

Group Medical Insurance Policy for the existing employees and their dependants.

1. TITLE OF THE SCHEME

The scheme is known as “Group Medical Insurance Policy” for the employees and their dependants.

2. OBJECTIVE OF THE SCHEME

Objective of the scheme is to meet the expenses, incurred by the insured persons during the inpatient medical treatment.

3. APPLICABILITY OF THE SCHEME

This scheme is applicable to all the Permanent employees on the rolls of the CCI Ltd. and their family members, **effective from 13.07.2023 to 12.07.2024.**

DEFINITIONS

4. Regular Employee – means an employee whose name is borne on the rolls of the company including probationers, Management Trainees, Junior Management Trainees, Worker Artisan Trainees, Adhoc staff, Fixed Term Contractual staff.

5. Insured Person – means Person(s) named on the schedule of the policy.

6. In-Patient – An insured person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving treatment for suffered ailment/illness/disease/injury/accident during the currency of the policy.

7. Cashless Facility – means the TPA may authorize upon the Insured persons’ request for direct settlement of admissible claim as per agreed charges between approved hospital and the insured person may not have to pay any bill after the end of the treatment at hospital to the extent the claim is covered under the policy.

8. Medical I.D. Card –means the card issued to the Insured Person by the TPA to avail Cashless Facility in the approved hospital.

9. Approved Hospital – means hospitals that have agreed with the TPA to participate for providing cashless health services to the insured persons. The list of empanelled hospital is enclosed.

10. Recognized Hospital –means hospitals that are approved by the insurance company for providing treatment for the insured persons other than those which are providing cashless health services.

11. Referral Hospital - means hospitals having facilities for providing super specialty treatment for the insured persons and duly approved by insurance company.

12. Coverage of the Scheme –This Medical Insurance Policy is to extend coverage to Existing employees, not covered under ESIC, on the rolls of CCI. The facilities under this policy to be extended to the Existing employees as detailed below:

Few of the salient features of the Medical Insurance Policy are as follows:

Existing employees			
1	Corporate Details		
1.1	Full Name of the Insured	Cement Corporation of India Limited	
1.2	Corporate Office	New Delhi	
1.3	Business / Industry Type	Cement Business	
1.4	Geographical Limits	India (no location barrier)	
1.5	Entity Coverage	Master policy to be issued in the name specified above. CCIL will keep Insurers notified of any future listing & delisting of entities including those entities for which the insured has assumed an obligation to arrange insurance for their respective rights, titles & interests and Insurer to give CCIL extension of same coverage as per agreed rates. All such listing & delisting to be given same effect as additions & deletions in the Master Policy & premium accounting to be done on pro rata basis.	
2	Member Information	Self	Spouse
2.1	Total No. of Members for sourcing quote		
		Around 400 (approx.) employees and their family. Average age of the Corporation is 45 Years.	
3	Sum Insured (INR)	INR 500,000	
4	Benefits	Terms and Condition	
4.1	Family Floater	Yes	
	Family Unit Definition	Employee + Spouse + Kids + set of parent (parents / Parents in-laws). Parents-in-laws can be covered only in case of female employees only.	
	Sum Insured Approach	INR 500,000	
	Cap on Sum Insured if Applicable for any Relation	NA	
	Option to Increase Sum Insured	NA	

	Age Limit of dependent children	<u>Dependent children in case of:</u> i) Son – upto 25 years ii) Daughters – No age limit for unmarried /widow		
4.2	Maternity Benefit	Covered		
	Sub Limit on Normal Delivery	INR 50K		
	Sub Limit on Caesarean Delivery	INR 1 lakh		
	Pre-natal & Post-natal expenses	Covered (Pre-natal upto 30 days & Post-natal upto 60 days)		
	9 months waiting period for maternity	Waived Off		
	Maternity benefit limit for no of children	02 children		
	Expense incurred for Medical termination of pregnancy under Medical advice to save the life or prevent serious damage to the health of the mother	Covered		
	Abortion if performed legally & under medical advice within first 20 weeks on confirmation of substantial risk that if the child were born it would suffer from such physical or mental abnormalities as to be seriously handicapped. 20 weeks to be extended as per amendment in MTP Act, 1971 in due course of time.	Covered		
4.3	Baby Cover	From day one within family sum insured		
4.4	Pre-existing Disease Covered	Covered from day one for existing and new joiners both		
4.5	30 days waiting period is Applicable	Waived Off		
4.6	1/2/4 waiting period for specified ailments is Applicable	Waived Off		
4.9	Ambulance Services	INR 3K per incidence		
4.10	Co-payments (mention limits, if applicable)	Not Applicable		
4.11	Deductibles (mention limits, if applicable)	Not Applicable		
4.12	Room Rent Restrictions if any	Category	CMD & Directors	Others
		No. of beneficiaries	04 (Max.)	425 (approx.)
		Metro Cities	4%	3%

		State Capitals		3%
		Other Cities		2.5%
		(ICU on actuals)		
4.13	Corporate Buffer	INR 30 Lac		
4.14	Day Care procedures	Covered		
4.15	Terrorism Related Hospitalisation	Covered		
4.16	Clause on Advancement of Medical Science	Covered		
4.17	Coverage for cost of dentures	Covered		
4.19	Donor & Receiver Expenses covered in case of organ transplant	Covered		
4.20	Sub Limit or Capping on any ailment	Not Applicable		
4.21	Waiting Period for any ailment	Waived Off		
4.22	Cancellation Clause	Not Applicable		
5 POLICY OPERATING GUIDELINES		Below clauses should be incorporated based on specific requirement of client		
5.1	Coverage to New Joiners	Covered from day one		
5.2	Coverage to Family Members	Covered from day one		
5.3	For family members of New Joiners	Covered from day one		
5.4	New Borns & Spouse in the event of Marriage during the year	Covered from date of event		

14. Coverage of all Pre-existing diseases or ailment / injuries:

All ailments / diseases / injuries / health condition which are pre-existing (treated/untreated, declared / not declared in the proposal form), shall be covered under the Policy.

Newly born babies will be covered from day one within overall limit of the family.

15. Pre-hospitalization and Post-hospitalization Expenses:

a) Pre-Hospitalization: Relevant medical expenses incurred during the period upto 30 days prior to hospitalization on diseases / illness / injury sustained will be considered as part of claim.

b) Post-Hospitalization: Relevant medical expenses incurred for the period of 60 days after hospitalization on diseases / illness / injury sustained will be considered as part of claim.

c) Special provision for Day Care: The insurance policy should provide day care coverage for specific treatment taken in network specialized day care centres where the insured is discharged on the same day like eye-surgery, radio therapy, Coronary Angiography, treatment of fractures, etc.