

No.

Date 27th Sept 2012

Dear

It is my immense pleasure to announce that National Seeds Corporation has decided to offer a Group Health Insurance Scheme for the Retiree and spouse who have submitted details & contribution.

The policy commences from 7th September 2012 and ends on 6th September 2013.

The details of the Insurance Provider are as follows:

- The scheme is under-written by **National Insurance Co. Ltd.**
- Each family would receive an **Identification card**, for using services at the networked hospitals in India. **(The card is enclosed.)**
- **Network Hospital** are those hospitals which would be on the network of the TPA, where you would be provided with cashless facility up-to the maximum sum insured (there are few exclusions in the policy which are mentioned below)
- The services would be provided by the **Third Party Administrator (TPA)**, i.e. Vipul Medcorp TPA Pvt. Ltd.
- The role of the TPA is to assist you while admission in a network hospital. In case you do not use the cashless facility at one of the networked hospitals, then you could also get admission in any other hospital (as prescribed) & submit the desired papers for reimbursement to TPA.
- Please be sure that the claim sent does not come under any exclusion
- The list of Network Hospitals is provided by the TPA. The list of network hospital is enclosed along with the cashless card and also available on website of TPA.
- Contact numbers of TPA and Vantage associates who would assist you in solving your queries is also provided.
- Hospitalization for a minimum of 24 hours is necessary for availing benefit in the policy barring a few procedures(details mentioned below)

The major features of the Policy Benefits are as under:

- **Family Floater Policy:** means that a particular amount, i.e. the maximum sums insured (i.e., the coverage amount) would be floating & can be availed by one person or both insured members of the scheme
- Family Members Eligible for coverage: Self + Spouse
- Maximum Sum Insured is as per the table given below:

DESIGNATIONS	SUM INSURED
CMD and functional Directors	Rs. 5 lakhs for self including spouse
General Managers	Rs. 4 lakhs for self including spouse
DGM & AGM equiv. rank	Rs. 3 lakhs for self including spouse
Manager/ Asstt. Manager & equiv.	Rs. 2 lakhs for self including spouse
Acctt. Officer/Admn. Officer/AAO & equiv.	Rs. 1.5 lakhs for self including spouse
Other staff member	Rs. 1 lakh for self including spouse

- Pre and Post hospitalization for 30 & 30 days respectively - Relevant medical expenses incurred during a period up to 30 days prior and 30 days after hospitalization will be considered as part of claim and therefore settled.
- Pre Existing Disease Covered - The pre-existing disease benefit helps the member get a complete coverage for all medical emergencies, including ailments that may have been there before the start of this policy
- 1/2/3/4 Year Waiting Period For Specific Diseases waived Off .
- 30 Days Waiting Period for non-accidental claims waived Off - In a standard mediclaim policy, there is usually a waiting period of 30 days for non accidental claims. In the NSC retired employees policy, there will be no Waiting Period for availing claims under the Policy, whether Accidental or Non Accidental
- Room Rental Cap of 2% of Sum Insured per day for normal and no limit for ICU. In the event of Insured getting admitted in higher category then he/she will bear the variable expenses in the same proportion
- Ambulance charges covered for Rs. 1,000 per hospitalization per year

- Cashless Facility Available Through TPA. **Please do not forget to carry a photo id of the patient like a voter's id card, pan card etc. at the time of hospitalization**

The above coverages are subject to the overall policy conditions and exclusions.

Some of the important clauses in the policy include -

- Surgeon, Anesthetist Medical Practitioner, Consultants Specials fees. Maximum limit per illness-25% of Sum Insured.
- Anesthesia, Blood, Oxygen, OT charges, Surgical appliances, Medicines, drugs, Diagnostic Material & X-Ray, Dialysis, Chemotherapy, Radiotherapy, cost of pacemaker, artificial limbs and cost of stent and implant. Maximum limit per illness- 50% of Sum Insured.
- 24 hours hospitalization time limit is not applied to specific treatments i.e. Dialysis, Parenteral Chemotherapy, Radiotherapy, Eye Surgery, Lithotripsy (Kidney Stone removal), D & C, Tonsillectomy, Dental Surgery due to accident, Hysterectomy, Coronary Angioplasty, Coronary Angiography, Surgery of Gall Bladder, Pancreas & Bile duct, surgery of Hernia, Surgery of Hydrocele, Surgery of Prostate, Gastrointestinal surgery, Genital Surgery, Surgery of Nose, Surgery of Throat, Surgery of Appendix, Surgery of Urinary System, Arthroscopic Knee Surgery, Laparoscopic Therapeutic Surgeries, Any surgery under Anaesthesia, Treatment of Fractures/Dislocation excluding hairline fracture, Contracture releases & minor reconstructive procedures of limbs which otherwise require hospitalization taken in the Hospital/Nursing Home under the network of TPA and the Insured is discharged on the same day. The treatment will be considered under Hospitalization Benefit.
- Relaxation to 24 hours minimum duration for hospitalization is also applicable:
 - If they are carried out in day care center networked by TPAs where requirement of minimum number of beds are overlooked but it must have (a) Fully equipped Operation Theatre (b) Fully qualified Day care staff (c) Fully qualified Surgeons/Post Operative attending Doctors
 - If it necessitates hospitalization & involves specialized infrastructural facilities available only in hospital but due to technological advancement hospitalization is required for less than 24 hours and/or the surgical procedure involved has to be done under General anaesthesia

Note: Procedures/treatments usually done in Out Patient Department (OPD) are not payable under the policy even if converted to Day Care Surgery Procedure or as inpatient in hospital for more than 24 hours.

- **The non-network hospital should meet following minimum criteria:**

Either

- has been registered either as a hospital or Nursing Home with the local authorities and is under the supervision of the registered and qualified medical practitioner

OR

- should comply with minimum criteria as under:
 - It should have at least 15 inpatient beds. In Class "C" towns condition of number of beds may be reduced to 10
 - Fully equipped Operation Theatre of its own wherever surgical operations are carried out.
 - Fully qualified nursing staff under its employment round the clock
 - Fully qualified Doctor(s) should be in charge round the clock
- **The reimbursement claims must be intimated to the TPA within 3 days of admission and before discharge in any case to any of the below mentioned representatives from Vantage or Vipul through phone or email**
- In case of re-imburement claims, 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 20 days from date of discharge from the Hospital and where post-hospitalization treatment is not completed, it shall be within 20days from the date of completion of Post-hospitalization treatment**
- **The documents for the re-imburement claim may be submitted to the nearest Vipul Medcorp office through post or by hand.** The office addresses of Vipul Medcorp is provided in the booklet provided to you along with the cashless card.

The list of final documents include the following -

- a. Claim form – Please provide the major information like - Vipul ID card of the patient, Name of the Company, i.e., National Seeds Corporation, Employee Name, Patient Name with relationship with the employee, Phone number and email id
- b. Original bills, receipts and discharge certificate / card from the hospital
- c. Doctor's First prescription/ Casualty Card/ OPD card, advising hospitalization
- d. All Investigation Reports
- e. Radiology films – X-Ray/Ultrasound/CT-Scan/ MRI (if done). 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
- f. Hospital bills (Final bill with breakup and Payment Receipts). **Please ensure that proper numbered payment receipts are submitted**
- g. A copy of MLC/FIR is mandatorily required in case of accidental cases. In case any of it is not available, a letter from doctor is to be provided certifying the same
- h. In case of cataract cases, sticker of the lens, i.e., IOL sticker to be provided
- i. Cancelled cheque copy
- j. Medical history of the patient recorded by the Hospital
- k. Original Cash-memo from the hospital (s) / chemist (s) supported by proper prescription

General Exclusions under the policy include -

- Injury or disease directly or indirectly caused by or arising from or attributable to War Invasion Act of Foreign Enemy Warlike operations (whether war be declared or not) and Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials
- Circumcision unless necessary for treatment or a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to as accident or as part of any illness

- Surgery for correction of eye sight, cost of spectacles, contact lenses, hearing aids etc.
- Dental treatment or surgery-corrective, cosmetic or aesthetic procedure, filling of cavity, root canal, wear & tear unless arising due to an accident and requiring hospitalization
- Convalescence general debility 'Run Down' condition or rest cure, congenital external disease or defects or anomalies, sterility, infertility/sub fertility or assisted conception procedures, venereal disease, intentional self-injury, suicide, all psychiatric & psychosomatic disorders/diseases, accidents due to misuse or abuse of drugs/alcohol or use of intoxicating substances.
- All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or variations Deficiency Syndrome or any Syndrome or condition or a similar kind commonly referred to as AIDS, complications of AIDS and other sexually transmitted diseases(STD).
- Expenses incurred primarily for evaluation/diagnostic purposes not followed by active treatment during hospitalization.
- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- Naturopathy, **unproven procedure/treatment, experimental or alternative medicine/treatment including acupuncture, acupressure, magneto-therapy etc.**
- Expenses on irrelevant investigations/treatment; private nursing charges, referral fee to family physician, outstation Doctor/Surgeon/ consultants' fees etc.
- Genetical disorders/stem cell implantation/surgery
- External/ durable medical/Non-medical equipments of any kind used for diagnosis/treatment including CPAP, CAPD, infusion Pump etc., ambulatory devices like walker/ crutches/ belts/ collars/caps/ splints/ slings/ braces/ stockings/ diabetic foot-wear/ glucometer/ thermometer & similar related items & any medical equipment which could be used at home subsequently

- Non-medical expenses including personal comfort/ convenience items/ services such as telephone/ television/ aya/ barber/ beauty services/ diet charges/ baby food/ cosmetics/napkins/ toiletries/ guest services etc.
- Change of treatment from one pathy to another unless being agreed/allowed & recommended by the consultant under whom treatment is taken
- Treatment for obesity or condition arising therefrom (including morbid obesity) and any other weight control program/services/supplies
- Arising from any hazardous activity including scuba diving, motor racing, parachuting, hand gliding, rock or mountain climbing etc. unless agreed by insurer
- Treatment received in convalescent home/hospital, health hydro/nature care clinic & similar establishments
- Stay in hospital for domestic reason where no active regular treatment is given by specialist
- Out-patient diagnostic/medical/surgical procedures/treatments, non-prescribed drugs/medical supplies/hormone replacement therapy, sex change or any treatment related to this
- Massages/Steam bath/ Surodhara & alike 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 & post hospitalization period
- Treatment which the insured was on before hospitalization and required to be on after discharge for the ailment/disease/injury different from the one for which hospitalization was necessary

Important:- **Clams to be preferred with TPA –centrally i.e. to be sent to Gurgaon office.**

In the event that you have any queries or face any difficulty, please contact the Vantage or Vipul Medcorp representatives on the below mentioned contact numbers:

Contact Number:

Primary Contacts –

1. Mr. Abhijeet kumar (Vantage Insurance Brokers) – +91-9650819995 - nsc@vantageindia.co.in
2. Mr. Abhishake Bahl (Vipul Medcorp) – +91-9311986332 - abhishakebahl@vipulmedcorp.com

For any escalations, please contact:

3. Mr. Arvind Kumar (Vantage Insurance Brokers) – +91-9873660273 – arvind.kumar@vantageindia.co.in

Contact person in NSC

4. **Mr. Bimal Dey, Asst. Manager (Official languages)**
9560745444-bimal_1954@hotmail.com

Regards,

(M M Sharma)
Director (Finance)