

To
CHAIRMAN COUNCIL OF WARDENS IIT MADRAS
IIT MADRAS, CENTRE FOR INDUSTRIAL CONSULTANCY
AND SPONSORED RESEARCH, IIT CAMPUS COMPLEX, GUNIDY
Chennai, TAMIL NADU - 600036, INDIA

Date : 21-07-2023

Subject : Policy Number : 4101230700000206-00

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's Group Health Insurance Policy. We are delighted to have you as our esteemed Customer.

We enclose the following documents pertaining to your Policy :

- Policy Schedule
- Policy Clauses & Wordings
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy Number.

Customer ID : C14795

Policy Number : 4101230700000206-00

The Postal Address of your SBI General Branch that will service you in future is :
3rd Floor, A Block, Good Shepherd Square, Kodambakkam High Road, Nungambakkam, Chennai - 600034

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at customer.care@sbigeneral.in or call our Customer Care Number 1800-102-1111 / 1800-22-1111.

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

SBI General Insurance and SBI are separate legal entities and SBI is working as Corporate Agent of the company for sourcing of insurance products

SBI General Insurance Company Ltd., Registered Office: & Corporate
Office: SBI General Insurance Company Ltd. 9th Floor, A&B Wing, Fulcrum
Building, Sahar Road, Andheri East, Mumbai-400099.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE
UIN - SBIHLGP21330V022021

SCHEDULE

Policy No : 4101230700000206-00	Servicing Branch Office : 3rd Floor, A Block, Good Shepherd Square, Kodambakkam High Road, Nungambakkam, Chennai ũ 600034	Issue Date : 21-07-2023
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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 01-07-2023 (00:00:00 Hrs) to 30-06- 2024 (23:59:59 Hrs)
Previous insurance policy no, if any	:	N/A
Name of the Administrator / TPA	:	VIDAL HEALTH TPA PVT LTD
No of Primary Insured Persons covered	:	5416 Employees
Total No of Insured Persons Covered	:	5437 [Commencement of Policy]
Total Sum Insured	:	542,250,000.00
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 4101230700000206-00

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

* 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
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,

* Pre/Post Hospitalisation of 30/60 days respectively.

* Cashless and Reimbursement Policy.

* Pre-Existing Diseases exclusion waiver waived for all members, First 30 Days Exclusion waiver waived for all members. 1st Year exclusion waiver waived for all members.

* 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.

* Mid term increase in SI is not allowed.

* 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.

* No time limit to be fixed for claiming reimbursement and intimation of hospitalization

* 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.

* Foreign students to be covered during their stay in India

* 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.

* Psychiatric disorder is covered, but not for counselling or for observation purpose

* Interchange of dependents will not be allowed during policy period & subsequent renewal also.

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

* 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

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Insured and any specific limits specified in the Schedule of Benefits and the terms, conditions and exclusions specified in the Policy document.

*Genetic Disorder covered upto 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. Psychiatric disorder is covered, but not for counselling or for observation purpose

*Treatment for Refractive Error Covered with refractive error +/- 7.5

* 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.

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

* 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.

* 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. 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 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 30 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.

* Minimum and Maximum age at entry for Employee and spouse is 18 years and 65 years respectively. Dependent children covered upto 25 years of age (unmarried and financially dependent only) for all employees. 70 Students aged less than 18 years are also covered.

* Domiciliary Hospitalization - Covered upto family floater SI

* 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.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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- * 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*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 SWINEFLU/Bird Flu, Dengue and any other epidemic/pandemic and its related complications.
- * Additional limit for Critical illness - NA
- * Ayurvedic Cover - Not Covered
- * Homeopathic Medicine & Unani Treatment Cover - Not Covered
- * Outpatient Treatment (OPD) Cover - Outpatient treatment coverage to a limit of Rs.10,000/- per student (MRI/CT Scan charges, Lab investigation charges, Pre-Natal investigation charges, OP treatment charges.) OPD Rs.10K per student covered upto 200 cases. Not applicable to students null dependents
- * 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
- * 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

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Attached to and forming part of Group Health Policy No 4101230700000206-00

Important Note :

Please examine this Policy including its attachment Schedule/ Annexure if any. In the event of any discrepancy, contact the office of the Company immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not. Any claim arising or related to consequences of the pre-existing disease is excluded from the scope of policy cover unless the same is covered on payment of premium and coverage terms mentioned in the schedule.

This is a Contract between the Company and the Insured Person(s). The Insured Person(s) shall not transfer, assign, alienate or in any way pass the benefits and /or liabilities to any other person, institution, hospital, company or body corporate without specific approval in writing by a duly authorized officer of the company. However, if the Insured Person(s) is permanently incapacitated or deceased, the legal heirs of the insured may represent him in respect of claim under the policy.

All terms, conditions and exclusions as per standard policy wordings attached with this schedule.

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

Attached to and forming part of Group Health Policy No 4101230700000206-00

ANNEXURE 'A' (Category Chart)

Group	SI 1 LACS
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE + 2 CHILD.
Type of Cover	Family Floater
Sum Insured	100,000.00
IN-PATIENT	Maximum limit : 100,000.00
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 60.0 day(s)

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ANNEXURE 'A' (Category Chart)

Group	SI 1.5 LACS
Covers	LIMITS
Family Definition	Floater option SELF + SPOUSE + 2 CHILD.
Type of Cover	Family Floater
Sum Insured	150,000.00
IN-PATIENT	Maximum limit : 150,000.00
Pre Hospitalization	Yes 30.0 day(s)
Post Hospitalization	Yes 60.0 day(s)

GROUP HEALTH INSURANCE POLICY - POLICY SCHEDULE

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INTIMATING A CLAIM

For Intimating a Claim with us please contact us through the following channels :
Phone : 1800-102-1111/1800-22-1111(Toll Free 8:00 am to 8:00 pm from Monday to Saturday)
Email - customer.care@sbigeneral.in
Facsimile - 1800-102-7244/1800-22-7244(Toll Free)

CLAIM SETTLEMENT

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the Company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days of the Survey Report or the additional Survey Report, as the case may be, in accordance with the provisions of Protection of Policyholder's Interest Regulations 2017.