

No. PERS/40/Medi-Claim/2022

Dated: 05.01.2022

**Sub: Group Insurance Medi-Claim Facility for RITES Retired Employees -2022.**

- 1.0 Group Insurance medi-calim policy for the period 1<sup>st</sup> January, 2022 to 31<sup>st</sup> December, 2022 has since been renewed with the Insurance Company, M/s The New India Assurance Company Limited, which would provide indoor-medical facilities through the existing Third Party Administrator (TPA), M/s Paramount Health Services & Insurance (TPA) Private Limited.
- 2.0 E-cards of the retired employees, their spouses and their differently-abled 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](http://www.paramounttpa.com)
- a) Click on E-card  
b) Select the Insurance Co. - (The New India Assurance Company Limited)  
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.
- 3.0 Escalation Matrix of 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
Mr. Amresh Singh	9312920200	amresh.singh@paramounttpa.com

- Employees can also download the list of hospitals being serviced from TPA website.
- 4.0 The salient features of the policy and procedure to be adopted is annexed at **Annexure-A**.
- 5.0 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](mailto:surjit.rana@rites.com) at the earliest latest by 15.01.2022 for further necessary action.

  
(Ved Parkash)  
Chief People Officer

**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**

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

**1.0 Entitlements:-**

- (a) S.I. (Sum insured) limit under mediclaim policy- 2022 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:

<b>Class of Entitlement</b>	<b>Category of Employee</b>	<b>Annual Medical ceiling per family unit</b>
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:-**

- (a) In addition to (a) above, the company has taken a Company floater of Rs. 40 lakhs which shall be allowed to retired employees/dependents, in case of their needs, with the approval of Competent Authority . The amount to be released from the floater in each case shall be limited to 50% of the sum insured.
- (b) An additional floater of Rs. 10 Lakhs has been undertaken as indoor investigation (irrespective of the result) for the benefit of retired employees/dependents, in case of their needs, with the approval of Competent Authority. The amount to be released from the floater in each case shall be limited to 50% of the sum insured

**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.
- (e) Coverage of genetic diagnosis up to 10% of sum insured.
- (f) Coverage of congenital external disease/defects or anomalies up to 10% of sum insured.

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- (g) Coverage allowed for Adjuvant or Neo adjuvant Chemo or hormonal therapy or Biological Therapy or Immunol Therapy or Oral chemo therapy or Immune modulator for cancer cases and all advance treatment of cancer due to advancement in medical science, carried out under day care Procedure Cover.
- (h) Coverage allowed for Inj Zoledronic or Avastin/intravenous or Lucentis or ARMD, , Rituximab Injection 500mg, Mabtas RA Injection 500mg, Intravitreal Eylea (Afibercept) injection procedure, any injection which takes more than 02 hours process will be covered and any surgery which will be done under general anesthesia will be covered under day Care Procedure Cover. Coverage allowed for Advancement in technology - Cyber knife or Laser.
- (i) Coverage for Lasik Treatment- Covered in case if power of eye is above +/- 7.5, is payable Up to the cataract limit
- (j) Coverage of Infertility Treatment- Covered Up to maternity Limit
- (k) Coverage of Pre 30 days , post 60 days Natal Expenses on OPD basis- covered up to Rs. 5,000/- within maternity limit.
- (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:-  
 b. The condition of the patient is such that he/she cannot be moved to the Hospital/Nursing Home; OR  
 c. 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 indoor investigations which shall not be covered in the indoor treatment to the extent of 15%(including prolonged) 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 20 % ( including prolonged) of annual ceiling limit. Dental treatment is a part of OPD reimbursement for retired employees. Dental or gum treatment or surgery (whether in hospital or Outdoor) which is not cosmetic or of aesthetic procedure, arising from a disease including filling of cavity and root canal is covered under

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OPD reimbursement. However, maximum limit of reimbursement on dental treatment would be Rs. 30,000/- for Directors and Executive Cluster IV and Rs. 20,000/- for others (below Cluster IV) within the total OPD ceiling limit. Reimbursement of expenditure of OPD treatment shall be processed in house four times in a calendar year. For reimbursement, retired employees have to submit actual bills of treatment quarterly by 7<sup>th</sup> of April 2022, 7<sup>th</sup> of July 2022, 7<sup>th</sup> October 2022 & 7<sup>th</sup> January 2023 i.e. bills for January 2022 to March 2022 by 7<sup>th</sup> of April 2022 and so on.

#### 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:-**
  - (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 TPA web site.

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