Policy Benefits and the List of 16 Capping Diseases

1) Class of Insurance: Group Medical Insurance Policy.

2) Period of Insurance: 01st September, 2026 (00:00hrs) to 31st August, 2027 (23:59hrs).

3) Sum insured: Coverage in respect of IPD (Hospitalization benefit) per beneficiary under hospitalization with his/her spouse in the form of following three parts:

- **Part A:** Sum insured of **Rs. 2,00,000/-**
- **Part B:** Sum insured of **Rs. 3,50,000/-**
- **Part C:** Sum insured of **Rs. 5,00,000/-**

4) Annual Premium: 100 % of ordered Annual Premium amount (inclusive of GST & all other taxes) against fixed Sum Insured per beneficiary as follows: -

Sl. No.	Sum Insured amount per beneficiary	Annual Premium Amount (inclusive of GST & all other taxes)
1.	Rs. 2,00,000.00	Rs. 15,780.00
2.	Rs. 3,50,000.00	Rs. 23,220.00
3	Rs. 5,00,000.00	Rs. 33,560.00

5) Policy type: Floater Type with both cashless & Reimbursement Option.

6) Geographical limit: The territory of India.

7) Policy Coverage:

a) Includes coverage of pre-existing diseases from day one, no age bar for entering member without any prior medical examination. Employees who retire and intend to join the policy may also be included against payment of pro-rata premium every month & carry full amount of coverage of sum insured (floater basis).

b) Policy covers cashless facility in approved list of hospitals / nursing homes etc. and reimbursement of hospitalization expenses in other cases.

c) In the event of any claim becoming under this policy, the insurance company will pay to the hospital (for cashless treatment) & to the insured person (for non-cashless treatment) for this purpose of the said Group Medical Insurance Policy, the ex-employee & his/her spouse will be treated as two distinct members.

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8) Hospitalization (IPD):

a) Room rent including administration charges for IV fluid, injection charges excluding their cost in non-ICU/ HDU / ITU / ICCU bed will carry a maximum limit of Rs. 2500/- per day only for sum insured of Part A (i.e. Rs. 2, 00,000/-).

b) Room rent including administration charges for fluid, Injection, Ventilator, infusion pump, Bi-pap, monitor, oxygen, blood transfusion charges in ICU / HDU / ITU / ICCU bed will carry a maximum limit of Rs. 5000/- per day only for sum insured of Part A (i.e. Rs. 2, 00,000/-).

c) Surgeon, Anesthetist, Consultant fees, Nursing charges, and physiotherapy charges will carry a maximum limit of 25% of sum insured amount per member for the policy (for sum insured of Part A i.e. Rs. 2 lakh).

d) Hospital charges like investigation, OT charges, consumables & disposable, medicine, oxygen, blood, diagnostic material, dialysis, chemotherapy, radiotherapy, cost of pacemaker or any implant will have maximum limit of 75% of sum insured per member for the policy. No capping will be allowed on individual items like IOL, stent, orthopedic implants etc. (for sum insured of Part A i.e. Rs. 2 lakh).

e) All types of treatments / procedure/ investigations done in hospital/ nursing home including day care treatment, i.e. the period of hospitalization is less than 24 hours and the insured person is discharged on the same day, should be considered under hospitalization benefit (like stitching of wounds, dialysis, chemotherapy, radiotherapy, arthroscopy, ENT surgery, Lithotripsy, endoscopy, angiography, eye surgery, cataract operation, psychiatric & psychosomatic disorder, any condition directly or indirectly caused to or associated with HIV) for the policy.

f) IRDAI guidelines on standardization of exclusions in health insurance policies and consideration of modern treatment methods and advancement in technologies are to be followed scrupulously by the Insurance Co. IRDAI listed modern treatment methods and advancements in technologies along with all types of targeted therapy shall be covered under the policy up to 50% of Sum insured for all parts (i.e. Part A, Part B and Part C) of the policy.

g) The terms under Clause 8(d) includes treatment undertaken on package basis, where full amount of package cost will be entertained ignoring Clause ix (a), (b) & (c) within sum insured. It also includes all types of treatment under hospitalization for less than 24 hrs. in addition to day care treatment.

9) Pre Hospitalization:

Relevant medical expenses incurred during the period up to 15 days prior to hospitalization will be considered as part of claims mentioned under hospitalization expenses for the policy.

10) Post Hospitalization:

Relevant medical expenses incurred during the period up to 30 days after hospitalization will be considered as part of claims mentioned under hospitalization expenses.

Relevant expenses as mentioned at (x) & (xi) above will include doctor consultations, physiotherapy, dressing charges, investigating charges, medicines, Ambulance charges / rental Cab charges / hiring vehicle charges etc.

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11) Claim submission for Hospitalization treatment on cashless/re-imbursement basis:

a) The intimation of hospitalization is to be submitted to the insurance company within 45 days from the date of admission to the hospital. In case, the hospitalization intimation is made after 45 days, 10% co-pay shall be applicable. This co-pay shall be over and above all other terms and conditions of the policy.
b) Claim documents for reimbursement cases as well as reimbursement of post-hospitalization expenses i.r.o. cashless treatment is to be submitted by the insured member within a period of 60 days after discharge/ after completion of permissible post hospitalization treatment, as applicable.
c) After receipt of claim, the concerned insurance company will release payment of admissible amount of claim latest by 30 days from the date of receipt of all necessary documents.

12) Help Desk:

One authorized person from the TPA is present physically Five days in a week (except holidays), i.e. within Monday to Friday at Vidyut Bhavan for interactions with the beneficiaries of the scheme and facilitation of submission of claim documents, settlement of queries, grievances etc.

13) Settlement of claims:

Settlements will be made by the Insurance Company as per PPN Rates/ WBHS Rates/ mutually agreed rates (whichever is lower). Settlements that are not covered under the aforementioned rates shall be made at par with the rate applicable for the entitled category of room rates specified in the policy only. In case where the insured members opt for room rate higher than their eligible limit (as per Sum Insured of policy), the proportionate deduction clause will be applicable.

14) Payment of Premium:

WBSETCL shall deposit lump sum payment to the insurance company prior to commencement of the policy and on monthly basis against inclusion of newly retired members, which shall be calculated on pro-rata basis.

15) Issuance of Mediclaim Card:

The Insurance Company shall arrange for issuance and dispatch of Mediclaim Cards, by post, for all members insured under the policy within 45 days from the inception of the policy, upon receipt of data from WBSETCL. Further, one precise guideline regarding the main features/stipulations about the policy, should be sent along with the Mediclaim.

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16) Capping of Diseases:

Capping of 16 diseases shall be applicable only for the Part A (i.e. Rs. 2, 00,000/-) policy as stated below:

CAPPING OF 16 DISEASES		
Sl. No.	**Ailment**	**Allowable Limit (in Rs)**
1	Cataract surgery - each eye (including cost of IOL)	15,500.00
2	Tympanoplasty (unilateral)	25,000.00
3	Fissurectomy / Fistulectomy	25,000.00
4	Haemorrhoidectomy	25,000.00
5	FESS (unilateral)	25,000.00
6	Surgery for Appendicitis, Hernia (excluding mesh)	30,000.00
7	Hysterectomy	35,000.00
8	TURP	35,000.00
9	Surgical removal of Gall Bladder (excluding cancer)	30,000.00
10	Angioplasty/PTCA due to Coronary Artery Diseases/ISCHEMIC Heart Disease (excluding cost of stent)	50,000.00
11	Knee Joint Replacement - unilateral (excluding implant)	55,000.00
12	DJ stenting with PCNL	40,000.00
13	Surgery for Varicose veins	40,000.00
14	Pancreatic surgery (excluding cancer)	45,000.00
15	Surgical treatment for Gastric ulcer/Peptic ulcer/Acute or Sub-acute intestinal Obstruction	45,000.00
16	Hydrocelectomy, Varicocelectomy	20,000.00

N.B.: There will be no capping against treatment of any diseases for the sum insured of Part B (i.e. Rs. 3, 50,000/-) and Part C (i.e. Rs. 5, 00,000/-) whereas the following charges will be applicable: -

a) Maximum limit of room rent excluding ICU/HDU/ITU/ICCU are Rs. 3, 500/- & Rs. 5, 000/- against sum insured of Part B (i.e., Rs. 3, 50,000/-) and Part C (i.e. Rs. 5, 00,000/-) respectively.

b) Maximum limit of room rent for ICU/HDU/ITU/ICCU are Rs. 7, 000/- & Rs. 10, 000/-against sum insured of Part B (i.e., Rs. 3, 50,000/-) and Part C (i.e. Rs. 5, 00,000/-) respectively.