GUIDELINES FOR ECC GROUP MEDICLAIM POLICY

MEDICLAIM POLICY TERMS & CONDITIONS.

- The insurance cover is applicable to all employees (Permanent, Contract & Trainees) of ECC division and any three dependents of theirs. Only self is covered in case of trainees.

- Employee + Any 3 dependents ( Spouse, 2 Dependent children upto 25 yrs of age & Dependant parents i.e. mother & Father upto age of 90 yrs ). It means any 4 persons including Employee can avail the Mediclaim facility within one policy period.

- Expenses incurred for any disease or illness for which treatment is taken in a hospital (*) and the hospitalization period should be more than 24 Hrs. This condition is however waived in case of certain specific treatments/diseases like Dialysis, Chemotherapy, Radiotherapy, Cataract Eye surgery, Lithotripsy (Kidney stone removal), Tonsillectomy, D&C taken in the hospital/Nursing home. But, a formal admission and discharge has to take place and the hospital should issue in-patent bills and discharge summary.

- Age limit - The age limits applicable under the policy is 0-90 years.

- Sum insured -
  - Covantenad Cadre - Rs. 3.00 lakhs
  - Non-Covantenad Cadre - Rs. 2.00 lakhs
  - Trainee Cadre - Rs. 1.00 lakh (Coverage for Self alone)

- Children upto age of 25 years or until marriage whichever is earlier, are covered.

- Pre hospitalization - relevant medical expenses incurred during the period upto 30 days prior to hospitalisation.

- Post hospitalization - relevant medical expenses incurred during the period upto 60 days

  *30 days for Maternity claims* after hospitalisation

- Maternity Limit – Rs.50,000/- including Pre 30 days & Post 30 days bills (For first two children only).

- Cataract Surgery maximum Limit – Rs. 30,000/- per eye including Pre 30 days & Post 60 days bills.
- New Born baby is covered from day one. Any expenses incurred for baby is payable up to available policy limit or balance family sum insured.

- (*) Hospital should have atleast 15 inpatient beds or it should be registered either as a hospital or nursing home with the local authorities.

- All pre-existing diseases stands covered.

- Ayurvedic Inpatient treatment is covered.

**EXCLUSIONS IN POLICY:**

- The expenses incurred for the treatment of certain diseases are not covered such as convalescence, general debility, "Run down" condition or rest cure.
- Birth defects (Congenital ailments), disease or defects or anomalies.
- Sterility, Any fertility or assisted conception procedure, venereal disease, intentional self injury and use of intoxicating drugs/alcohol, all psychiatric and psychosomatic disorders. Circumcision.
- Genetic Disorders & stem cell implantation / surgery are not covered.
- All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymohadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalisation or primary reasons for admission. 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 including CPAP, CAPD, Infusion pump etc., 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.
- All non-medical expenses including Personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc, guest services and similar incidental expenses or services etc.
- Any treatment required arising from Insured’s participation in any hazardous activity including but not limited to scuba diving, motor racing, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- Outpatient Diagnostic, Medical or Surgical procedures or treatments, 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.
- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc
- Expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician
- Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc.
- Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.
- Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- Expenses incurred towards the cost of vaccination or inoculation, change of life, cosmetic treatment or aesthetic treatment of any description, and plastic surgery.
- Hospitalisation primarily for investigation and evaluation purpose which is not followed by active treatment for the ailment during the hospitalized period.
- Cost of spectacles, lenses, hearing aids, Dental treatment, and surgery for correction of eye sight.
- Out-patient treatment (OPD) is not covered. Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalisation or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons fees etc.
- Expenses incurred for voluntary termination of pregnancy during the first 12 weeks from the date of Conception is not covered.
- Sterilization expenses.
- Diagnostic Test and routine health checkup.

### Types of claim

- Cashless
- Corporate Credit letter
- Reimbursement

**Cashless facility:**

Cashless facility is available for current financial year policy 12-13, however employee can create intimation for credit letter, if the Hospital is not in the Network list.

Path for generating mediclaim E-card.
EIP ➔ Employee Corner ➔ Insurance My claims ➔ My profile ➔ Click Here
Copy the UHID and Click the link

Paste the UHID in card no test box of IL health website.
Procedure for availing Cashless facilities

Cashless Hospitalization can be availed only at i-Healthcare network hospitals. To check whether the hospital is in network or not, please refer the website www.icicilombard.com as follows.
Click Network Hospital List

Select, state, city, areas & click search

**In case of planned Hospitalization**

1) I-Healthcare Identity card should be presented at the hospital while approaching for the cashless facility.

2) Please approach the hospital well in advance for getting the approval from I-HEALTHCARE before the admission of the patient.

3) The Hospital will submit a Cashless request form duly filled in to I-HEALTHCARE. This Cashless request form will have to be signed by the treating doctor and must be stamped by the hospital.

4) I-HEALTHCARE will issue a Letter of Guarantee directly to the hospital, specifying the amount that can be expended by the hospital.

5) The employee can make an enquiry with the hospital as to whether the sanction is received before the patient gets admitted himself into the hospital.

6) The entire procedure will take a minimum of **6 – 8 hours**.

7) In case the total Hospitalization expenditure is more than the amount authorized, the hospital will ask for further authorization from I-HEALTHCARE, giving reasons for the increase, **at least one hour before the patient is to be discharged**.

8) Kindly note that the letter of guarantee is valid for a period of **fifteen days** from the date of its issue. An application will have to be made to I-HEALTHCARE for renewal of letter of guarantee, if admission is postponed beyond fifteen days. **Hospitals may take some deposits for non-payable expenses**.

**In case of Emergency Hospitalization**

- I-HEALTHCARE Identity card is E-Card print out should be presented at the hospital while approaching for the cashless facility.
The Hospital will submit a Pre-certification request duly filled in to I-HEALTHCARE. This pre-certification will have to be signed by the treating doctor and must be stamped by the hospital.

I-HEALTHCARE will issue a Letter of Guarantee directly to the hospital, specifying the amount that can be expended by the hospital.

The entire procedure will take a minimum of 3 – 4 hours.

In case the total Hospitalization expenditure is more than the amount authorized, the hospital will ask for further authorization from I-HEALTHCARE, giving reasons for the increase, at least one hour before the patient is to be discharged.

**Corporate Credit letter:**

- L&T Credit letter will be issued only to the hospitals which are not in the cashless network list.
- L&T Credit letter will be issued for the treatment which costs at least Rs. 30,000/- or more.
- If the employee had taken L&T credit letter, it's the employee’s duty to follow, collect the documents from the HR/A/c's and submits the same to Insurance dept. within 45 days from the date of discharge, for recovering the same from the insurance company.
- Any Expenses disallowed by insurance company will be recovered from the employee.

**Reimbursement - Mediclaim paid by employee:**

**DOCUMENTS REQUIRED:**
The following documents are required while preferring a claim under mediclaim policy.

- **Claim duly filled and signed.**
  The claim form consists of two sides. Both sides are equally important and the employee on whose behalf the claim is made has to sign the claim form in two places as clearly specified. Claims without signature will not be processed.

- **Detailed discharge summary.**
  The discharge summary should be in detail and should have the following details.
  i)  Date of admission and discharge.
  ii) Complaints and condition of patient at the time of discharge.
  iii) Exact name and nature of the disease, which has been diagnosed.
  iv) Nature of treatment given to the patient and a brief note on the improvements shown by the patient in line with the treatment given.
  v)  Condition of the patient at the time of discharge.
  vi) Discharge advice.
Numbered Hospital bill and receipt from the bill book of the hospital.

The term numbered bill shall have the meaning that the bill has been serially made out on the bill book of the hospital. The said bill should be supported with proper receipts in proof of having made full and final payment.

Individual stamped receipts for professional fees from all attending doctors.
(This is applicable to those cases where the hospital levies fees on behalf of Surgeons, Anesthetist, Specialist doctors, and Visiting doctors.)

Pharmacy bills duly supported by prescriptions. Also, these bills should be arranged in date wise order. If the pharmacy has retained the prescriptions, the bills have to be certified by the attending doctor by placing the rubber stamp and signature on its reverse side.

Bills pertaining to investigations should be duly supported by prescriptions and reports. Also, these bills should be arranged in date wise order.

Prenatal records and details of number of living children should make available for all claims arising from or traceable to pregnancy, childbirth including caesarian section.

If the patient is under treatment of different doctors there should be proper referral letters from one doctor to the other.

TIME LIMIT FOR SUBMISSION OF CLAIM PAPERS

Claim file has to be lodged to the Insurance Company within 50 days from the date of discharge. Hence, it is requested that the file should reach HQ-Insurance Dept within 45 days. Also any Deficiency or Query has to be responded within 15 days from the date of the Query.

Claims beyond the above mentioned time limit will not be entertained under any situations.

In case of any other clarification, kindly contact Dr. M. Malarvizhi or Mr. S. Periaraja on Telephone – 044 – 22526245 & 6246 and in email id drm@Intecc.com & periaraja@Intecc.com respectively.

You are requested to submit the claim in time to help us in serving you better.

* * * * *