Medical Insurance Policy
W.e.f. October 01, 2015

**Revision History**

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<th>Version</th>
<th>From</th>
<th>To</th>
<th>Description</th>
<th>Author</th>
<th>Reviewed &amp; Approved By</th>
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W.e.f. October 01, 2015

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Policy Details

Objective
The SNU is deeply committed to the wellbeing and welfare of its faculty and staff members and their families. We believe that good health and a well-adjusted work life balance are essential for productive living. Thus, the objective of the Medical Insurance Policy is to provide comprehensive health insurance coverage to take care of health and health related issues.

Thus, our Medical Insurance Policy has been designed to help employee members take good care of themselves and their family members – by offering preventive care benefits and financial protection required in events involving major care.

Applicability & Scope
The policy covers all Full Time and Visiting employees who have Medical Provisions in their offer cum appointment letter.

- The current policy period is from October 01, 2015 to September 30, 2016

For employees covered under ESI, they would, by default not be covered under the SNU’s private Medical Insurance Policy. However, the option to enroll under this policy is available. In such a case, the additional cost of the annual medical premium has to be borne by the employee as per the terms and conditions elucidated in this policy.
W.e.f. October 01, 2015

DEFINITIONS

HOSPITAL / NURSING HOME

A hospital/Nursing home means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

A. Has qualified nursing staff under its employment round the clock.
B. Has at least 10 inpatient beds, in towns having a population of less than 10,00,000 and 15 inpatient beds in all other places.
C. Has qualified medical practitioner(s) in charge round the clock.
D. Has a fully equipped operation theatre of its own where surgical procedures are carried out.
E. Maintains daily records of patients and makes these accessible to the Insurance company’s authorized personnel.

The term ‘Hospital/Nursing Home’ shall not include an establishment which is a place of rest, a place for the aged, a place for drug addicts or a place for alcoholics, a hotel or a similar place.

Note: In case of Ayurvedic / Homeopathic / Unani treatment, Hospitalisation expenses are admissible only when the treatment is taken as in-patient, in a Government Hospital / Medical College Hospital.

SURGICAL OPERATION: Surgery or Surgical Procedure means manual and/or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
W.e.f. October 01, 2015

**HOSPITALISATION PERIOD:** The period for which an insured person is admitted in the hospital as inpatient and stays there for the sole purpose of receiving the necessary and reasonable treatment for the disease/ailment contracted/injuries sustained during the period of policy. The minimum period of stay shall be 24 hours except for specified procedures/ treatment where such admission could be for a period of less than 24 consecutive hours.

**DOMICILIARY HOSPITALISATION BENEFIT:** Domiciliary hospitalization means medical treatment for a period exceeding three days for such an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:
- The condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- The patient takes treatment at home on account of non-availability of room in a hospital.

**Subject however to the condition that Domiciliary Hospitalisation benefit shall not cover**

a) Expenses incurred for pre and post hospital treatment and  
b) Expenses incurred for treatment for any of the following diseases:

1. Asthma  
2. Bronchitis  
3. Chronic Nephritis and Nephritic Syndrome  
4. Diarrhoea and all types of Dysenteries including Gastro-enteritis  
5. Diabetes Mellitus and Insipidus,  
6. Epilepsy  
7. Hypertension  
8. Influenza, Cough and Cold,  
9. All Psychiatric or Psychosomatic Disorders,  
10. Pyrexia of unknown origin for less than 10 days  
11. Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharingitis,
W.e.f. October 01, 2015


Note: Liability of the Company under this clause is restricted as stated in the schedule attached hereto.

**PRE-HOSPITALISATION EXPENSES**: Medical Expenses incurred during the period upto 30 days prior to the date of admission, provided that:

1. Such Medical Expenses are incurred for the same condition for which the Insured Person’s Hospitalisation was required, and
2. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**POST-HOSPITALISATION EXPENSES**: Medical Expenses incurred for a period upto 60 days from the date of discharge from the hospital, provided that:

1. Such Medical Expenses are incurred for the same condition for which the Insured Person’s Hospitalisation was required, and
2. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

**MEDICAL PRACTITIONER**: A Medical practitioner is a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

**QUALIFIED NURSE**: Qualified nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**PRE-EXISTING DISEASES**: Any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 months prior to the first policy issued by the insurer.
Further any complications arising from pre-existing ailment / disease / injuries will be considered as a part of that pre-existing health condition.

**ILLNESS:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

1. **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.

2. **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests—it needs ongoing or long-term control or relief of symptoms— it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.

**INJURY:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.

**CONGENITAL ANOMALY:** Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

1. **Internal Congenital Anomaly:** Which is not in the visible and accessible parts of the body is called Internal Congenital Anomaly;

2. **External Congenital Anomaly:** which is in the visible and accessible parts of the body is called External Congenital Anomaly
W.e.f. October 01, 2015

**IN-PATIENT:** An Insured person who is admitted to hospital and stays for at least 24 hours for the sole purpose of receiving the treatment for suffered ailment / illness / disease / injury / accident during the currency of the policy.

**REASONABLE AND CUSTOMARY CHARGES:** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

For a networked hospital means the rate pre-agreed between Networked Hospital and the TPA for surgical / medical treatment that is necessary, customary and reasonable for treating the condition for which insured person was hospitalized.

**NOTE:** Any expenses (as mentioned above) which are not covered under the policy and / or which are not reasonable, customary and necessary, the same have to be borne by the insured person himself.

**CASHLESS FACILITY:** It means a facility extended by the insurer to the insured where the payments of the costs of the treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent of pre-authorization approved.

**I.D. CARD:** means the card issued to the Insured Person by the TPA to avail Cashless facility in the Network Hospital.

**DAY CARE PROCEDURE:** Means the course of Medical treatment / surgical procedure listed above, in Networked specialised Day Care Centre which is fully equipped with advanced technology and specialised infrastructure where the insured is discharged on the same day, the requirement of minimum beds will be over looked provided other conditions are met.
ANYONEILLNESS: Any one illness means continuous Period of illness and it includes relapse within 45 days from the date of last consultation OR 105 days from the date of discharge, whichever is earlier, from the Hospital/Nursing Home where treatment may have been taken.

Policy Overview

<table>
<thead>
<tr>
<th>Name of the Insurer</th>
<th>Oriental Insurance Company Limited</th>
</tr>
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<tbody>
<tr>
<td>TPA</td>
<td>M/s Vidal Health TPA Private Limited</td>
</tr>
<tr>
<td>Self / Dependents</td>
<td>1+7, Self, Spouse*, Children, Parents or Parents in Law (One set of parents only) mixed combination is not allowed, Dependent Brothers (unemployed below 25 Years and unemployed) and Sisters (Unmarried or Divorcee or widow) A Maximum of seven dependents can be covered in addition to self.</td>
</tr>
<tr>
<td></td>
<td>*More than 1 spouse can be added (Only If permissible by Law of the Land)</td>
</tr>
</tbody>
</table>
| Co-Pay              | a. 10% for Self, Spouse, Children & Siblings  
|                     | b. 20% for parents/parents in law without any upper limit  
|                     | c. CAPPED AILMENTS: NO CO-PAY |
| In case of an employee’s and / or employee’s dependent’s unfortunate demise during hospitalization | a. Co-pay and Non-admissible charges to be paid automatically without need for any approval.  
|                     | b. Dependents of such employee to continue to be a part of the policy till the end of the policy in force. |
| Planned Hospitalization | a. Intimation from employee to TPA: AT LEAST 72 HOURS.  
|                     | b. No Intimation to TPA prior to hospitalization: ADDITIONAL CO-PAY OF 5%, will be imposed |
| HOSPITALIZATION     | Limits for Hospitalization: As per the hospitalization limits mentioned in your compensation / offer & appointment letter  
|                     | Pre and Post Hospitalization benefit: 30 days pre and 60 days post hospitalization (for only Active Employees i.e. Post-hospitalization claims for such
<table>
<thead>
<tr>
<th>Employees post their date of separation will not be payable) can be claimed as hospitalization expenses. Maternity is not covered under this.</th>
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<tbody>
<tr>
<td><strong>Maternity : Claims</strong></td>
</tr>
<tr>
<td>New Born: New born baby cover from day 1, To be added in 60 days from the date of birth in the TPA website.</td>
</tr>
<tr>
<td><strong>Maximum amount of claim under maternity</strong></td>
</tr>
</tbody>
</table>
| a. Maternity cap for Normal- ₹50,000/-; 
  b. Maternity cap for Caesarean- ₹50,000/-; 
  c. (Maternity (One child) – ₹50,000 / Maternity (Twins / Triplets) - ₹70,000/-; |
| Pre & post hospitalization in Maternity : Not covered |
| Termination of Pregnancy on Doctor’s advice : Yes, however willful termination is not covered |
| Dental surgery due to accident | Covered |
| Limits for Facial Correction | Yes, but not for cosmetic/ aesthetic reasons |
| Stem cell / related surgery | Covered, 50% Payable |
| Cyber knife surgery | Covered, 50% payable for cancer treatment only |
| Hepatitis Virus (injection charges) | Covered, 50% Payable |
| Oral chemotherapy | Covered. Only if purchased through TPA |
| Surrogacy / Adoption | Children out of such cases can be covered after legal process and document submission |
| Newly wedded spouse | Declaration within 30 days from date of marriage and if there is a vacant slot in the existing dependent list |
| Artificial Life / Limbs Support | Covered if arising out of accident; at actuals within family SI Limit |
| Congenital diseases | Internal – Covered, External - Covered only if for non-cosmetic reasons |
| Homeopathic / Ayurvedic | Covered: Only treatment in government hospitals are covered |
| Facial corrections | Covered, except for cosmetic reasons |
| Dental treatment | Only for employees > 40 years of age with a maximum limit of ₹10000 p.a. |
| Complications in Delivery | Covered, except for cosmetic reasons; Baby expenses will be covered under family SI limit and not under maternity sub-limit |
**Maternity related complications** | Covered within FAMILY sub-limit  
---|---  
Robotic Surgery / Gamma Ray Surgery | To be covered only for treatment of cancer UNDER FAMILY SI LIMIT  
Include doctor visit, hospital setup in case patient cannot be taken to the hospital. This can be attested by Vendor / TPA doctor and thereafter can be facilitated  
Ambulance charges | In case of emergency hospitalization ₹2000 (from place of incidence / residence to hospital)  
Hospitalization Covered & Day Care Treatment | The admission should be more than 24 hours. However the time limit does not apply for day care treatments. Any new changes in day care procedure due to technical advancement would be added by mutual consent (Refer to Annexure 1)  

**ROOM RENT ELIGIBILITY**  
Non-ICU  
| a. For employees having SI ₹1.25L, ₹2.50L & ₹3.00L: 1% of Sum Insured or ₹ 3500/- whichever is higher per day  
| b. 1.5% of Sum Insured where in Sum Insured is equals to or greater than ₹3.75L  
Room rent cap for ICU amount | No, At Actuals  

**ENDORSEMENT**  
For Existing Employees | Cannot make changes/ substitute in dependants data once declared at the beginning of policy period  
For New Employees | Welcome mail will be sent by Indiainsure and it will be active for 14 working days. Dependants will be as per the declaration in it  
Claim Submission Period | All the medical claims (both Hospitalization and Domiciliary) should be submitted within 45 days from the date of expenses incurred. If the claim is not submitted within 45 days it will be considered for payout by the Insurance Company – Subject to Audit/Investigation.  

**AILMENT WISE CAPPING**  
Cataract | ₹30,000/eye  
Hysterectomy | ₹60000  
Piles | ₹40,000  
Cholecystectomy | ₹60,000  
Fistulas | ₹35,000  
Knee Joint Replacement | ₹200,000/joint
W.e.f. October 01, 2015

<table>
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<tr>
<td>Hernia</td>
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<tr>
<td>Hip Replacement</td>
<td>₹325,000/hip</td>
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<tr>
<td>Coronary Angiogram</td>
<td>₹20,000</td>
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<tr>
<td>Dental Treatment</td>
<td>Only for employees above 40 years of age with a maximum limit of ₹10000</td>
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<tr>
<td>Preventive Health Check – up – of Self Master/Executive/Comprehensive</td>
<td>Up to maximum limit of ₹3000 for an employee above 40 years of age. For others, a limit of ₹1000</td>
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| Cervical Cancer Vaccination          | a. Employees are entitled for proactive vaccination as a preventive measure against Cervical Cancer  
b. 50% of the negotiated rate will be paid by Insurer and remaining amount by employees per sitting  
c. Maximum 3 sittings PER EMPLOYEE will be covered under this benefit |

**SUMMARY AND TERMS & CONDITIONS OF MEDICAL BENEFITS**

**Policy Details**

The scheme covers dependents on the basis of a declaration by the employee giving their name and age on the TPA site.

**For Existing Employees**

Existing employees will not be able to make changes/ substitute in dependents data once declared at the beginning of the policy period.

**For New Joinees**

New joinees will receive a welcome mail in the second week of subsequent month of joining from the Indiainsure followed by another mail with a link to opt for medical insurance for self and dependents which will stay active for 14 working days.
W.e.f. October 01, 2015

The insurance company will not entertain any addition/deletion after the prescribed cut-off date (as per the dates mentioned in the welcome mail from the TPA).

*In case the employee wishes to add the name of their newborn child or newly wedded spouse, the same should be declared within 60 or 30 days from the date of birth or marriage respectively.*

- For coverage under medical insurance, the same needs to also be updated in the TPA- website within 60 or 30 days from the date of birth or date of marriage respectively
- If the newborn/newly wedded spouse is not declared within time the same cannot be added after the cut-off date and the employee cannot claim any medical benefit for those dependents

**Premium Contribution & Maximum Premium Limits**

The premium contribution towards the scheme is mentioned in the compensation/ offer & appointment letter.

The premium contribution by the employee cannot be used to avail the income tax exemption since the contract is between the SNU and the insurance company.

**Maternity**

- Benefits for maternity are applicable for self or spouse (as applicable) and the newborn child as part of the limit for hospitalization.
- The maximum amount that can be claimed under maternity is ₹50,000. The newborn baby will be covered within the overall maternity limit.
- However, in case of complications during childbirth - the baby's name will be enrolled in the system and the baby expenses will be part of the family hospitalization expenses and will not be considered a part of the maternity sublimit. Respective employees will be required to enroll the baby's name in the dependent list.
W.e.f. October 01, 2015

- The newborn is covered additionally and separately as a dependent from the date of birth, and his/ her name is added as a dependent within a month (60 days) from the date of birth of the child, to the list of dependents.

- **Termination of Pregnancy:** This is covered under the Hospitalization limit, but only if done on the advice of a qualified doctor and on account of medical reasons. Expenses arising out of a voluntary termination of pregnancy are not covered. However, medical expenses arising out of a spontaneous termination of pregnancy (commonly termed as miscarriage) are covered.

**Pre-existing Diseases**
- All pre-existing diseases are covered under the Medical Insurance Policy.

**Hospitalization Claim for Homeopathic & Ayurvedic treatments**
In case of Ayurvedic/Homeopathic/Unani treatment, Hospitalisation expenses are admissible only when the treatment is taken as in-patient, in a Government Hospital / Medical College Hospital

**Exclusion under Hospitalization**

- 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.

- 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.

- Surgery for correction of eye sight, cost of spectacles, contact lenses, hearing aids etc.
W.e.f. October 01, 2015

- Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from disease or injury and which requires hospitalisation for treatment.
- Convalescence, general debility, “run down” condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders 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.
- 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 at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.
- Expenses on vitamins and tonics etc. unless forming part of treatment for injury or disease as certified by the attending physician.
- Any Treatment arising from or traceable to pregnancy, childbirth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy.
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- 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.
- Genetical disorders and stem cell implantation / surgery.
W.e.f. October 01, 2015

- 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..
- Change of treatment from one pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.
- Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control programme, services or supplies etc.
- Any treatment required arising from Insured’s participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- Out-patient 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 kind of Service charges, Surcharges, Admission fees / Registration charges etc. levied by the hospital.
- Doctor’s home visit charges, Attendant / Nursing charges during pre and post hospitalisation period.
W.e.f. October 01, 2015

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

**Basic Guidelines for Claiming:**

1. **NOTICE OF CLAIM:** Immediate notice of claim with particulars relating to Policy Number, ID Card No., Name of insured person in respect of whom claim is made, Nature of disease / illness / injury and Name and Address of the attending medical practitioner / Hospital/Nursing Home etc. should be given to the Company / TPA while taking treatment in the Hospital / Nursing Home by Fax, Email. Such notice should be given within 48 hours of admission or before discharge from Hospital / Nursing Home.

2. **CLAIM DOCUMENTS:** Final claim along with hospital receipted original Bills/Cash memos/reports, claim form and list of documents as listed below should be submitted to the Company / TPA within 45 days of discharge from the Hospital / Nursing Home.

   a. Original bills, receipts and discharge certificate / card from the hospital
   
   b. Medical history of the patient recorded by the Hospital.
   
   c. Original Cash-memo from the hospital (s) / chemist (s) supported by proper prescription.
   
   d. Original receipt, pathological and other test reports from a pathologist / radiologist including film etc supported by the note from attending medical practitioner / surgeon demanding such tests.
   
   e. Attending consultants/Anaesthetists/Specialist certificates regarding diagnosis and bill / receipts etc.
W.e.f. October 01, 2015

f. Surgeon’s original certificate stating diagnosis and nature of operation performed along with bills /receipts etc.

g. Any other information required by TPA / Insurance Company.

h. All documents must be duly attested by the Insured.

In case of post hospitalisation treatment (limited to 60 days) all supporting claim papers / documents as listed above should also be submitted within 7 days after completion of such treatment (upto 60 days or actual period whichever is earlier) to the T.P.A. In addition insured should also provide the Company/TPA such additional information and assistance as the TPA may require in dealing with the claim.

PROCEDURE FOR AVAILING CASHLESS ACCESS SERVICES IN NETWORK HOSPITAL / NURSING HOME:

i) Claim in respect of Cashless Access Services will be through the TPA provided admission is in a listed hospital in the agreed list of the networked Hospitals / Nursing Homes and is subject to pre admission authorization. The TPA shall, upon getting the related medical details / relevant information from the insured person / network Hospital / Nursing Home, verify that the person is eligible to claim under the policy and after satisfying itself will issue a pre-authorisation letter / guarantee of payment letter to the Hospital / Nursing Home mentioning the sum guaranteed as payable, also the ailment for which the person is seeking to be admitted as in-patient.

ii) The TPA reserves the right to deny pre-authorisation in case the hospital / insured person is unable to provide the relevant information / medical details as required by the TPA. In such circumstances denial of Cashless Access should in no way be construed as denial of claim. The insured person may obtain the treatment as per his/her treating doctor’s advice and later on
W.e.f. October 01, 2015

submit the full claim papers to the TPA for reimbursement within 7 days of the discharge from Hospital / Nursing Home.

iii) Should any information be available to the TPA which makes the claim inadmissible or doubtful requiring investigations, the authorisation of cashless facility may be withdrawn. However this shall be done by the TPA before the patient is discharged from the Hospital.

Medical Allowance

- The medical allowance is a monthly component, part of the CTC, and is paid upto a maximum of ₹2000/ or ₹1250/- per month.
- It is exempted from tax to the limit of ₹15,000/- annually (per tax year) on submission of actual medical bills as per CBDT (Central Board of Direct Taxes, Govt. Of India) guidelines in the current financial year.
- Claim proofs should be from authorized medical stores / outlets only; (additionally, claim proofs for “General Health Check-ups” and “Immunization against Cervical Cancer” will also come under the purview of medical allowance claim.) This is not part of Group Medical Insurance
- All bills should be submitted in original, along with the income tax savings proofs around December - January every year, basis communication from HR / Payroll Team sent to your respective SNU e-mail IDs.

Enclosed in the Form Section

- **Annexure 1:** List of Day Care Procedures
- **Annexure 2:** Reimbursement Form
W.e.f. October 01, 2015

Coverage of Policy

This policy is applicable to all schools / institutions of the Shiv Nadar University (SNU) unless specified otherwise.

The SNU Management reserves the right to alter, append or withdraw this policy either in part or in full based on management’s discretion.
W.e.f. October 01, 2015

**History of Changes in Policy**

<table>
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<tr>
<th>S. No.</th>
<th>Changes</th>
<th>Change Date</th>
<th>Effective date</th>
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<tbody>
<tr>
<td>1.</td>
<td>Details of Insurer and TPA and Policy overview</td>
<td>28 February 2016</td>
<td>01 October 2015</td>
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