

POLICY DOCUMENT

KELTRON GROUP MEDICLAIM POLICY for PERMANENT EMPLOYEES

KSEDC Ltd has implemented a new Mediclaim Policy for the employees of the Corporation and their dependants. The policy has two components. They are:

- a) A floater sum of Rs. 3 Lakhs per family per annum for the employee and dependants
- b) 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. This has been included as a special case to extend a helping hand to our employees who has to spend a huge amount of money every month for their maintenance medicines to life threatening diseases. However, only the employees of the Corporation can avail this benefit.

The following conditions are 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 lower.
- 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 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 24consecutive 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 TPA/Company which require less than 24 hours hospitalization due to advancement in Medical Technology.

2.11 Maternity expenses included and shall include:

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

2.12 PRE-EXISTING CONDITION/DISEASE included.

2.13 PORTABILITY: Portability of Insurance included.

2.14 30 Days Exclusion waived

2.15 Waiting period for all diseases/ailments/conditions 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 covered from day one.

2.21 GENETIC DISORDER: Persons with genetic disorder covered

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

2.23 Illness wise limits 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 lymphopathy 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.