



Renewal Terms – Sainik Seva Samiti – 2022-2023

Group Mediclaim Insurance Policy

Client Details	
Client Name:	Sainik Seva Samiti
Client Location:	Mumbai, India
Employer-Employee relationship (Yes/No)	No
If No, specify relationship	Members of Association
Fresh / Renewal:	Renewal Policy
Policy Period:	March 15, 2022 to March 14, 2023
Geographical Limit	Pan India

Insurer Details	
Insurer Name:	The New India Assurance Company Limited
Head Office:	Mumbai, India

Broker Details	
Broker Name:	K.M. Dastur Reinsurance Brokers Pvt Ltd.
Broker Location:	Mumbai, India

TPA Details	
TPA Name:	Raksha Health Insurance TPA Private Limited
TPA Location:	Mumbai, India

Coverage Details – Base Group Mediclaim Insurance Policy	
Policy Type:	Group Health Insurance Policy for the Members and their Dependents
Definition of Family:	1+ 3 - Self + Spouse + 2 Dependent Children up to the age of 25 years (Handicapped children to be covered without age limit.)
Base Sum Insured:	Option 1 – INR 3,00,000 per family Option 2 - INR 5,00,000 per family Option 3 - INR 7,50,000 per family Option 4 - INR 10,00,000 per family Option 5 - INR 15,00,000 per family Option 6 - INR 20,00,000 per family
Coverage Type:	Family Floater
Pre and Post Hospitalization	30 days Pre-hospitalization and 60 days Post hospitalization



Room Rent:	1% of Sum Insured Per day subject to maximum INR 15,000/- whichever is less		
ICU Rent:	2% of Sum Insured Per day subject to maximum INR 25,000/- whichever is less		
Other Hospital Expenses:	All other expenses of hospitalization excluding medicines, drugs and implants shall be paid in proportion to the room rent.		
Limits on Diseases:	Sr No	Procedure	Restriction
	1	Total Joints replacement	SI up to 10 lacs: Rs. 175000/- per joint replacement
			SI above 10 lacs: Rs. 200000/- per joint replacement
	2	Appendicectomy	SI up to 10 lacs: Rs. 75000/-
			SI above 10 lacs: Rs. 100000/-
	3	Hysterectomy	SI up to 10 lacs: Rs. 100000/-
			SI above 10 lacs: Rs. 125000/-
	4	Kidney Stones – Surgical Management	SI up to 10 lacs: Rs. 75000/-
			SI above 10 lacs: Rs. 100000/-
	5	Cholecystectomy	SI up to 10 lacs: Rs. 75000/-
			SI above 10 lacs: Rs. 100000/-
	6	Herniorrhaphy	SI up to 10 lacs: Rs. 60000/-
			SI above 10 lacs: Rs. 80000/-
	7	Coronary Angiography	Rs. 24000/-
	8	Coronary Angioplasty	SI up to 10 lacs: Rs. 185000/-
SI above 10 lacs: Rs. 210000/-			
Limit on Cataract Surgery:	Cataract to be limited to INR 30,000/- per eye. (Only Monofocal Lens shall be covered under the policy)		
Pre-existing Diseases:	Covered from day one		
01 to 04 year Waiting Period for Specific ailment:	Waived for existing members. One year Waiting Period for New Joiners on the following Diseases:- 1. All internal & external benign tumors, cysts, polyps of any kind, including benign breast lumps 2. Benign Prostate Hypertrophy 3. Cataract & age-related eye ailments 4. Hernia of all types 5. Hydrocele 6. Hysterectomy for Menorrhagia/Fibromyoma, Myomectomy and Prolapse of uterus 7. Non-Infective Arthritis 8. Stone in Gall Bladder & Bile duct 9. Stones in Urinary Systems		



	10. Varicose Veins and Varicose Ulcers 11. Joint Replacement due to Degenerative Condition 12. Age-related Osteoarthritis & Osteoporosis 13. Age Related Macular Degeneration (ARMD) 14. Genetic diseases or disorders	
30 Days Waiting Period:	Waived Off	
Maternity:	For Normal Delivery & For C Section – INR 50,000/-	
9 month waiting period for maternity:	Waived off	
New Born Baby Day one Cover:	Covered from day one with family sum insured	
Advanced Medical Treatment:	Robotic Surgeries shall be covered up to 50% of Sum Insured subject to maximum Rs. 5 Lakhs Stem Cell Therapy shall be covered up to 50% of Sum Insured subject to maximum Rs. 2.5 Lakhs Cyber Knife Treatment shall be covered up to 50% of Sum Insured subject to maximum Rs. 5 Lakhs with 15 % co-pay	
	Treatment or Procedure	Limit (Per Policy Period)
	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto 20% of Sum Insured subject to Maximum Rs. 2 Lakh
	Balloon Sinuplasty.	Upto 20% of Sum Insured subject to Maximum Rs. 2 Lakh
	Deep Brain stimulation.	Upto 50% of Sum Insured subject to Maximum Rs. 5 Lakh
	Immunotherapy- Monoclonal Antibody to be given as injection.	Upto 25% of Sum Insured subject to Maximum Rs 2 Lakh.
	Intravitreal injections.	Upto 10% of Sum Insured subject to Maximum Rs.75,000.
	Stereotactic radio surgeries.	Upto 50% of Sum Insured subject to Maximum Rs. 3 Lakh.
	Bronchial Thermoplasty.	Upto 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.
	Vaporisation of the prostate (Green laser treatment or holmium laser treatment).	Upto 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.
	IONM - (Intra Operative Neuro Monitoring).	Upto 10% of Sum Insured subject to Maximum Rs. 50,000.
Oral Chemotherapy:	Covered up to 10% of Sum Insured subject to maximum Rs. 1 Lakh	
Animal Bite:	Covered	
Ambulance charges:	1% of Sum Insured or Rs. 2,500/- whichever is less.	



Day Care Cover:	As per Standard Cover
Congenital Diseases:	Congenital Internal Diseases to be covered. Congenital External Diseases to be covered if life threatening in nature.
Alternative Treatment:	Ayurveda, Unani, Homeopathy and Siddha treatments to be covered up to 25% of Sum Insured on Hospitalization.
Hospitalization arising out of Terrorism:	Covered
Lasik Surgery:	Covered if correction index is +/- 7.5 D
Remarks:	Rest all terms and conditions as per New India Flexi Floater Group Mediclaim Insurance Policy

Policy Operating Guidelines	
Member addition and deletion:	Addition & Deletion of New Members & their dependents will be done from Date of Joining & Date of Leaving respectively on pro-rata basis.
Mid-term Addition:	New Joinee's , Spouse on Marriage and New Born babies
Claim Intimation:	Within 30 days from date of admission, If claim intimation received after 30 days from the date of admission, 10% Co-pay shall be applicable
Claim submission:	Within 30 days from date of discharge.
Portability Clause:	If a person is presently covered and has been continuously covered without any lapses under any Group Health Insurance policy with an Indian General/Health Insurer, the proposed Insured person can avail Retail / Individual Policy as per Standard Individual policy terms and premium amount and as per IRDAI guidelines on portability.
Reasonable & Customary Clause:	REASONABLE AND CUSTOMARY CHARGES mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.
GIPSA PPN Clause:	For those hospitals where New India is having PPN network. Only PPN rates will be applicable. If any employees opt for any rate/ package which is other than what has been agreed in PPN shall not be indemnified. For the given procedure in PPN, only agreed rates will be approved, whether claim submitted through cashless or reimbursement mode.



Premium Rate Chart:-

Premium Rate Per Family - Base Policy						
Sum Insured	3 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs
Premium without GST	20566	27792	31,266	38,214	47,802	66,145
GST (18%)	3,702	5,003	5,628	6,879	8,604	11,906
Premium with GST	24,268	32,795	36,894	45,093	56,406	78,051

Thanks and Regards,



Mr. Maneck Dastur

Senior Vice President and Chief Marketing Officer