

ANNEXURE - I

POLICY WORDINGS OF THE CASHLESS GROUP HEALTH INSURANCE POLICY (GHIP) FOR THE KSNDMC STAFF

The Policy intended by KSNDMC shall be Tailor made Group Health Insurance Policy for KSNDMC Employees and their respective Dependants. The Policy shall cover diseases and injuries which require Hospitalization, Medical / Surgical treatment at any Nursing Home or Hospital as an inpatient in India and as an Out Patient in India. The Insurance Company should pay to the insured directly through Cashless Cards (Registered Network of Hospitals) & also through Reimbursement (Un-Registered Network Hospitals) Group Health Insurance after submission of Bills in original. The Beneficiaries in this Policy would be as following:

Employee + Spouse + 02 Children of the Employee. The following is the Sum Insured breakup of the Employees with their respective Dependants to be covered under the tailor made Policy.

SL. NO.	SUM INSURED GROUP (Rs.)	NO. OF EMPLOYEES	NO. OF DEPENDANTS
01.	4.5 Lakhs	01	02
02.	3.5 Lakhs	22	35
03.	3.0 Lakhs	09	23
04.	2.5 Lakhs	13	20
05.	1.5 Lakhs	04	07
TOTAL NO. OF EMPLOYEES			49
TOTAL NO. OF DEPENDANTS			87
GRAND TOTAL			136

The details of Employee with Spouse & two Children along with respective Date of Birth, Age, Gender, Relationship with the Employee and Sum Insured are provided as sub ANNEXURES A-E as below.

ANNEXURE – A: Details of Employee along with the Employee’s Dependants under Sum Insured amount of Rs. 4.5 Lakhs.

ANNEXURE – B: Details of Employee along with the Employee’s Dependants under Sum Insured amount of Rs. 3.5 Lakhs.

ANNEXURE – C: Details of Employee along with the Employee’s Dependants under Sum Insured amount of Rs. 3.0 Lakhs.

ANNEXURE – D: Details of Employee along with the Employee’s Dependants under Sum Insured amount of Rs. 2.5 Lakhs.

ANNEXURE – E: Details of Employee along with the Employee’s Dependants under Sum Insured amount of Rs. 1.5 Lakhs.

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ABOUT THE POLICY:-

The Group Health Insurance Policy shall be a Tailor made Policy for KSNDMC Employees and their respective Dependents. The Policy shall cover diseases and injuries which require Hospitalization, Medical / Surgical treatment at any Nursing Home or Hospital, either Network or Non Network.

It is intended to cover the Employees & their respective Dependents with Out-Patient Department (OPD) Facility also (to claim expenses other than that incurred during Hospitalization), wherein the facility can be availed towards Hospital visits for Consultation, Diagnosis or Treatment made. Waiting period of 30 days from the Inception of the Policy should be waived off which implies, the Policy cover will start immediately from the day of Premium Payment. The waiting period / Waiving off for the ailments irrespective of any disease shall be NIL, i.e., waiving off 30 days, 1st year, 2nd year, 3rd year, 4th year etc., is NIL.

SCOPE OF HOSPITALIZATION (INCLUSIONS):-

The scope of providing Cashless / Reimbursement expenses through Inpatient / Outpatient Employees of KSNDMC and their respective Dependents shall be as following:

- Room rent, Boarding, Operation Theatre and Nursing expenses as provided by the Nursing Home / Hospital to the extent of the actual amount and within the Sum Insured. This shall include nursing care, RMO charges, IV Fluids / Blood transfusion / injection administrative charges and similar other expenses.
- ICU expenses to the extent of the actual amount.
- Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees (as part of the Hospitalization bill).
- Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Kidney Stone removal, D&C, Tonsillectomy, Cost of Artificial Limbs, Cost of Prosthetic Devices implanted during surgical procedure like pacemaker, Orthopedic implants, Infra cardiac valve replacements, Vascular stents, relevant laboratory/diagnostic tests, X-ray, Cataract, Hernia, Hysterectomy, Major Surgeries including cardiac surgeries, Brain Tumor Surgeries, Pacemaker implantation for sick sinus syndrome, Cancer surgeries, Hip, Knee, Joint replacement surgery, Organ Transplant and other medical expenses related to the treatment as per a single Hospitalization / Surgery.
- Physiotherapy provided the consultation is at the same referral Hospital.
- Health check-up once in a year.

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- Hospitalization expenses incurred on donor in respect of organ transplantation to the insured (excluding cost of organ).
- Hospitalization should cover expenses incurred towards treatment for Asthma, Bronchitis, Chronic nephritis and nephritic syndrome, diarrhea and insidious epilepsy, Hypertension, influenza, cough and cold. Tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, arthritis, gout and rheumatism diabetes.

Coverage of Pre and Post Hospitalization Expenses:- Policy should cover relevant medical expenses incurred during a specified period, before & after Hospitalization.

✓ Pre-Hospitalization - 30 days

This covers relevant medical expenses incurred during a period prior to Hospitalisation or day care treatment for treatment of Diseases, illness contracted or injury sustained and the Insurer was hospitalized.

✓ Post Hospitalization - 60 days

This covers relevant medical expenses after discharge from Hospital for continuous and follow up treatment of diseases, illness contracted or Injury sustained.

Coverage of Maternity Benefit Expenses:-

- Treatment taken in Hospital / Nursing Home arising from or traceable to pregnancy, child birth including Normal delivery up to Rs. 35,000/- and Caesarean section up to Rs. 50,000/- shall be paid for TWO live children only. Expenses on vitamins and tonics as prescribed necessary by the concerned Doctor only shall also be included in this category. Maternity benefit without a waiting Period of 09 Months should be admissible under this Policy. New born Baby shall be admissible under this Policy from day 1 of Birth. Vaccinations cover for new born baby from the day of birth up to one year. No cover for voluntary termination of Pregnancy.
- Treatments arising from or traceable to pregnancy, childbirth, miscarriage, abortion or complications of any of these including caesarean section, abdominal operation for extra uterine pregnancy, which is proved by submission of ultra Sonography and Certification by a professional Gynaecologist, that it is life threatening if it is left untreated shall also be included under maternity benefit and these cases shall not be considered for count under TWO Children category.

Coverage of pre-existing health condition or disease or ailment/injuries:- Any ailment / disease / injuries / health condition which are pre-existing (treated / untreated, declared / not declared) shall also be covered under thus Policy.

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- Daycare expenses for advanced technological surgeries and procedures requiring less than 24 hours of Hospitalization.
- Cataract surgery will be capped at Rs. 20,000/- per Eye and Rs. 40,000/- for both Eyes.
- Room Rents: 01% of Sum Insured for Regular Rooms & 02% of Sum Insured for ICU / CCU.
- An Emergency Ambulance charge @ Rs. 1,500 per event is admissible.
- In case of Non-Network Hospitals, Claim towards reimbursement will be settled within a period of 20 days after submitting all the relevant documents / bills / Invoices in Original within a stipulated period of 7-10 days.
- Health Cards under Cashless Facility should be provided for all the Employees and their respective Dependants of the Policy with details of the Employee including Sum Insured and list of Network Hospitals within 10 days period.

FACILITY OF OPD (5% SUM INSURED FOR EACH EMPLOYEE CATEGORY):-

The Out Patient Department or OPD cover is also a part of this Tailor made Policy. Outpatient Clinics are medical facilities where on-staff or contracted physicians and other healthcare professionals treat patients who do not require admission to a Hospital and whose medical issues are not severe enough to warrant a visit to the Emergency Department. Such OPD expenses shall be claimed within 10-15 days of availing the Facility. The Expenses to be covered under this Facility are as below and such expenses shall be only up to a maximum of 5% of Sum Insured under each Employee category (Employee with Dependants):

- a) Doctor's Consultation Fees
- b) Diagnosis, such as lab tests and MRI scans, provided such Diagnostic tests are conducted only if necessitated and with Doctor's referral
- c) Annual Health check-up without any age restriction
- d) Coverage of Pharmacy bills (unless forming part of Consultation and as certified by the consulting Physician)
- Procedures of Eye treatment, Dental treatment & Ear treatment shall be covered under OPD, which will be only 5% of Sum insured under each Employee Category. These treatments will have to be availed by the Employees & their respective Dependants from both Network (cashless card) & Non Network Hospitals (reimbursement) facility. Such treatments shall include Surgeons consultation charges & X-Rays as required necessary by the Surgeon excluding cost of eye & hearing aids and other accessories.

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EXCLUSIONS (WHAT IS NOT COVERED UNDER THE POLICY):-

The Insurance Agency / Company need not make any payments in respects of any expenses whatsoever incurred by any insured person in connection with or in respect of the below:

- a) Circumcision (Except necessitated due to an accident or any illness), change of sex / life or cosmetic or aesthetic treatment of any description, plastic surgery (Except necessitated due to an accident or any injury).
- b) Any Treatment / Illness conducted at government Hospital.
- c) Cost of spectacles and contact lenses, hearing aids (Except necessitated due to accident or any injury).
- d) Obesity treatment and its complications including morbid obesity.
- e) Congenital external disease/defects or anomalies.
- f) Treatment relating to all psychiatric and psychosomatic disorders.
- g) Infertility, Sterility, venereal disease, intentional self injury and use of intoxication drugs/alcohol.
- h) Expenses on vitamins and tonics (unless forming part of treatment for injury or diseases as certified by the attending Physician).
- i) Acupressure, acupuncture, magnetic therapies, experimental and unproven treatment/therapies.
- j) External and or durable Medical / Non-Medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc.
- k) Ambulatory devises, i.e. ., walker, crutches, Belts, Collars, caps, Splints, slings, Braces, Stockings, elastocrepe bandages, external orthopaedic pads, sub coetaneous insulin pump, diabetic foot wear, Glucometer / Thermometer, alpha/ water bed and similar related items etc., and also any medical equipment , which is subsequently used at home etc.
- l) Genetic and Stem Cell implantation / surgery.
- m) Change of treatment from one system of medicine to another (unless recommended by the consultant / hospital under whom the treatment is taken).
- n) All non-medical expenses including convenience items, personal comfort such as charges for telephone, television, attender, private nursing / barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses.

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- o) Any kind of Service charges, Surcharges, admission Fees / Registration Fees, Luxury Tax and similar charges levied by the hospital.
- p) All expenses arising out of any condition directly or indirectly caused to or associated with human T-Cell Lymph tropic Virus Type III (HTLD-III) or Lymphadenopathy Associated Viruses (LAV) or the Mutants Derivative or variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- q) Charges incurred at a Hospital or Nursing Home primarily for diagnosis, x-ray or Laboratory examination or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.
- r) Weight control / loss treatments.
- s) Any treatment taken outside India.
- t) Genetic & Sleep Disorders.
- u) Disorders of Speech.
- v) Unlawful activity and self inflicted Injuries

PROCEDURE FOR CLAIMS IN CASE OF NON NETWORK HOSPITALS (REIMBURSEMENT):-

1. Communication regarding Hospitalization of an Employee or their respective dependants shall be provided to the Insurance Agency / Company with full particulars and in case of emergency Hospitalization, the same will be provided within 48 hours of admission (or) on or before discharge through Phone, e-mail etc., by the Employer or Employee concerned.
2. The Claim shall be submitted to the Insurance Agency / Company with all supporting documents (original bills, receipts, and other related document) within 7-10 days from the date of discharge from the Hospital / Nursing home.
3. In any case / circumstances, if the Hospital Authorities do not accept the existing Cashless cards due to non-networking of Hospitals or other unknown reasons, the insured Employee will have the right to claim such expenses directly from Insurance Agency / Company.

PROVISION FOR A TPA:

The Insurance Agency if required may identify a suitable and trustworthy Third Party Administrator (TPA), wherein the Settlements / Claims / Reimbursements and other related Queries will be taken up by the TPA accordingly with an established office in Karnataka.

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NETWORK OF HOSPITALS:-

The Insurance Agency needs to provide the list of Network of Hospitals in Bengaluru and other parts of the State, wherein a provision for all types of medical treatment is taken up.

CLAIM DOCUMENTS:-

Final claim along with hospital receipted original bills, Cash memos / reports, claim form and the documents listed below will be submitted to the Company within 7-10 days of discharge from Hospital / completion of post hospitalization treatment by the employee concerned.

- a. Original bill, receipts and discharge certificate / card from the hospital.
- b. Medical history of the patient recorded by the Hospital.
- c. Original Cash-memo from the hospital(s)/ receipt(s) supported by proper prescription.
- d. Original receipt, pathological and other test reports from a pathologist / radiologist including film etc. supported by the note from attending medical practitioner / surgeon demanding such tests.
- e. Attending Consultants / Anesthetists / Specialist certificates regarding diagnosis and bill / receipts etc.
- f. Surgeon/s original certificate stating diagnosis and nature of operation performed along with bills / receipts etc.

The claim shall be settled by the Insurance Agency / Company within 15-20 days from the date of receipt of the claim either by the Hospital / Nursing Home or Clinic. In case of claim by the employee the claim amount shall be paid directly paid to the Employees bank.

GRIEVANCE SETTLEMENT:-

KSNDMC and the Insurance Agency / Company shall put their best efforts to settle amicably all disputes arising out of or in connection with Group Health Insurance Policy or the interpretation of conditions therein.

If the Insurance Agency / Company has not paid / reimbursed the claims submitted by the Employee, and if the Employee feels that his / her claims are genuine and are not paid by the Insurance Company , then he / she shall have a right to appeal / approach the grievance cell of the Insurance Agency / Company through Employer. The affected Employer shall have a right to file complaint / dispute before the competent Court if the Company has disputed or not accepted its liability including the quantum of expenses. This can be resorted without recourse to arbitration.

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EMPLOYEE ADDITION & DELETION:-

An option for adding new employees joining KSNDMC along with their respective dependents during the policy period to be made available on intimation from KSNDMC through E-mail / Phone / Letter and accordingly additional premium shall be paid to the Insurance Agency on submission of invoice based on the prevailing rates of premium quoted.

An option for deletion of existing Employees of KSNDMC and their respective dependants during the policy period to be made available on intimation from KSNDMC through E-mail / Phone / Letter and accordingly the deletion rates need to be adjusted.

No adjustments to be provided to the Employee and their respective Dependants who is quitting the Policy and if he / she has already claimed during the Policy period.

SUM INSURED AMOUNT:-

KSNDMC has provided the list of Employees as **ANNEXURE - IV** along with their dependants including grade wise Sum Insured rates. The Insurance Agency / Company shall provide Premium rates accordingly for a period of ONE year as per the Financial Format set in this Section as **ANNEXURE - III**. Premium rates agreed upon in the Tender will be final and are binding on the Insurance Agency / Company and is subject to no change. The total Premium amount shall be paid by KSNDMC after acceptance of the Insurance Work Order placed by KSNDMC.

ISSUANCE OF POLICY & CASHLESS CARDS:

The Insurance Company shall issue the said Policy in the name of KSNDMC as per the agreed Tailor made Policy cover. Cashless Cards in the case of treatment made in the Registered Network of Hospitals to be issued in the name of Individuals and their respective Dependants & Reimbursement facility to be provided in the case of treatment made in Un-Registered Network of Hospitals within a period of 15-20 days from the date of submission of Bills / Invoices in original.

PERIOD OF INSURANCE:

The Period of the Policy will be for ONE Year initially and shall be effective from the date of acceptance of the Insurance Order placed to the Insurance Agency / Company. Any claims / reimbursements from such date shall be settled / reimbursement by the Insurance Agency / Company accordingly.

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EXTENSION OF INSURANCE POLICY:

The Policy period of Insurance may be extended for another ONE Year based on the Performance of the successful Insurance Agency / Company at the present rate or at the rate mutually agreed upon by both Parties and in such an event the renewal payment shall be paid to the Insurance Agency / Company on or before the date of expiry of the Policy. During such renewal / extension, the Employees who are retired / left would be deleted and newly recruited Employees if any, would be added and Premium shall be calculated proportionately.

Renewal / extension of this Policy shall not be refused by the Insurance Agency / Company directly, unless they have a reasonable justification. The Insurance Company shall state such justifications and whether it is willing to extend the period of Insurance at the same rate offered at present or not. If the Insurance Company is not willing to do so, it shall state the revised rate along with basis for the same and accordingly the matter shall be looked into by KSNDMC for further process.