

POLICY DOCUMENT

GROUP MEDICAL INSURANCE POLICY FOR REGULAR EMPLOYEES OF KERALA STATE ELECTRONICS DEVELOPMENT CORPORATION LTD.

Kerala State Electronics Development Corporation Ltd has renewed the Group Medical Insurance Policy for the Regular employees of the Company and their dependents w.e.f 07.07.2026. The policy has the following components:-

- 1.1. A floater sum of Rs. 4 Lakhs per family per annum for the employee and dependents.
- 1.2. A Corporate Buffer of Rs.5 Lakhs per annum for maintenance medicines for critical illnesses with a maximum amount of Rs.50000/-per person per annum for employees of the Company which will be reimbursed monthly on submission of medical bills.
- 1.3. An additional Corporate Buffer of Rs. 10 L per annum with a maximum coverage of Rs 2 L per family per annum which becomes due and eligible in the event when the base sum insured gets exhausted. This Corporate Buffer claim cannot be utilized in the case of modern treatment methods/advancement in technologies.

The following conditions to be included in the policy:

- 2.1 Room, Boarding Expenses as provided by the hospital including Nursing charges upto 1% of Sum Insured per day.
- 2.2 Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses – Actual ICU charges or Rs. 5000/- whichever is less.
- 2.3 Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.
- 2.4 Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs and similar expenses.
- 2.5 Pre-hospitalization medical charges up to 30 days period.
- 2.6 Post-hospitalization medical charges up to 60 days period.
- 2.7 LIMIT ON PAYMENT FOR CATARACT: Company's liability for payment of any claim relating to Cataract shall be limited to Actual or maximum of Rs.24000 (inclusive of all charges, excluding service tax), for each eye, whichever is less.
- 2.8 Expenses incurred for Ayurvedic/Homeopathic/Unani Treatment up to 25% of the sum insured provided the treatment for illness/disease and accidental injuries, is taken in a Government hospital or in any institute recognized by Government and /or accredited by Quality Council Of

India / National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures.

2.9 CONGENITAL ANOMALY to be included in the policy.

2.10 Admission in a Hospital for a minimum period of 24 in patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 4 consecutive hours, as mentioned below:-

Anti Rabies Vaccination	Hysterectomy
Appendectomy	Inguinal/Ventral/Umbilical/Femoral Hernia
Coronary Angiography	Lithotripsy (Kidney Stone Removal)
Coronary Angioplasty	Parenteral Chemotherapy
Dental surgery following an accident	Piles / Fistula
Dilatation & Curettage (D & C) of Cervix	Prostate
Eye surgery	Radiotherapy
Fracture / dislocation excluding hairline Fracture	Sinusitis
Gastrointestinal Tract system	Stone in Gall Bladder, Pancreas, and Bile Duct
Haemo-Dialysis	Tonsillectomy
Hydrocele	Urinary Tract System
Laryngeal Procedures	Nasal Polyp Removal

OR any other Surgeries / Procedures agreed by TPA/Company which require less than 24 hours hospitalization due to advancement in Medical Technology.

2.11 Maternity expenses to be included and shall include:

- Medical Treatment Expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation).
- Expenses towards lawful medical termination of pregnancy during the Policy Period.
- The maximum benefit allowable under this clause to be upto Rs.50, 000/- for normal deliveries and Rs.75000/- for C-Section except in cases where multiple gynecological procedures are done in which the actual amount up to the sum insured is payable.
- Maternity waiting period is waived off.

2.12 PRE-EXISTING CONDITION/DISEASE to be included.

2.13 PORTABILITY: Portability of Insurance to be included.

2.14 30 Days Exclusion to be waived

2.15 Waiting period for all diseases/ailments/conditions to be waived

2.16 No deductible on claims

2.17 NOTICE OF CLAIM: Preliminary notice of claim with particulars relating to Policy Number, name of insured person in respect of whom claim is to be made, nature of illness/injury and Name and Address of the attending Medical Practitioner/Hospital/Nursing Home to be given to the Company/TPA within 10 days from the date of hospitalization in respect of reimbursement claims.

Final claim along with hospital receipted original Bills/Cash memos, claim form and documents as listed in the claim form below to be submitted to the Policy issuing Office/TPA not later than 30 days of discharge from the hospital.

- a. Bill, Receipt and Discharge certificate / card from the Hospital.
- b. Cash Memos from the Hospitals(s) / Chemists(s), supported by proper prescriptions.
- c. Receipt and Pathological test reports from Pathologist supported by the note from the attending Medical Practitioner / Surgeon recommending such Pathological tests.
- d. Surgeon's certificate stating nature of operation performed and Surgeons' bill and receipt.
- e. Attending Doctor's/ Consultant's/ Specialist's / Anesthetist's bill and receipt, and certificate regarding diagnosis.
- f. Certificate from attending Medical Practitioner / Surgeon that the patient is fully cured.

Waiver: Waiver of period of intimation to be considered in extreme cases of hardships where it is proved to the satisfaction of the Company/TPA 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.

2.18 CONTRIBUTION: If two or more policies are taken by Insured Person during a period from one or more insurers to indemnify treatment costs, Company shall not apply the contribution clause, but the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

2.19 PERIOD OF POLICY: This insurance policy is issued for a period of one year.

2.20 NEWBORN BABY to be covered from day one.

2.21 GENETIC DISORDER: Persons with genetic disorder to be covered.

2.22 ORAL CHEMOTHERAPY The cost of oral chemotherapy to be payable under the policy.

2.23 Illness wise limits to be waived off.

2.24 Age Limit for dependent children: 25 years or entering a job whichever is earlier for boy child.
For girl child, until she gets married or enters in a job.

EXCLUSIONS

3.1 **Permanent Exclusions:** Any medical expenses incurred for or arising out of:

3.1.1 Vaccination & Inoculation.

3.1.2 War Invasion, Act of Foreign enemy, War like Operations, Nuclear weapons, ionizing radiation, contamination by radio activity, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.

3.1.3 Circumcision, cosmetic or aesthetic treatment, plastic surgery unless required to treat injury or illness.

3.1.4 Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids excluding cochlear implants, durable medical equipments.

3.1.5 All types of Dental treatments except arising out of an accident.

3.1.6 Convalescence, general debility, 'Run-down' condition or rest cure, obesity treatment and its complications, treatment relating to all psychiatric and psychosomatic disorders, infertility & sterility.

3.1.7 Bodily injury or sickness due to willful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide.

3.1.8 Treatment of any Bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind.

3.1.9 Treatment of bodily injury sustained whilst or as a result of participating in any criminal act.

3.1.10 Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-cell Lymphotropic Virus Type III (HTLB-III) or lymphotopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of similar kind commonly referred to as AIDS.

3.1.11 Diagnosis, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis of positive existence and treatment of any ailment, sickness or injury, for which confinement is required at a Hospital.

3.1.12 Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Medical Practitioner.

3.1.13 Stem Cell Implantation/Surgery.

3.1.14 Accident due to Alcohol/Drunken Driving not included.

3.1.15 Treatment taken outside India

3.1.16 Experimental Treatment, Unproven Treatment

3.1.17 Naturopathy Treatment.

3.1.18 Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.

3.1.19 Domiciliary Hospitalization.

3.1.20 Treatment for Age Related Macular Degeneration (ARMD), treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy.

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SUMMMARY OF MAIN FEATURES OF THE POLICY BASED ON EXISTING POLICY
DOCUMENT

Family Floater Sum Insured		Rs.4,00,000 /Family
Family Unit May contain		Employee, Spouse, Parents & children within 25 yrs of age or entering a job whichever is earlier for boy child. For girl child, until she gets married or enters in a job. Parents of employees without restriction in entry age.
Pre-existing diseases / conditions exclusion		Waived for all, no exclusion of diseases, no exclusions/limit for pre-existing diseases
30 days Waiting period		Waived for all
One / Two Year exclusions and / or any time bound exclusions for specified diseases		Waived for all
Room rent / Boarding Expenses (including nursing charges)	Room rent limit	Room rent per day restricted to 1% of the Sum insured.
	ICU rent limit	ICU / ICCU rent per day restricted to Rs.5000/-.
Proportionate payment for higher room category		Proportionate payment on higher room clause is applicable.
Corporate Buffer		A Corporate Buffer of Rs. 5 Lakhs per annum for maintenance medicines for critical illnesses with a maximum amount of Rs. 50000/- per person per annum which will be reimbursed monthly on submission of medical bills for the employees of the company only. An additional Corporate Buffer of Rs. 10 L per annum with a maximum coverage of Rs 2 L per family per annum which becomes due when base sum insured is exhausted. This Corporate Buffer claim cannot be utilized in the case of modern treatment methods/advancement in technologies.
Ayurveda treatment / Unani & Homeopathic treatment expenses		Expenses incurred for Ayurvedic/Homeopathic/Unani Treatment up to 25% of the sum insured provided the treatment for illness/disease and accidental injuries, is taken in a Government hospital or in any institute recognized by Government and /or accredited by Quality Council Of India / National Accreditation Board on Health, excluding centers for spas, massage and health rejuvenation procedures

All Day care procedures to be Covered including specifically mentioned in terms of RFQ		Admission in a Hospital for a minimum period of 24 in patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 4 consecutive hours. Anti-Rabies Vaccination ,Hysterectomy, Appendectomy, Inguinal/Ventral/Umbilical/Femoral Hernia, Coronary Angiography, Lithotripsy (Kidney Stone Removal), Coronary Angioplasty ,Parenteral Chemotherapy, Dental surgery following an accident, Piles / Fistula, Dilatation & Curettage (D & C) of Cervix Prostate, Eye surgery , Radiotherapy, Fracture / dislocation excluding hairline Fracture, Sinusitis, Gastrointestinal Tract system, Stone in Gall Bladder, Pancreas, and Bile Duct Haemo-Dialysis, Tonsillectomy, Hydrocele, Urinary Tract System, Laryngeal Procedures ,Nasal Polyp Removal. OR any other Surgeries / Procedures agreed by PA/Company which require less than 24 hours hospitalization due to advancement in Medical Technology
Ambulance charge		Maximum Ambulance charge payable under one hospitalization is Rs 2500/-.
Pre-Hospitalization and Post Hospitalization		Pre hospitalization 30 days and Post hospitalization 60 days
9 months waiting periods for Maternity		Waived off
Maternity	Normal	Rs.50,000/-Medical Treatment Expenses traceable to childbirth (including complicated deliveries incurred during Hospitalisation).Expenses towards lawful medical termination of pregnancy during the Policy Period. The maximum benefit allowable under this clause to be up to Rs.50,000/- except in cases where multiple gynecological procedures are done in which the actual amount upto the sum insured is payable.
	C-Section	Rs.75000/-/-Medical Treatment Expenses traceable to childbirth.
Baby Day Care Cover		New born babies need to be covered from day one with full floater sum insured for a period of 90 days.
Pre-natal and Post-natal		All pre-natal and post-natal benefits are covered under the maternity benefit of Rs. 50000/for normal and Rs. 75000/- for C-section as mentioned in the Policy terms.
Congenital Internal & External Disease		Waived for all.

Genetic Disorder	Persons with genetic disorder to be covered.
Oral Chemotherapy	The cost of oral chemotherapy to be payable under the policy.
Domiciliary Treatment	To be covered.
Illness wise limits	Waived off.
Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fee	Payable.
Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs and similar expense	Payable.
Limit on any one disease or ailment	No capping
Limit on surgeon charges, stent charges	No capping
Co-payment	No Copayment
Cataract Limit	Cataract - Actual or maximum of Rs.24000/(inclusive of all charges, excluding service tax)for each eye whichever is less
Portability	Portability of Insurance to be included
Midterm inclusion	Provision to include members during the operation of the policy on pro-rata basis.
Modern Treatment methods & Advancement In Technologies (As per IRDAI regulations)	<u>Modern Treatment Methods & Advancement in Technologies</u> In case of an admissible claim, expenses incurred on the following procedures (wherever medically indicated) either as in-patient or as part of day care treatment in a hospital, shall be covered. The claim shall be subject to the limit of sum insured (indicated against the list as shown below):- 1) Uterine Artery Embolization & High Intensity Focused Ultrasound (HIFU) up to Sum Insured per policy period for claims involving Uterine Artery Embolization & HIFU. 2) Balloon Sinuplasty - Up to Sum Insured per policy period for claims involving Balloon Sinuplasty.

	3) Deep Brain Stimulation - Up to Sum Insured per policy period for claims involving Deep Brain Stimulation. 4) Oral Chemotherapy - Up to Sum Insured per policy period for claims involving Oral Chemotherapy. 5) Immunotherapy-Monoclonal Antibody to be given as injection - Up to Sum Insured per policy period. 6) Intra vitreal Injections - Up to Sum Insured per policy period. 7) Robotic Surgeries (Including Robotic Assisted Surgeries) - Up to Sum Insured per policy period for claims involving Robotic Surgeries for (i) The treatment of any disease involving Central Nervous System irrespective of aetiology; (ii) Malignancies. Up to Sum Insured per policy period for claims involving Robotic Surgeries for other diseases. 8) Stereotactic Radio Surgeries - Up to Sum Insured per policy period for claims involving Stereotactic Radio Surgeries. 9) Bronchial Thermoplasty - Up to Sum Insured per policy period for claims involving Bronchial Thermoplasty. 10) Vaporization of the Prostate (Green laser treatment for holmium laser treatment) Up to Sum Insured per policy period. 11) Intra Operative Neuro Monitoring (IONM) - Up to Sum Insured per policy period for claims involving Intra Operative Neuro Monitoring per policy period. 12) Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for hematological conditions to be covered up to Sum Insured per policy period. No additional sub-limit.
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Additional Condition in the policy

2.01 CONTRIBUTION: If two or more policies are taken by Insured Person during a period from one or more insurers to indemnify treatment costs, Company shall not apply the contribution clause, but the Insured Persons shall have the right to requires settlement of his/her claim in terms of any of his/her policies.