

Group Medi claim Policy-2011-12-salient Features

The policy covers the following features/changes:

In case of death of the insured during hospitalisation or within 24 hours of discharge from the hospital full amount excluding non-medical items of the hospital bill will be paid irrespective of limit specified.

In case of treatment in Government/Municipal hospitals where cashless facility is not available, on account (advance) payment facility up to 50% of estimated cost of treatment within the limit per hospitalisation will be paid directly by the TPA to the hospital from where the estimate is taken.

Cashless Facility (minimum 24 hours hospitalization or in respect of day care surgeries) for hospitalization arising out of sickness or accident. claims can be made on cashless or reimbursement basis.

For repeated hospitalisation of the same ailment within 45 days of hospitalisation, reimbursement facility will be available, except in cases of serious ailments viz. Cancer, CRF and heart ailment, etc. where cashless facility would continue.

In case of bilateral knee/hip replacement surgery done during the same hospitalization, reimbursement to be made up to twice the ceiling applicable.

Bifurcation need not be given by the hospital if Package charges on PTCA, CABG, Renal Transplantation, etc. (excluding non-medical items) if charged within the entitled ceiling of the employee and approved by the TPAs.

For Cataract Operation there will be a cap of Rs.35, 000/-for metro centres and Rs.25, 000/-for non metro centres (per eye).

Settlement of Claims: Intimation of hospitalisation should be within 7 days from the date of admission immediately after the submission of relevant documents from the date of discharge from the hospital, not later than 30 days, the claims will be settled within 15days .(In case the group members are not availing cashless facility)