
Dt. 31.12. 2018

Sub: Group Insurance medi-claim facility for regular serving and retired RITES employees for in-door treatment/hospitalization-2019.

- 1.0 Group Insurance medi-calim policy for the period 1st January, 2019 to 31st December, 2019 has since been renewed with M/s The Oriental Insurance Company Ltd., which would provide indoor-medical facilities through Third Party Administrator (TPA). As such, the Group Insurance medi-calim policy with M/s National Insurance Company Ltd. shall accordingly, now be provided by M/s The Oriental Insurance Company Ltd. through the existing TPA viz. M/s Paramount Health Services & Insurance (TPA) Private Limited.
- 2.0 To ensure uninterrupted medical facilities, relevant data for RITES employees who were members of the last medi-claim policy have been forwarded to the new Insurance Company for issue of new cards and further necessary action.
- 3.0 E-cards of the employees/retired employees and their dependants are available on-line and for downloading the e-cards, the employees would require to:


Visit the site of the TPA i.e. www.paramounttpa.com

- a) Click on E-card
- b) Select the Insurance Co. (The Oriental Insurance Company Ltd.)
- c) Click on Employee ID and you will get information for group code then put Group as RLTD and then put your employee ID and click. Employee can view/print the E-cards for self and dependants.

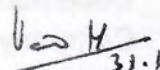
Employees can also download the hospitals list from TPA website.

- 4.0 Till such time physical cards/e-cards are issued and on-line connectivity is made available both to the serving and retired employees, TPA's representative whose details are as under may be contacted for any query regarding mediclaim policy.

<u>Name</u>	<u>Mobile No.</u>	<u>Mail ID</u>
Mr. Shambhu Sinha	9560019539	shambhu.sinha@paramounttpa.com
" Safeek Ahmad	7042391036	safeek.ahmad@paramounttpa.com

Detailed escalation matrix is also available on the official website under the link -employee's corner.

- 5.0 The salient features of the policy and procedure to be adopted is annexed at Annexure-I.
- 6.0 As the e-cards and details of employees are available on line, employees should ensure that the data appearing thereon are correct. In case of discrepancy in details appearing or addition/deletions necessary, as per eligibility, should be brought to the notice of Corporate Office for further necessary action.


31.12.18
(Ved Parkash)
Group General Manager (P&A)

Copy to:

- Ex.Secy.to CMD/DGM/Spl. Secy. / DP, DF, DT, CVO.
- All EDs
- All Divisional /SBU heads
- All Regional/Project Offices
- Secretary, CONCERT
- Notice Board

ANNEXURE –I

ENTITLEMENTS, ADMISSIBLE REIMBURSEMENTS AND PROCEDURE OF THE MEDI-CLAIM POLICY

1.0 Entitlements (for serving & retired employees and their dependants):

- (a) S.I. (Sum insured) limit under mediclaim policy 2019 has been revised for the retired employees and kept at par with the serving employees ranging from Rs. 2.50 lakhs to Rs 10 lakhs per year as Family floater, per family unit. The family floater available for the employees is tabulated below:

Class of Entitlement	Category of Employee	Annual Medical ceiling per family unit
A	CMD/MD/ Directors	Rs. 10,00,000/-
B	Executives Cluster IV	Rs. 5,00,000/-
C	Executives Cluster I, II and III	Rs. 3,75,000/-
D	Non-executive (All Clusters)	Rs. 2,50,000/-

2.0 Floaters (for serving employees and their dependants only):

- (a) In addition to (a) above, the company has taken a Company floater of Rs. 60 Lakhs which shall be allowed to serving employees and their dependent family members, in case of their needs, with the approval of Director/Finance. Cases involving expenditure, beyond the limit of Company floater, shall be considered for reimbursement/ medical advance by the management on merits of the case.
- (b) An additional floater of Rs. 20 Lakh for investigations undertaken as indoor patient has also been taken for the benefit of serving employees.

3.0 Admissible reimbursements:

The policy covers all pre-existing diseases or ailment/injuries and the following expenses incurred on medical treatment are reimbursable:

- (i) **Room rent (for both serving and retired employees):** The room, Boarding and nursing expenses in any hospital/nursing Home would be 3% per day of the sum insured.
- (ii) **ICU (for both serving and retired employees):** I.C. Unit expenses will be limited to 5% per day of the Sum Insured.
- (iii) **Fees & Charges (for both serving and retired employees):**
(a) Fees for Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists for treatment in connection with hospitalization.

- (b) Charges for Anesthesia, Blood Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory/Diagnostic tests, X-Ray, Cataract lenses, etc.
- (c) Charges for physiotherapy treatment, psychiatric, psychological treatment whether taken in a hospital or at home.
- (d) Any kind of service charges, surcharges, admission fee/registration charges and non-medical expenses and non-payable levied by the hospital.
- iv) Maternity Expenses(for serving employees only):** Any treatment taken in hospital/nursing home arising from or traceable to pregnancy , child birth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy upto a maximum of Rs. 75,000/- are covered.
- v) Animal Bite (for both serving and retired employees):** Expenses incurred for treatment on any type of animal bite (dog/snake/monkey) treatment whether incurred in hospital or out door.
- vi) Ambulance services (for both serving and retired employees):** Upto Rs. 2000/- shall be reimbursable in case a patient has to be shifted from residence to hospital in case of admission in Emergency ward/I.C.U, or, from one hospital/nursing home to another hospital/nursing home; by registered ambulance only for better medical facilities.
- vii) Day Care (for both serving and retired employees):** Day care coverage for Specific treatments taken in network specialized Day Care Centers where the insured is discharged on the same day like - Eye Surgery, Radio Therapy, D&C, Surgery of Nose, Throat, Hernia, Appendix & Coronary Angiography, treatment of fractures etc. have been provided.
- viii) Pre-hospitalization and post-hospitalization expenses (for both serving and retired employees):-** Relevant medical expenses incurred during the period upto 30 days prior to hospitalization /60 days after hospitalization on disease/illness/injury sustained will be considered as part of claim. The medical expensed incurred on these heads may be claimed separately after treatment by submitting all requisite documents within 15 days after completion of post hospitalization treatment.
- ix) OPD facilities (for retired employees only):-** OPD charges including dental treatment (which includes cost of medicine, fees of consultation, specialist, pathological, radiological and other tests, etc.) to the extent of 10% of the total annual ceiling limit. Dental or gum treatment or surgery which is not cosmetic or of aesthetic procedure, arising from a disease including filling of cavity & root canal is covered under the policy. However, maximum limit of reimbursement per family on dental treatment would be Rs. 20,000/- for Directors & Executive Cluster IV and Rs. 15,000/- for others (below cluster IV). Claims for Reimbursement of OPD expenses should be submitted directly to TPA only twice during the calendar year along with

documents in original viz. Bills of medicines, tests and doctors prescriptions etc. as per details below :-

- Bills for the period of treatment from 1st January up to 30th June to be submitted by 1st week of July and;
- Bills for the period of treatment from 1st July up to 31th December to be submitted by 1st week of January (next calendar year)

x) Dental Treatment (for serving employees)

Dental or gum treatment or surgery (whether incurred in hospital or Outdoor) which is not cosmetic or of aesthetic procedure, arising from a disease including filling of cavity & root canal is covered under the policy. However, maximum limit of reimbursement per family on dental treatment would be Rs. 20,000/- for Directors & Executive Cluster IV and Rs. 15,000/- for others (below cluster IV) within the total annual ceiling limit. Claims for Reimbursement of expenses in this regard should be submitted to TPA.

4.0 Procedure:

- (i) TPA shall issue Medical Card in the name of each individual employee as well as their eligible dependent family members which shall be directly sent by the TPA at the address provided by the employee concerned. E-card available on the portal can also be used for the purpose of taking treatment in hospital.
- (ii) Eligible members, by producing the membership card, can take treatment in any of the network hospital. The list of network hospitals is available at web site **www.paramounttpa.com**
- (iii) **Intimation to TPA:-**
 - (a) In case of treatment in **network hospital**, the employee is required to intimate **the TPA in advance** in case of planned hospitalization and **upon admission** in case of emergency hospitalization. **On discharge, the employee shall be required to pay the difference of amount disallowed under the policy.**
 - (b) In case the treatment is taken in a **non-network hospital**, the employee is required to intimate the TPA in writing within 24 hours of hospitalization. For settlement of claim for reimbursement of expenses the employee should obtain Discharge summary, copy of investigation report(s) and other relevant document(s) from the Hospital authorities. All requisite documents may be submitted to the TPA within 15 days from date of discharge from hospital, failing which the same may not be entertained by TPA/Insurance Company. The check-list of documents required for the claim settlement is available at the site of the TPA.
- (iv) Employees can see details pertaining to his entitlement, claims availed by the employee and dependent family members, amount available in his account and status of his claims of reimbursement on the web site.
