

**GROUP MEDICLAIM INSURNACE POLICY  
&  
ACCIDENTAL INSURNACE POLICY**

**OF  
DELHI STATE INDUSTRIAL & INFRASTRUCTURE DEVELOPMENT CORPORATION LTD.  
N-36, Bombay Life Building, Connaught Place, New Delhi-110001**

**NAME OF THE SCHEME:** The name of the scheme is Insurance Backed Cashless Medical Policy for the year 29-7-2022 to 28-7-2023

**INSURANCE COVERAGE:**

**(A) In-patient benefits** - The insurance Scheme shall pay expenses (subject to policy limitations) incurred in course of medical treatment availed by the beneficiaries in registered hospitals/nursing Homes within the country, arising out of either illness/disease/injury and/or sickness. The treatment must require at least 24-hour hospitalization. A list of insurance company empanelled hospitals/nursing homes are available on the Paramount website where cashless treatment (subject to policy limitations) can be availed.

**(B) Coverage of Pre-existing diseases** - Pre-existing diseases, if any, shall be covered from day one under this insurance scheme. For example, a person suffering from any disease or already having implants and/or any internal congenital disease prior to the inception of the policy shall also be covered in this scheme.

**(C) Pre and Post hospitalization benefit** - All expenses (subject to policy limitations) during the pre-hospitalization period of upto 30 days and post hospitalization period of upto 60 days required due to the treatment of the sickness for which hospitalization was done would be covered in this scheme.

**(D) Day Care procedures** - Given the advances made in the treatment techniques, many medical treatments, formerly requiring hospitalization, can now be treated on a day care basis. The scheme would also provide for day care facilities (which require less than 24 hours hospitalization) for such identified procedures. However, OPD services shall not be part of Day Care facilities. Day care facilities that would be available for the medical treatment are available on the website under the heading Day Care Surgeries.

**Note :** There is a list of non-admissible items (for example, gloves, diaper, bed sheet etc.) costs of which are not covered by any medical insurance policy. Therefore, even a

cashless treatment may require payment by the policy beneficiary for these non-admissible items at the hospital when the patient will be released from the hospital.

## **(E) MATERNITY AND NEWBORN BENEFITS**

### **A. Maternity Benefit**

(a) Includes maternity related procedure/treatments arising from childbirth (including both normal delivery/Caesarean section, including miscarriage or abortion induced by accident or other medical emergency) treated in a registered hospital/ nursing home.

(b) This benefit would be limited to only first two living children in respect of Dependent Spouse/Female Employee

(c) The new born baby will be covered by the insurance policy from the day one without any waiting period. The parents/guardians of the baby must report the birth of the child to the Personnel Division/TPA at the earliest but not later than one week.

(d) The cost of maternity procedure is limited to Rs. 25,000/- for normal delivery and to Rs. 35,000/- for Caesarean delivery.

(e) Newborn child (single/twins) to an insured mother would be covered under the scheme from day one for the expenses (subject to policy limitations, also subject to information of child birth passed to the TPA/Personnel Div) incurred for treatment taken in registered Hospitals/Nursing Homes/Day Care Clinics as an in-patient and will be treated as a part of the mother.

(f) Well baby charges covered up to 5K

(g) Coverage for Infertility up to maternity limit -Coverage of life threatening situation in case of maternity- in such a situation maternity sub limit may not be applicable in view of a life threatening situation on the basis of the treating doctors advice.

## **(F) IN ADDITION TO THE ABOVE, FOLLOWING CONVERGES HAVE BEEN ADDED SUBJECT TO BASIC SUM INSURED:**

- Coverage for Adjuvant / Neo adjuvant Chemo / hormonal therapy / Oral chemo therapy / Immune modulator for cancer cases
- Coverage for Inj Zoledronic / Avastin / lucentis/ARMD etc
- Coverage for Genetic diseases
- Coverage for Congenital External

- Coverage for Advancement in technology (Cyber knife /Laser/ Robotic charges etc.)
- Cover for Lasik Treatment having Power of eye is above +/- 7.5
- Coverage for Psychiatric treatment up to 50% of basic sum insured.
- AYUSH treatment covered at networked hospital.
- Coverage for Bariatric Surgery where the BMI is equal to or over and above 40.
- Coverage for External congenital disease cover for life threatening situation (upto 50% of Sum Insured)
- Cochlear treatment restricted to Sum Insured.
- **Organ donor coverage** - only the cost of medical procedure involving organ harvesting would be covered.
- Medical appliance coverage cost of appliance splints as a part of orthopedic treatment, part of hospitalization expense. Reimbursable up to max 2% of SI or actual cost of appliance whichever is lower.
- Animal (Dog/Rat/ Monkey/Snake) Bite covered up to 10K
- Biodegradable, drug eluting and all variants of stents covered up to cost of regular stent as per regulatory cost.
- Beneficiaries may request reimbursement of such expenses wherein admission/day care admission for certain investigations is mandatory e.g. for kidney biopsy etc

## **CONCESSIONS FOR FAMILY:**

**Definition** - 'Family' means employee's:

(a) Husband/Wife

(b) Parents- In case of adoption, only the adoptive and not the real parents will be covered. A female employee has a choice to include either her parents or her parents-in-law. Option exercised can be changed only once during the service period.

(c) Children including legally adopted children, stepchildren and children taken as wards subject to the following conditions:

Unmarried Son: Till he starts earning or attains the age of 25 years, whichever is earlier.

Daughter: Till she starts earning or gets married, whichever is earlier, irrespective of age limit.

Son suffering from permanent disability of any kind (physical or mental): No age limit.

(d) Widowed daughters and dependent divorced/separated daughters irrespective of age limit.

(e) Sisters including unmarried/divorced/abandoned or separated from husband/widowed sisters - irrespective of age limit.

(f) Minor brothers.

### **New Employees**

As regards to the new incumbents, the coverage in the group insurance scheme starts from the date of joining, subject to information/necessary details and documents provided to the concerned Division.

### **SUM INSURED AND BUFFER/CORPORATE SUM INSURED:**

*(a) Sum Insured* : The Scheme shall provide coverage for meeting all expenses relating to hospitalization of beneficiary members up to Rs 5,00,000/- per family per year in any of the registered Hospital/Nursing Home/Day Care Unit subject to stated limits on cashless basis through medical cards. The benefit shall be available to each and every member of the family on floater basis i.e. the total reimbursement of Rs 5,00,000/- (Rupees five lakhs only) can be availed either by one individual or collectively by all members of the family.

*(b) Buffer/Corporate Sum Insured* : This provision is normally maintained to cover the expenditure in excess of sum insured per family floater. The use of fund to meet out the expenditure in excess of the sum insured is at the sole discretion of the management. An additional Corporate Buffer of Rs. 50 lacs is maintained, in case hospitalization expenses of a family (per illness or annual) exceed the original sum insured of Rs. 5,00,000/-. For this the employee must submit the application to the Personnel div. through proper channel with the necessary details, and only the Competent Authority, DSIIDC will decide the distribution and disbursement of the corporate buffer.

**Room Rent Limit**. Room rent/ ICU entitlement during hospitalization has been fixed to private ward (single room), semi-private ward (Twin/multi sharing) and general ward, For category 'A' (pay level 10 and above), 'B' (pay level 8 to 9) and 'C' (pay level 1 to 7) respectively. Charges for ICU and Life support facility viz., ventilator etc. are admissible on actual basis.

**Reimbursement of Ambulance charges**: Maximum Rs. 2,500/- per hospitalization will be reimbursed provided registered ambulance is used. This benefit is available only for

shifting patient from residence to hospital if admitted to ICU or Emergency Ward or from one hospital to another.

***Extension of benefit to retired employee:*** it is equally applicable to those employees who have been retired/will retire during the period of insurance cover with 100% benefit at par with regular employees. As such, the scheme may be extended to retired employees on depositing the following one time lump sum contribution with the Corporation:-

Medical Category	Individual employee (including dependents) One Time lump sum contribution (Rs.)
Category 'C' (Grade pay inclusive and below Level 7)	36,000/-
Category 'B' (Grade Pay level 8-9)	48,000/-
Category 'A' (Grade Pay inclusive and above level 10)	60,000/-

**SELF FINANCED FAMILY FLOATER/ ADDITIONAL INSURANCE COVER  
(self financed by employee)**

This facility of additional coverage above the basic Family Floater/sum Insured is wherein employees are provided the option to enhance their family floater by contributing additional premium (for per lac increase of their sum Insured). This is a beneficial measure where employees use the self financed funds after the exhaustion of their basic Family floater/sum insured.

**ACCIDENTAL INSURANCE COVER FOR THE SERVING AND DSIIDC  
CONTRACTUAL EMPLOYEES:**

This policy provides compensation in the event of insured sustaining injuries, solely and directly from an accident caused by violent, visible and external means, resulting into death or disablement be it temporary or permanent.

This cover has been introduced with a sum Insured of Rs. 10 lacs in respect of each employee. This shall include coverage of 100% of the Sum Insured in case of Accidental Death and benefits in case of Permanent Total Disability (PTD) and Permanent Partial Disability (PPD). This helps to pay for the medical and out-of-pocket costs that you may incur after an accidental injury. This includes emergency treatment, hospital stays, and medical exams, and other expenses you may face.