

**IFFCO TOKIO GENERAL INSURANCE COMPANY
LIMITED**

Group Medishield Insurance Policy

For

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

Period of Insurance: 01/08/2019 To 31/07/2020

Policy No: H0128614

Welcome to the world of ITGI

We would like to take this opportunity to thank you for patronizing ITGI for Group Medishield Policy. At IFFCO TOKIO General Insurance Company Limited (ITGI), we are fully committed to provide insurance products and services to you in a convenient and satisfying manner.

Our policies and different Add-on coverage have been designed to provide you with more than just a healing touch in those unfortunate, yet unavoidable, circumstances of life. We have made every effort to make our products and procedures simple, transparent and customer friendly. Our product range will serve almost all your insurance needs.

This booklet contains the Policy Schedule with add on covers, List of employees covered, Third Party Administrator details (for claims assistance) along with policy wordings of "Group Medishield Policy Coverage". We have taken adequate measures to issue the policy document as per your requirements. In case of any discrepancy please inform policy issuing office immediately.

It would be our privilege to assist you for your insurance requirements or feedback anytime. You may contact our SBU or Toll Free number available on Policy Schedule.

With ITGI, your future is in safe hands. **"Muskurate Raho"**.

IFFCO-TOKIO General Insurance Company Limited Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi-110017 Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106				Issuing Office	SBU	A5
				IFFCO TOKIO GEN INSU. CO. LTD. Guwahati SBU, 1-B, 1st Floor, Aditya Tower G S Road, Dispur DISPUR GUWAHATI 781006 INDIA GSTIN : 18AAACI7573H7Z5 General insurance Service :9971 -		
Group Medishield Insurance Policy Schedule CUM TAX INVOICE						
Insured	INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI			Policy Invoice No	1-160254JM	
Address	Medical Section Guwahati			Policy No	H0128614	
	ASSAM			Covernote No		
Phone #	KAMRUP METROPOLITAN ASSAM INDIA			Date Of Declaration		
		Pin Code	781039	Period of Insurance		
		Agent Code	A5000005	from 00.00 hours on	01/08/2019	
State code	18	GSTIN		To Mid Night on	31/07/2020	
State	ASSAM	Country	INDIA			
Total Members Covered	10569					
Co-insurance Details						
Iffco Tokio General Insurance Company LTD 100 %						
Premium Details						
Gross Premium (Taxable Value)	Rs. 17920976		Net Premium Payable (Total Invoice Value)	Rs . 21146752		
Third Party Administrator	RAKSHA TPA					
GST DETAILS						
	CGST	SGST	UGST	IGST		
Percentage (%)	9	9				
Amount (Rs.)	1612887.84	1612887.84				
Policy Conditions/Extensions/endorsements						
Plan 1						
Family Composition						
<p>*Employee and Family :- The policy consist of (i) the students of the Insured and (ii) the employees/retirees/institute fellow and the families of the individual insured, which provide reimbursements against every hospitalization and domiciliary treatment within India.</p> <p>Sum Insured Bifurcation</p> <p>Employee: Faculty/Non teaching/Pensioner - Fellow - Deputation -----Rs 2 lakhs for each family Students: Rs. 1 lakh per student.</p> <p>Day Care Treatment: Coverage of day care must include the treatment or diseases mentioned in Annexure III from the day one of the date of effect of the policy. In addition to the said list, the Insurer may also include other treatment under the Day Care treatment as per their standard list.</p> <p>*Basic Sum Insured: Basic sum insured for regular employee is Rs. 2 lakh per family and Rs. 1 lakh per registered student under the combined policy. Top-up Sum Insured: Under the policy, employees and students may opt for top-up in the blocks of Rs. 1 lakh up to 12 lakhs over and above the basic sum insured. In case of retiree, institute fellow, employee under deputation and lien may opt for sum insured from minimum Rs. 2 Lakhs and maximum of 14 Lakhs.</p> <p>Floater Sum Insured: In case of employee and retirees, the total sum insurance (basic + top-up) of an individual family shall be utilized on family floater basis. This means the sum insured is available for any one or all members of the employee's or retirees's family.</p>						
Pre Existing Disease						
*Pre-existing diseases: All pre-existing conditions must be included.						

Declaration Period

*Subject to the terms/conditions, coverage, exclusions and definitions contained herein or endorsed, the Insurer shall undertake that if during the period of contract (starting from the day one of the date of effect of the policy) or during the continuance of the policy by renewal any Insured Person shall contract any disease or suffer from any illness or sustain any bodily injury through accident, the Insurer will pay for all such expenses as mentioned in the agreement to the hospital / nursing home or the insured person through the TPA.

Mid Term Inclusion of Dep

*Inclusion of new employee :-

Subject to payment of pro-rata premium, coverage shall be provided to the newly appointed employees and their families. The terms and conditions for these members shall be the same with other members of the policy. The premium for a new employee shall be fixed at an average rate. The details of GMIS beneficiaries sent by Insured should be updated under the existing policy within a week from the date of receipt of intimation. The insurer should immediately inform the insured about the completion of task of updation. In the eventuality of any dispute arising out of non-compliance with this point, the matter should be resolved between insurer and TPA without any interference by IIT Guwahati.

Room Rent Condition

*Room and other charges :

- (a) Room: Room expenses as provided by the Hospital/nursing home not exceeding 2.0 % of the sum insured per day or actual, whichever is less.
- (b) Nursing: 10% of room rent or actual whichever is less.
- (c) Dressing: 10% of room rent or actual whichever is less.
- (d) Service Fee: 10% of room rent or actual whichever is less.

Intensive Care Unit (ICU): Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 4.0 % of the sum insured per day, or actual, whichever is less.

Corporate Floater

*Corporate Buffer :-

It is a special provision formulated under the policy which is meant to meet contingency expenditure which could not be met by an individual within the sum insured under the policy. The Corporate Buffer is to be provided by the Insurer as an incentive in lieu of the anticipated unutilized sum insured during the policy periods. The Corporate Buffer is fixed under this policy as Rs. 30 lakhs which shall float on the entire group subject to terms and condition of the policy issued.

*Utilization of Corporate Buffer: The Corporate Buffer shall be at the discretion of the Director, IITG, the Insured. In case the sum insured of a member is exhausted but continuation of the treatment is found inevitable, on case to case basis, the Director, IITG, the Insured, may allot an amount (equivalent to sum insured) from the Corporate Buffer and recommend the same to the Insurer for utilization of this fund subject to the terms and conditions of the policy.

Ambulance Charges

*Ambulance service : Ambulance service @ 1% of the sum insured or actual, whichever is less, for every shifting of a patient from residence to hospital vice-versa or from one Hospital/Nursing Home to another Hospital/Nursing Home in connection with

hospitalization must be allowed.

Pre Hospitalization

*Pre-hospitalization medical charges up to 30 days period immediately before the insured's admission to hospital for that illness shall be covered.

Post Hospitalization

*Post hospitalization: Post hospitalization medical charges up to 60 days period immediately after the insured's discharge from a hospital shall be covered.

Other Coverages

*Expenses Covered : Following reasonable, customary & necessary expenses are reimbursable under the policy -

*Treatment system covered: Allopathic treatment covered. In case of other system of treatment such as Homeopathy, Ayurvedic, Siddha and Unani, it covered only when the treatment is taken as in in-patient in a Government Hospital/Medical College Hospital.

*Upper limit on reimbursements: Unless it is stated otherwise in any of the following clauses, the reimbursements shall be made as per actual without any upper limit up to the sum insured of the individuals.

*Doctors' fee: Surgeon, Anaesthetist, Medical Practitioner, Consultants' Specialist fees, and any such fee paid to the doctor shall be reimbursed as per actual.

*Investigation, Treatment, Drugs, etc charges: MRI, PET Scan, CT scan, Endoscopy, Ultra sound, Anesthesia, Dialysis, Chemotherapy, Radiotherapy, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials, X-ray, Cost of Prosthetic devices implanted during surgical procedure, relevant Laboratory/ Diagnostic test, X-Ray and any such medical expenses related to the treatment shall be reimbursed as per actual.

*Cost of artificial appliances: Cost of artificial appliances including artificial joints, pace maker, artificial limbs, etc. shall be reimbursed as per actual. The maximum admissible limit for cost of hearing aid is Rs. 60,000/- for this year's policy period.

*Hospitalization of Organ donor: Hospitalization expenses incurred on the donor (not the cost of organ) during the course of organ transplant to the insured person shall be covered under corporate buffer.

*Special cases: As a special case the following treatments/diseases/disorders also will be covered:

(a) Cataract: Operation cost as well as actual cost of intra ocular lens (not spectacle/contact lens) limited to Rs. 24,000/- per eye and additional Rs.10,000/- for every Rs. 1 lakh top-up.

(b) Maternity Benefit: Reimbursable maximum benefit upto Rs.50,000/- for both students and employees. This will be applicable from the day one of the date of effect of the policy.

(c) Domiciliary treatment: Any Domiciliary treatment.

(d) New born babies shall be covered under cashless facility from the day one.

(e) Congenital/Psychiatric cases: Disorders under this category also will be covered.

(f) Peritoneal Ambulatory dialysis up to Rs 3,500/- per day.

*Insurer's Liability: The Insurer's liability in respect of all claims admitted during the period of Insurance shall not exceed the sum insured, unless otherwise decided by the competent authority for utilization of Corporate Buffer.

Other Exclusions

*Permanent Exclusions: Any medical expenses incurred for or arising out of the following –

*War invasion etc.: 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.

*Cosmetic etc.: Cosmetic or aesthetic treatment devices, circumcision without disease or emergency e.g. in paediatric patient, plastic surgery unless required to treat injury, illness or burnt.

*Vaccination & Inoculation.

*Cost of braces etc.: Cost of braces, equipment or external prosthetic, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, and durable medical equipment.

*Deliberate exposure to danger etc.: Bodily injury or sickness due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide, arising out of non-adherence to medical advice. This condition, however, shall not be applicable to patient undergoing psychiatric treatment.

*Injury due to hazardous sports: Treatment of any bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind excluding normal sports activities of the Insured.

*Sexually transmitted diseases: Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphotopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

*Vitamins etc.: Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.

*Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and Oxygen Concentrator for Bronchial Asthmatic condition.

*Genetic disorders and stem cell implantation/surgery.

*Outside India: Treatment undertaken outside India

**Experimental treatment: Unproven treatment (not recognized by Indian Medical Council).

*Anti obesity treatment: Unless forming part of treatment for disease as certified by the attending physician, treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control programme, services or supplies etc.

*Convenience items: All non-medical expenses including personal comfort and convenience items or services such as telephone, television, Ayah, Private Nursing / Barber or beauty services, diet charges, baby food, cosmetics, tissue paper, napkins, diapers, sanitary pads, toiletry items, etc., guest services and similar incidental expenses or services etc.

*Expenses incurred at Hospital or Nursing Home primarily for evaluation/diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.

*Convalescence/ General debility, except "run down" condition of elderly or rest cure, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, and diseases/accident due to and or use, misuse or abuse of drugs/alcohol or use of intoxicating substances or such abuse or addiction etc. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care or similar establishments.

*Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupuncture, acupuncture, magnetic and such other therapies etc.

*Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission should be allowed since treating doctor admitted the patient. Private nursing charges, Referral fee to family doctors, out station consultants/surgeons fees etc.

*External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment. Ambulatory devices i.e. walker, Crutches, Belts, Collars, Caps, splints, slings, braces, Stockings etc. of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items etc. and also any medical equipment which is subsequently used at home etc.

*Change of treatment from one type of system to another type of system unless being agreed / allowed and recommended by the consultant under whom the treatment is taken. For example change of treatment from homoeopathy to Allopathic.

*Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.

*Out patient Diagnostic, Medical and Surgical procedures or treatments are not covered unless it leads to a hospitalization or day care procedure.

*Non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

*Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.

*Treatment which is continued before hospitalization and continued during and after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.

*Admission fee/Registration fee. Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.

Health Check up OPD Expenses

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Limits for Common Ailments

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Maternity Benefit Cover

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New Born Dependent

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Submission Of Claim Documents

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Note : As per Government of India guidelines, a new levy-Krishi Kalyan Cess is made effective from 01.06.2016, resulting in effective rate of service tax to 15%.Service Tax-14%,Swachh Bharat Cess-.50%,Krishi Kalyan Cess-.50%.In case you are paying premium after 1st June, 2016. Please pay service tax @ of 15%.

The coverage is as per policy wordings / endorsements / clauses attached. Please go through the Group Medishield Insurance Policy and in case of any discrepancy, please inform us.
Policy is cancelled ab-initio in case of Cheque Dishonor.

In case of exports of services invoice shall carry an endorsement "Supply meant for export on payment of integrated tax"

1)"Policy Issuing Office: Delhi".

2) " Consolidated Stamp Duty deposited as per the order of Government of National Capital Territory of Delhi"

Toll Free: 1800-103-5499 (24 hours all days) or SMS "CLAIMS" to 56161.
Service Tax No : AAACI7573HST001

For IFFCO-TOKIO General Insurance Co. Ltd


Subrata Mondal

Contact Details**IFFCO TOKIO General Insurance Company Limited**

Name of Co-ordinator	Binod Kumar Chetri
Contact No	9957103630
email ID	binod.chetri@iffcotokio.co.in

Third Party Administrator

RAKSHA TPA

Toll Free (24 hours)	1-800-425-4033
Email Id	
Address	15/5, MATHURA ROAD FARIDABAD HARYANA 121003 INDIA

Details of Intermediary/ Agent

Name	A5- DIRECT SBU CODE
Contact No	NA
email ID	

Settlement Type

Cash Less

Health ID Cards

Non-Photo Id

Claim payment to be made to

Employer