



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
Indian Institute of Technology Guwahati
चिकित्सा अनुभाग

Frequently Asked Questions (FAQs) related to GMIS

→ General questions related to GMIS

1. What is Group Medical Insurance Scheme (GMIS) of the Institute?

A: In order to outsource the medical reimbursements towards the expenses of IPD, the Institute has chosen a “Group Medical Insurance Policy” offered by an Insurer. The Institute takes this policy every year through a tendering process. This is the GMIS of the Institute.

2. Who are covered under GMIS?

A: Every member of the Institute who is currently eligible for medical facilities, in particular IPD referrals, under the prevailing norms of the Institute.

3. What is the coverage value/sum insured under GMIS?

A: A sum insured is a maximum limit of liability of the Insurer. The basic coverage for an employee (faculty and staff) is Rs 2 lakhs on family floater basis. The coverage for a student is Rs.1 Lakh This is NOT a limit per disease/treatment/hospitalization. If an insured is hospitalized, the treatment expenses shall be reimbursed subject the limit of sum insured. Balance sum insured, if any, will be available for reimbursements towards next/following treatments in that particular “year”.

4. Who will pay the premium?

A: The Institute will pay the premium for basic coverage of employees. The premium of students will be collected from them along with their registration fee.

5. Is there any top-up coverage facility under GMIS?

- A.** Yes, this facility is available to employees and students. An employee and a student can opt for top-up coverage in the blocks of Rs 1 lakh upto the top-up of Rs 12 lakhs. The top-up premium shall be paid by the employee and student.

6. What is family floater?

- A.** The total sum insured (basic + top-up, if any) is available for utilization of any one or all members of the family of an employee.

7. Is GMIS useful for OPD?

- A.** No. The GMIS will only reimburse the expenses towards hospitalization for a minimum period of 24 consecutive hours. However, due to advancement in medical technology, certain procedures (called day care treatments) which require less than 24 hours of hospitalization shall be covered. Please refer to the list of permissible day care treatments.

8. Is there any exclusion of a particular disease?

- A.** No. All diseases are covered under GMIS. The only exclusions are the permanent exclusions, e.g., war invasion, cosmetic, vaccination & inoculation, deliberate exposure to danger, injury due to hazardous sports, sexually transmitted diseases, etc. Please refer to permanent exclusions for exhaustive list.

9. Is there any exclusion of any treatment?

- A.** Except the treatments listed in permanent exclusions (e.g., treatment outside India, experimental treatment, anti-obesity treatment etc.), all treatments will be covered under GMIS.

10. Is there any waiting period?

- A.** There is no waiting period for any disease/treatment covered under the GMIS. The policy will be effective from the day one. Further, all pre-existing diseases are covered

11. Is there any upper limit for the reimbursement?

- A:** The upper limit is the sum insured (basic + top-up, if any). Otherwise, as such, the disease covered under GMIS has no upper limit for reimbursement. There are certain treatments that are not usually covered in any medical insurance policy are covered under the GMIS. For such treatments, certain upper limits are imposed. These are i) Cataract operation cost (including the cost intra ocular lens) is limited to Rs34,000/-(monofocal) per eye and additional Rs10,000.00 for every Rs1 Lakh top-up ii) Maternity expenses are reimbursable up maximum of Rs75, 000/- per case. Pre and Post natal (up to 60 days) treatment (OPD basis) will be covered upto a maximum of Rs10,000 which is in addition to the coverage of natal expenses iii) Peritoneal Ambulatory dialysis up to Rs3, 500/- per day iv) Robotic Surgery: 50% of the total hospitalization cost will be covered v) Intra vitreal injection for the eye: Reimbursable amount is Rs. 25,000/- per injection up to a maximum of Rs. 75,000/- per policy period vi) Chemotherapy: Oral Chemotherapy covered on an OPD basis (without hospitalization) upto maximum of 50% Sum insured opted by Insured. This benefit is subject to overall limit of Rs 15 lakhs for the entire policy period vii) Stem cell therapy: 50% of total hospitalization cost shall be covered viii) Refractive error: Expenses related to the treatment for correction of eyesight due to refractive error of more than 6.5d subject to a maximum of Rs. 30,000/- per eye per family member of the employee.

12. What treatment systems are covered under GMIS?

- A:** Besides Allopathic treatment, other systems of treatment such as Homeopathy, Ayurvedic, Siddha and Unani are also covered.

13. On top of treatment cost, what are the other expenses reimbursable under GMIS?

- A:** The treatment cost including doctor's fee and required drugs and investigation expenses are reimbursable without any upper limit. In addition, the expenses towards room rent(not exceeding 2% of the sum assured whichever is less), nursing charges(10% if room rent or actual whichever is less), ICU / ICCU charges(not exceeding 4% of the sum insured per day, or actual whichever is less), Ambulance charges shall be reimbursable with some upper limit.

14. Who will process the reimbursement claims?

- A:** The Insurer shall engage an agency called Third Party Administrator (TPA) through which the reimbursement claims will be processed.

15. How does the Insurer/TPA recognize a member of GMIS?

- A:** The Insurer/TPA shall issue an ID-Card to each member (including all family members who are covered under the policy) of the GMIS. This ID-Card shall be used for any hospitalization and reimbursements.

16. Should anyone be informed and get permission about any hospitalization?

A: Yes, TPA shall be informed regarding any hospitalization for which reimbursements are expected. In case of planned hospitalization, TPA shall give a pre-authorization. In case of emergency, TPA shall be informed within 24 hours of hospitalization.

17. Is there any restriction on the hospitals to get the treatment?

A: No. Any Institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner will be considered.

18. What are network hospitals and their advantages?

A: The Insurer/TPA has tie-up with some hospitals across the country called the network hospitals. The members of GMIS can have cashless treatment in the network hospitals. The Insurer/TPA shall directly pay the entitled medical expenses to the network hospitals. In case of the treatment in non-network hospitals, the members have to pay first and then claim for reimbursement.

19. What is the claim procedure?

A: The hospitalization of members which is duly informed/pre-authorized to/by TPA (*as per FAQ 18*) is eligible for reimbursement. For which, the member shall submit a duly filled claim form (in the prescribed format) to TPA along with the following documents. i) A copy of doctor's advice. ii) A copy of discharge certificate from the hospital. iii) Bills/receipts/cash memos in original from the hospital supported by a copy of doctor's prescription IV) Copies of diagnostic test reports supported by the advice of the attending medical practitioner/ surgeon justifying such diagnostics.

20. How to contact the TPA?

A: TPA can be contacted on the phone numbers given in ID-Card. The TPA shall provide a helpdesk at the Institute on regular basis. At present, the helpdesk is opened twice a week on *Tuesday* and *Friday* (from 2.00 PM to 5.00 PM).

21. I approached a network (or even a non-network) hospital for a medical emergency. The hospital kept me in observation for a while and after some diagnosis, they observed that the hospitalization is not required. Will these expenses be paid/reimbursed by GMIS?

A: No. GMIS only covers the expenses towards hospitalization for 24 hrs or certain day care procedures. Please refer to Q-9. TPA may be referred for clarifications regarding hospitalization and reimbursements.

22.What is the procedure to get treatment outside Guwahati?

A: It is the same across the country. The Insurer/TPA shall have their offices in all big cities to deal with the cases.

23.Who is the current Insurer?

A: M/s Iffco-Tokio General Insurance Co. Ltd., State Office: Assam & North East 1 – B, 1st Floor Aditya Tower, G.S. Road, Dispur, Guwahati-781006 Assam

24.What is the current policy period?

A: For employees: from 01.08.2022 to 31.07.2023

For students: from 01.08.2022 to 31.07.2023

25.What are the contact details of TPA's help desk at IITG?

A: **Raksha Health Insurance TPA Pvt. Ltd**, Prag Plaza, 2nd Floor, Near Hub Super Market, Bhangagarh, Guwahati-05 Tel No. 0361-2466056/57, Mobile Phone Nos and email ids.

(i) 98310 94986 (Mrs. Moonmoon Bhattcharyya) e-mail id: moonmoon@rakshatpa.com.

(ii) 78965 19837 (Mr. Angkan Thakuria) e-mail id: angkan@rakshatpa.com.

Website: www.rakshatpa.com

26.What is the national wide toll free number/contact number of Insurer/TPA?

A: 1800-180-1444

27.What are the network hospitals?

A: For the entire list of network hospital, please refer Raksha TPA website: www.rakshatpa.com

Emergency hospitalization

- A: **Admit to the nearest suitable hospital**
- B: **Contact TPA desk at the hospital, if available**
- C: **If TPA desk is not available, contact TPA officials within 24 hours and seek approval**
- D: **If you want cashless facility, find a network hospital from the website of TPA.**

Planned hospitalization

Obtain pre-authorization from TPA

TPA for 2022-23:

Raksha TPA

Raksha website: www.rakshatpa.com

**Raksha Health Insurance TPA Pvt. Ltd,
Prag Plaza, 2nd Floor,
Near Hub Super Market,
Bhangagarh, Guwahati-05
Tel No. 0361-2466056/57**

Raksha Officials:

- (i) 98310 94986 (Mrs. Moonmoon Bhattacharyya) e-mail id: moonmoon@rakshatpa.com.
- (ii) 78965 19837 (Mr. Angkan Thakuria) e-mail id: angkan@rakshatpa.com.

2022-23 Salient facts

1. Basic sum assured for employees: Rs. 2 lakhs
2. Basic sum assured for students : Rs. 1 lakh
3. Maximum top-up allowed : Rs. 12 lakhs

4. Should you READ the full FAQ for reimbursement? YES!
5. Should you READ/be aware of the terms of contract for reimbursement?
YES!!
6. Should all the papers be obtained from hospital before discharge? YES!!