

No. PERS/40/Medi-Claim/2021

Dated: 28.12.2020

Sub: Group Insurance Medi-Claim Facility for RITES Serving & Retired Employees -2021.

- 1.0 Group Insurance medi-calim policy for the period 1st January, 2021 to 31st December, 2021 has since been renewed with the Insurance Company viz. M/s **The New India Assurance Co. Ltd.**, which would provide indoor-medical facilities through the existing Third Party Administrator (TPA), 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 is being forwarded to the Insurance Company for issue of new cards and further necessary action.
- 3.0 E-cards of the serving/ retired employees and their dependants shall be 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
- Click on view E-card
 - Select the Insurance Co. -**The Oriental insurance Company Ltd upto 31.12.2020 and The New India Assurance Co. Ltd. w.e.f 01.01.2021**
 - Click on Employee ID and you will get information for group code then put Group as RLTD and then put your employee ID, put your mobile number and click on generate OTP and submit. Employee can view/print the E-cards for self and dependants.
- 4.0 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 |
| Mr. Safeek Ahmad | 7042391036 | safeek.ahmad@paramounttpa.com |
- Detailed escalation matrix is also available on the official website under the link ex-employee's corner.
Employees can also download the list of hospitals being serviced from TPA website.
- 5.0 The salient features of the policy and procedure to be adopted is annexed at **Annexure-I- (For Serving Employees)** and **Annexure-II- (For Retired Employees)**.
- 6.0 As the e-cards and details of employees are available on line, employees should ensure that the data appearing thereon is correct. In case of discrepancy in details appearing or addition/deletions necessary, as per eligibility, should be brought to the notice of Welfare Desk in Corporate Office, Gurgaon through Landline: 0124-2818154 or E-mail:- surjit.rana@rites.com latest by 31st December, 2020 by 1300 hours for further necessary action.



(Surjit Singh Rana)
Dy. General Manager/HR/Welfare

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

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

(RITES IN-SERVICE EMPLOYEES AND THEIR DEPENDANT FAMILY MEMBERS)

1.0 Entitlements:-

- (a) S.I. (Sum insured) limit under mediclaim policy- 2021 shall remain the same 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 Floater:-

- (a) In addition to (a) above, the company has taken a Company floater of Rs. 1.30 Cr. 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, may 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/dependants.

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:-** The room, Boarding and nursing expenses in any hospital/nursing Home would be 3% per day of the sum insured.
- (ii) **ICU:-** I.C. Unit expenses will be limited to 5% per day of the Sum Insured.
- (iii) **Fees & Charges:-**
- (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:-** 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:-** Expenses incurred for treatment on any type of animal bite (dog/snake/monkey) treatment whether incurred in hospital or out door.
- vi) **Ambulance services:-** 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:-** 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) **Domiciliary Hospitalisation Benefit:-**
 Medical treatment taken for a period exceeding 3 days for such illness/ injury which in the normal course would require care and treatment at a hospital/nursing home as in-patient but actually taken whilst confined at home in India under any of the following circumstances:-
 - a. The condition of the patient is such that he/she cannot be moved to the Hospital/Nursing Home; OR
 - b. The patient cannot be moved to Hospital/Nursing Home due to lack of accommodation in any hospital in that city/town/village.
- ix) **Pre-hospitalization and post-hospitalization expenses:-** 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 expenses incurred on these heads may be claimed separately after treatment by submitting all requisite documents within three (03) days after completion of post hospitalization treatment.
- x) **Dental Treatment:-**
 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 to be downloaded from the portal for the purpose of taking treatment in hospital.
- (ii) Eligible members, by producing the membership card and ID proof, 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 through e-mail at claim.intimation@paramounttpa.com with cc to shambhu.sinha@paramounttpa.com or to TPA call centre as detailed on the back side of the e-card. 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 of main claim shall be submitted to the TPA within 07 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.

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

(RETIRED EMPLOYEES, THEIR SPOUSES & THEIR DIFFERENTLY-ABLED DEPENDANTS)

1.0 Entitlements:-

- (a) S.I. (Sum insured) limit under mediclaim policy- 2021 shall remain the same 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 Floater:-

- (a) In addition to (a) above, the company has taken a Company floater of Rs. 40 lakhs which shall be allowed to retired employees, in case of their needs, with the approval of Director/Finance. The amount to be released from the floater in each case shall be limited to 50% of the sum assured.

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:-** The room, Boarding and nursing expenses in any hospital/nursing Home would be 3% per day of the sum insured.
- (ii) **ICU:-** I.C. Unit expenses will be limited to 5% per day of the Sum Insured.
- (iii) **Fees & Charges:-**
- (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) **Animal Bite:-** Expenses incurred for treatment on any type of animal bite (dog/snake/monkey) treatment whether incurred in hospital or out door.
- (v) **Ambulance services:-** 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.

(vi) **Day Care:** 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.

(vii) **Domiciliary Hospitalization Benefit:-**

Medical treatment taken for a period exceeding 3 days for such illness/ injury which in the normal course would require care and treatment at a hospital/nursing home as in-patient but actually taken whilst confined at home in India under any of the following circumstances:-

c. The condition of the patient is such that he/she cannot be moved to the Hospital/Nursing Home; OR

d. The patient cannot be moved to Hospital/Nursing Home due to lack of accommodation in any hospital in that city/town/village.

(viii) **Pre-hospitalization and post-hospitalization expenses:-** 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 expenses incurred on these heads may be claimed separately after treatment by submitting all requisite documents within 03 days after completion of post hospitalization treatment.

(ix) **OPD Reimbursement:-** Reimbursement of expenses on OPD treatment charges (which includes cost of medicines, fees of consultation, specialist, pathological/ radiological and other tests etc.) and investigations undertaken as indoor patient shall be covered in the outdoor treatment to the extent of 10% of the total annual ceiling limit will be reimbursed by RITES. This annual ceiling limit of employees who have retired from the post of CMD & Directors shall be 15% of annual ceiling limit. In cases of chronic diseases, reimbursement to the extent of 5% shall be reimbursed over and above the limit detailed above. The chronic disease shall be prolonged illness diseases as notified from time to time. Reimbursement of expenditure of OPD treatment shall be processed in house two times in a calendar year. For reimbursement, retired employees have to submit actual bills of treatment by 7th of January & 7th July every year i.e bills for January 2021 to June 2021 to be submitted by 7th July and bills for July 2021 to December 2021 to be submitted by 7th January.

The bills of treatment till 31.12.2020 should be submitted to TPA and bills of treatment from 01.01.2021 onward only shall be considered for in house reimbursement. Procedure in detail for the OPD reimbursement will follow shortly.

4.0 **Procedure:-**

(i) TPA shall issue Medical Card (E-Card) in the name of each individual employee as well as their eligible dependent family members to be downloaded 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:-**

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- (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 through e-mail at claim.intimation@paramounttpa.com with cc to shambhu.sinha@paramounttpa.com or to TPA call centre as detailed on the back side of the e-card. 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 of main claim shall be submitted to the TPA within 07 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.
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