

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
UIN - SBIHLGP21330V022021

SCHEDULE

Policy No : 4101230700000206-01	Servicing Branch Office : 3rd Floor, A Block, Good Shepherd Square, Kodambakkam High Road, Nungambakkam, Chennai ũ 600034	Issue Date : 17-07-2024
------------------------------------	---	----------------------------

Intermediary Details :

Intermediary Name	SBI General Insurance Direct Code	
Intermediary Code	0061174	
Intermediary Contact Details	Mobile No.	Landline No.

Insured Details :

Name of the Insured/Proposer	:	CHAIRMAN COUNCIL OF WARDENS IIT MADRAS
Address	:	IIT MADRAS, CENTRE FOR INDUSTRIAL CONSULTANCY AND SPONSORED RESEARCH, IIT CAMPUS COMPLEX, GUNIDY Chennai, TAMIL NADU - 600036, INDIA
Period of Insurance	:	From 01-07-2024 (00:00:00 Hrs) to 30-06-2025 (23:59:59 Hrs)
Previous insurance policy no, if any	:	4101230700000206-00
Name of the Administrator / TPA	:	VIDAL HEALTH TPA PVT LTD
No of Primary Insured Persons covered	:	6486 Employees
Total No of Insured Persons Covered	:	6486 [Commencement of Policy]
Total Sum Insured	:	648,600,000.00
Details of Insured Persons	:	As per annexure attached
Compulsory Co-pay (If Applicable)	:	As per Category Sheet (Annexure A)
Add on Covers Opted	:	As per Category Sheet (Annexure A)
GST No	:	33AAAAI3615G1Z6
Coinsurance Details	:	100.00%

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101230700000206-01

Additional Conditions : Subject to the following additional Conditions and attached Clauses / Endorsements / Warranties :

*Domiciliary Hospitalization-Covered upto family floater SI.

*Pre & Post Hospitalization-Pre/Post Hospitalisation of 30/60 days respectively

*Family Definition-Floater option Employee + Spouse + 2 Children -Minimum and Maximum age at entry for Employee and spouse are 15 years and 65 years respectively. Dependent children covered upto 25 years of age (unmarried and financially dependent only) for all Students.Census Exception if any can be considered as an one time exception under the policy.

*Pre existing waiting period waived-Pre-Existing diseases covered from day day."

*First 30 days waiting period waived-First 30 days waiting period waived off."

*First Year Waiting period waived-First year waiting period waived off

*Maternity Benefit-Applicable to SI band of 1.5 Lacs only.

Maternity benefit is applicable for employee and spouse only and applicable for 2 living births only.

Normal Delivery Limit - Rs.50000 and Caesarian delivery Limit - Rs.75000. Waiting Period of 9 months for

maternity claims Not Applicable. Pre-natal/ Post natal hospitalization expenses are not covered."

*9 months waiting period-9 month waiting period not applicable for maternity

*Baby cover from Day 1-Applicable to SI band of 1.5 Lacs only. Baby Covered from Day 1 subject to 64 Vb compliance and intimation received within window period.

*Congenital internal disease cover-Covered for within floater SI. External Congenital covered for Life Threatening Conditions."

*Ambulance charges-Covered upto Rs. 3,000 per claim subject to overall admissibility of the claim.

*Co-Payment-Nil

*Corporate Buffer-Corporate Buffer overall SI - INR 3000000. Corporate buffer cannot be utilised for maternity claims

and non allopathic treatment. Utilization of Corporate buffer limit shall be allowed after exhaustion of base SI.

This is covered amongst students including married students and their dependents, with an individual ceiling of Rs. 2,00,000/- (rupees one and half lakh only) per student and per family for married students . on first-cum-first-serve basis. Illness Covered for buffer utilization irrespective of whether sum assured is exhausted or not (the below mentioned list is only indicative and not exhaustive). Major surgeries including cardiac surgeries, brain tumor, pace maker, implantation, cancer and cancer surgeries, hip, knee, joint replacement surgeries, organ transplant. Any debilitating illness that may lead to cancer or a permanent disability. Diseases of the Head & Neck, Thorax, and abdomen where surgeries are indicated for near normal life.

*Coronary Artery Surgery.

*Cancer

*Renal Failure

*Stroke

*Head Injury and Poly Trauma

*Multiple Sclerosis

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101230700000206-01

- *Major Transplantation like Hear, Kidneys, Lungs, Pancreas or Bone Marrow.
- *Major Accident Claims involving expenditure more than sum insured.
- *Any serious complication arising out of surgery performed during the policy period.
- *CVA and Complications
- *Sporty Injury
- *Life Threatening Events
- *Any major surgeries with expenditure costing more than - sum insured.
- *Any other Critical illness that may arise during the period of coverage and it includes SWINE FLU/Bird Flu, Dengue and any other epidemic/pandemic and its related complications."
- *Additional limit for Critical illness-No
- *Ayurvedic Cover-Covered upto Full Family Floater SI
- *Homeopathic Medicine & Unani Treatment Cover-Covered upto Full Family Floater SI"
- *Outpatient Treatment (OPD) Cover-Outpatient Treatment (OPD) Covered within family floater sum Insured. Per family limit for OPD treatment is INR 10000/-. Coverages under OPD- If you consult a consultant / medical Practitioner on Outpatient basis for the illness / injury contracted during the policy period, we will pay you out Patient expenses for below points (a) Consultations (b) Investigations related to the illness / injury as prescribed by the consultant (c) Medicines related to the illness / injury as prescribed by the consultant (d) Dental Procedures Root Canal Treatment, Extractions. (d) Physiotherapy is covered if suggested by consultant / medical Practitioner due to accident or illness. It would be payable up to 60 days post-accident/illness. Exclusions in OPD - (a) In case of vision OPD only cost of lens will be covered, frame cost will not be covered (b) In case of Dental OPD braces and cosmetics are not covered (c) Any type of cosmetic treatment will not covered under OPD cover (d) Any expenses for investigations/ treatment taken without existence of any disease/ illness, signs /symptoms. (e) Any expenses for diagnostic tests, investigations / treatment taken without the Specialist Consultant advising the same and which is not duly supported by his prescriptions (f) Cost of Annual Health Check up (g) Alternate treatment other than Allopathic treatment are not covered."
- *Dental Expenses Cover-Dental OPD treatment not covered
- *Room Rent Capping-Normal :- 4% of S.I Limit per day ICU :- 5% of S.I Limit per day
No Proportionate Clause Applicable"
- *Genetic Disorder-25% of Individual or Family SI Limit or Rs. 2 Lakhs per insured which ever is lower subject to available Balance SI. Corporate Buffer not to be utilised for these claims.
- *HIV/AIDS/Mental Illness-Covered on IPD basis up to 10% of Individual or Family SI limit or Rs 1 lac per insured whichever is lower subject to available Balance SI. Corporate Buffer not to be utilised for these claims
- *Advance Procedures-Covered wherever Medically Indicated either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured? for below mentioned procedure
 - A. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound)
 - B. Balloon Sinuplasty
 - C. Deep Brain Stimulation
 - D. Oral Chemotherapy
 - E. Immunotherapy - Monoclonal Antibody to be given as injection
 - F. Intra Vitreal Injections
 - G. Robotic Surgeries
 - ~~H. Stereotactic Radio Surgeries~~
 - I. Bronchial Thermoplasty

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101230700000206-01

J. Vaporisation of the Prostrate (Green Laser Treatment or Holmium Laser Treatment)
K. IONM - (Intra Operative Neuro Monitoring)
L. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered
Corporate Buffer not to be utilised for above ailments/ Procedure"
*Toric Lens covered-Only Lens Cost restricted upto 30,000/- per eye,
*Treatment for Refractive Error-Covered with refractive error +/- 7.5
*Wellness/Health check up Benefit-This Quote is without wellness benefit & Health check up facility.
*Group medical insurance coverage for the outpatient treatment is Rs10,000/-for individual and married students (self only) (250 students claims to be settled@ Rs 10000*250 students with multiple claim amounts not exceeding for a total amount of Rs 10000/-per student per annum, for MRI/CT scan charges, consultation charges (minimum total of Rs 3000/-)ultrasonography charges for Reimbursement, on the basis of first cum first serve up to 250 students during the policy period
*Installment clause :Total premium of INR 2,66,75,788/-inclusive of GST to be paid in Two installments as :1st Installment -INR 1,33,37,894 /-inclusive of GST dated on 1st July 2024 2nd Installment INR 1,33,37,894/-inclusive of GST on or before 01/11/2024 (*Tax Rate is applicable as on due date of the Installment as defined by Government)-Article 1
*Non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy issued thereafter. We reserve the right to charge extra premium / cancel the policy. If there are any additions / alterations to the shared data" after the submission of this quotation, then the same will be communicated to the insurer immediately in writing to revalidate the quote.
*Expiring Policy copy with benefit chart and latest claims data to be provided at the time of binding of the quote. Also above quoted premium in this quote is subject to final inception data would be same as demography mentioned above.
*Employees shall be covered from DOJ subject to availability of sufficient CD balance being maintained with insurer and subject to intimation received within window period for addition for new joinees during the policy period
*Addition/deletion shall be done on prorata basis once in a month only subject to data being provided to us by 15th of succeeding month (or predecided date) subject to sufficient CD balance being maintained.
*No time limit to be fixed for claiming reimbursement and intimation of hospitalization
* Foreign students to be covered during their stay in India
*Medical Insurance should be covered for all the 10700 individual students and 300 married students/dependents, during the entire policy period, irrespective of the date of addition (ie.,01/07/2024 to 30/06/2025 and/or 01/01/2025 to 30/06/2025), as applicable.
*Psychiatric disorder is covered, but not for counselling or for observation purpose
*Mid term inclusion of Spouse & children shall only be allowed only in case of natural additions I.e marriage, child birth and legal adoption. The same is to be intimated to us within 45 days from date of marriage/child birth/adoption and Subject to 64Vb compliance.
* Mid term inclusion of parents/parents- in-law allowed only for new joinee employees (Subject to parental coverage opted in the policy and Intimation for addition received (along with employee) within 45 days of Date of Joinee of the employee in the company).
Existing employees parental data should be received with Inception member data only (Subject to parental cover opted). ~~Mid term addition of Parents/Parents In Laws not allowed for existing employees."~~

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101230700000206-01

*Interchange of dependents will not be allowed during policy period & subsequent renewal also.
*The policy excludes treatment/coverage of Cochlear Implant Procedure, Femtolaser, Retrograde intra renal surgery, Quantum magnetic resonance therapy, Holter monitoring unless otherwise specifically covered as per Policy Schedule.

"*External Congenital diseases covered for Life threatening conditions :-

1. inguinal and abdominal Hernia
2. Casudal Regression Syndrome
3. Imperforate Anus
4. Spina Bifida
5. Congenital Cataract
6. Bicronal Cranio Synthesis

Above will be consider as life threatning and can be covered. Other conditions will be out of scope of the policy."

*Pre Natal Period would mean period during pregnancy from conception till birth and Post Natal would mean up to six weeks from date of delivery. (This is applicable subject to Maternity cover and Pre-post natal cover Opted in the policy)

*No individual can be covered more than once in the policy ? specifically if an employee and spouse are working for the same organization both cannot cover each other. In case at the time of claim it is found that the member is covered more than once, a deletion endorsement (without any refund) of such member will be effected to ensure he/she is covered only once.

*Coverages,SI, family definition, terms & conditions are strictly as per expiring policy except as specified.

*Mid term increase in SI is not allowed. (No change in sum insured/ no addition of any new sum insured slab allowed after commensment of policy)

*Administration/ Registration/ Service Charges & Misc. Charges are not payable

*Reasonable and Customary Charges will be applied on re-imburement claims from non network hospitals where medical treatment taken by the Insured Person during the Policy Period following an Illness or Injury that occurs during the Policy Period, subject to availability of the Sum Insured and any specific limits specified in the Schedule of Benefits and the terms, conditions and exclusions specified in the Policy document.

*For all admissible claims where treatment is taken at hospitals/nursing homes which are not in the list of network hospitals empanelled by the

Company/Administrator, insured person shall bear 10% of the eligible admissible claim."

*In case employees/ Dependents are covered on voluntary basis, it is mandatory to declare it at the time of quotation only else we reserve the rights to revise or withdraw our quote.

*Rate chart given with quotation is valid for demography enclosed in this quotation only. In case of change of member demography the premium and rate chart would be revised.

*In case there is per family rate chart then in final data employee vs Dependent ratio should be same as data given at the time of quotation. In case there is change in ratio then rate chart is liable to change.

*Group to Retail portability clause Continuity benefit will be provided as per retail medical underwriter.

*In case of deletion, there will be no refund for members who have claimed. (No refund for entire family in case there is per family premium). In case of deletion, if intimation will be provided later than the DOL and any claim has been taken by the member in that period, Recovery of the claim amount need to be made from the corporate.

*Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101230700000206-01

stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over & above limit will have to be borne by the customer .

*Beneficiary name for issue of claim cheques will be assumed as name of the corporate unless otherwise specified. Any additions for new employee, spouse/ children would be allowed within 45 days of date of joining, marriage / birth respectively.

*Additional premium for each additional member. Per person premium would be provided by Group Underwriter once the quote is finalized. The list of members submitted at the inception of the policy will be considered as final.

*Quote validity 30 days from date of released or policy expiry date whichever is earlier.

*Client to ensure that they maintain sufficient CD balance though out the policy period to avoid 64vb compliance issue at the time of endorsements.

*Cashless and Reimbursement Policy.

* Coverage applicable is as per the benefit chart, annexure A attached along with.

* All other terms and conditions as per Group Health Insurance Policy wordings as attached.