

No. PERS/40/Medi-Claim/2023
Dated: 10.01.2023

Office Order No WL/01/2023


Sub: Group Insurance Medi-Claim Facility for RITES Serving Employees -2023.

- 1.0 Group Insurance medi-claim policy for the period 1st January, 2023 to 31st December, 2023 has since been renewed with the Insurance Company, M/s The New India Assurance Company Limited, which would provide indoor-medical facilities through the existing Third Party Administrator (TPA), M/s Paramount Health Services & Insurance (TPA) Private Limited.
- 2.0 To ensure uninterrupted medical facilities, relevant data for RITES employees updated as on 31.12.2022 with reference to the Circular No. RITES/PERS/40/Medi-Claim/2021 dated 23.12.2022 calling for declaration of dependent family members has been forwarded to the Insurance Company for issuing of Medical cards for the year 2023.
- 3.0 E-cards of the serving employees and their dependents shall be available on-line and for downloading the e-cards, the employees would require to:
 - a) Visit the site of the TPA i.e. www.paramounttpa.com
 - b) Click on E-card
 - c) Select the Insurance Co. - (The New India Assurance Company Limited)
 - d) Click on Employee ID and you will get information for group code then put Group as RLTD and then put your employee ID and click Submit.
 - e) Enter Mobile No to generate OTP. Enter the OTP and click Submit. Employee can view/print the E-cards for self and dependents.
- 4.0 Escalation Matrix of TPA's representative whose details are as under may be contacted for any query regarding mediclaim policy.

<u>Name</u>	<u>Mobile No</u>	<u>Mail ID</u>
Mr. Shambhu Sinha	9560019539	shambhu.sinha@paramounttpa.com
Mr. Safeek Ahmad	7042391036	safeek.ahmad@paramounttpa.com

Employees can also download the list of hospitals being serviced from TPA website.

- 5.0 The salient features of the policy and procedure to be adopted is annexed at **Annexure-I**.
- 6.0 As the e-cards and details of employees are available on line, employees should ensure that the data appearing thereon is correct. Employees who have declared parents/brothers/sisters as dependents were required to submit Dependency Declaration for the year 2023 via Circular No. RITES/PERS/40/Medi-Claim/2021 dated 23.12.2022 failing which benefit of insurance coverage shall not be initiated by insurance provider at the time of treatment. Those employees who failed to submit the required declaration are again informed to submit the same within the schedule given below. **In case of any discrepancy in details or addition/deletion/ updation of dependents, as per eligibility, the same should be intimated to Welfare Desk in Shikhar, Gurgaon over E-mail:- welfare.shikhar@rites.com (Landline: 0124-2818154) at the earliest latest by 25.01.2023 for further necessary action.**



(Udit Pant)

Dy. Gen. Manager/Welfare

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ENTITLEMENTS, ADMISSIBLE REIMBURSEMENTS AND PROCEDURE OF THE MEDI-CLAIM POLICY-2023

(RITES IN-SERVICE EMPLOYEES AND THEIR DEPENDANT FAMILY MEMBERS)

1.0 Entitlements:-

- (a) S.I. (Sum insured) limit under mediclaim policy- 2023 shall remain the same ranging from Rs. 2.50 lakhs to Rs 10 lakhs per year as Family floater, per family unit. The family floater available for the employees is tabulated below:

Class of Entitlement	Category of Employee	Annual Medical ceiling per family unit
A	CMD/Directors	Rs. 10,00,000/-
B	Executives Cluster IV	Rs. 5,00,000/-
C	Executives Cluster I, II and III	Rs. 3,75,000/-
D	Non-executive (All Clusters)	Rs. 2,50,000/-

2.0 Floaters:-

- (a) In addition to (a) above, the company has taken a Company floater of Rs. 1.30 Cr. which shall be allowed to serving employees and their dependent family members, in case of their needs, with the approval of Competent Authority in terms of provisions contained in Circular No. RITES/PERS/40/Medi-Claim/2021 dated 07.04.2021 as amended from time to time.
- (b) An additional floater of Rs. 20 Lakh has been undertaken as indoor investigation (irrespective of the result) for the benefit of serving employees/dependents.

3.0 Admissible reimbursements:-

The policy covers all pre-existing diseases or ailment/injuries and the following expenses incurred on medical treatment are reimbursable:

- (i) **Room rent:-** The room, Boarding and nursing expenses in any hospital/nursing Home would be 3% per day of the sum insured.
- (ii) **ICU:-** I.C. Unit expenses will be limited to 5% per day of the Sum Insured.
- (iii) **Fees & Charges:-**
- (a) Fees for Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists for treatment in connection with hospitalization.
- (b) Charges for Anesthesia, Blood Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Artificial Limbs, Cost of Prosthetic devices implanted during surgical procedure like pacemaker, Relevant Laboratory/ Diagnostic tests, X-Ray, Cataract lenses, etc.
- (c) Charges for physiotherapy treatment, psychiatric, psychological treatment whether taken in a hospital or at home.
- (d) Any kind of service charges, surcharges, admission fee/registration charges and non-medical expenses and non-payable levied by the hospital.
- (e) Coverage of genetic diagnosis up to 10% of sum insured.
- (f) Coverage of congenital external disease/defects or anomalies up to 10% of sum insured.

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- (g) Coverage allowed for Adjuvant or Neo adjuvant Chemo or hormonal therapy or Biological Therapy or Immunol Therapy or Oral chemo therapy or Immune modulator for cancer cases and all advance treatment of cancer due to advancement in medical science, carried out under day care Procedure Cover.
- (h) Coverage allowed for Inj Zoledronic or Avastin/intravenous or Lucentis or ARMD, , Rituximab Injection 500mg, Mabtas RA Injection 500mg, Intravitreal Eylea (Afibercept) injection procedure, any injection which takes more than 02 hours process will be covered and any surgery which will be done under general anesthesia will be covered under day Care Procedure Cover. Coverage allowed for Advancement in technology -Cyber knife or Laser.
- (i) Coverage for Lasik Treatment- Covered in case if power of eye is above +/- 7.5, is payable Up to the cataract limit
- (j) Coverage of Infertility Treatment- Covered Up to maternity Limit
- (k) Coverage of Pre 30 days , post 60 days Natal Expenses on OPD basis- covered up to 'Rs.' 5,000/- within maternity limit.

iv) Maternity Expenses:- Any treatment taken in hospital/nursing home arising from or traceable to pregnancy , child birth, miscarriage, caesarean section, abortion or complications of any of these including changes in chronic condition as a result of pregnancy upto a maximum of Rs. 75,000/- are covered. Newly born baby/babies will be covered from day One under S.I. limit.

v) Animal Bite:- Expenses incurred for treatment on any type of animal bite (dog/snake/monkey) treatment whether incurred in hospital or out door.

vi) Ambulance services:- Upto Rs. 2000/- shall be reimbursable in case a patient has to be shifted from residence to hospital in case of admission in Emergency ward/I.C.U, or, from one hospital/nursing home to another hospital/nursing home; by registered ambulance only for better medical facilities.

vii) Day Care:- Day care coverage for Specific treatments taken in network specialized Day Care Centers where the insured is discharged on the same day like - Eye Surgery, Radio Therapy, D&C, Surgery of Nose, Throat, Hernia, Appendix & Coronary Angiography, treatment of fractures etc. have been provided.

viii) Domiciliary Hospitalisation Benefit:-

Medical treatment taken for a period exceeding 3 days for such illness/ injury which in the normal course would require care and treatment at a hospital/nursing home as in-patient but actually taken whilst confined at home in India under any of the following circumstances:-

- a. The condition of the patient is such that he/she cannot be moved to the Hospital/Nursing Home; OR
- b. The patient cannot be moved to Hospital/Nursing Home due to lack of accommodation in any hospital in that city/town/village.

ix) Pre-hospitalization and post-hospitalization expenses:- Relevant medical expenses incurred during the period upto 30 days prior to hospitalization & 60 days after hospitalization on disease/illness/injury sustained will be considered as part of claim. The medical expenses incurred on these heads may be claimed separately after treatment by submitting all requisite documents within three (03) days after completion of post hospitalization treatment.

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4.0 Procedure:-

- (i) TPA shall issue physical Medical Card in the name of each individual employee as well as their eligible dependent family members OR to be downloaded from the portal for the purpose of taking treatment in hospital.
- (ii) Eligible members, by producing the membership card and ID proof, can take treatment in any of the network hospital. The list of network hospitals is available at web site **www. paramounttpa.com**
- (iii) **Intimation to TPA:-**
 - (a) In case of treatment in **network hospital**, the employee is required to intimate **the TPA in advance** in case of planned hospitalization and **upon admission** in case of emergency hospitalization. **On discharge, the employee shall be required to pay the difference of amount disallowed under the policy.**
 - (b) In case the treatment is taken in a **non-network hospital**, the employee is required to intimate the TPA in writing within 24 hours of hospitalization through e-mail at claim.intimation@paramounttpa.com with cc to shambhu.sinha@paramounttpa.com or to TPA call centre as detailed on the back side of the e-card. For settlement of claim for reimbursement of expenses the employee should obtain Discharge summary, copy of investigation report(s) and other relevant document(s) from the Hospital authorities. All requisite documents of main claim shall be submitted to the TPA within 07 days from date of discharge from hospital, failing which the same may not be entertained by TPA/Insurance Company. The check-list of documents required for the claim settlement is available at the site of the TPA.
- (iv) Employees can see details pertaining to his entitlement, claims availed by the employee and dependent family members, amount available in his account and status of his claims of reimbursement on the TPA web site.

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No.PERS/40/Medi-Claim/2021
Dated : April 07, 2021

Sub: Medical Attendance Rules – Amendment 04/2021.

For indoor medical treatment of employees and their family members, the Company has taken a Mediclaim Policy, in which the annual medical ceiling limits for the family unit of an employee ranges from Rs.2.50 lakhs to Rs.10 lakhs. In addition, the Company has taken a Corporate Floater for a sum of Rs.1.30 crores to cover the additional medical expenses over and above the annual medical coverage. Further, the Company has also taken a mediclaim cover of Rs.20 lakhs for cases where investigations for medical purpose are required. Presently, the medical expenses incurred by an employee on indoor treatment over and above the annual ceiling limit are released from the Corporate Floater.

However, it has been noticed that the company floater is being fully utilized by a limited number of employees, depriving other employees the facility of company floater which is resulting in excessive burden of medical expenses on the company.

The matter has been examined with respect to whether the employees may continue to be provided unlimited medical facility for indoor treatment, or limit have to be laid down on amount of such payment/reimbursement.

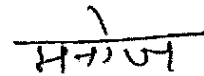
After careful scrutiny, it has been decided that

- i) Employees may get the cashless indoor treatment in network hospitals empanelled by TPA instead of claiming reimbursement of expenses. The rates of indoor treatment in the network hospitals are discounted one and are lower than the hospital list prices for a particular procedure/treatment. This shall help the employees as well as the company by way of lower expenses on treatment. In case a particular hospital is not on the network hospital, the same may be got empanelled through Insurance Company.
- ii) In case of hospitalization requiring any minor surgery, or, ICU care, or any continued medical care, the amount from floater up to 100% of limits of sum insured can be permitted by the competent authority.
- iii) In cases of diseases of critical nature, any major surgery, Cancer, Kidney failure, HIV, reimbursement of expenses shall be restricted to **4 times** of the sum insured limit of the employee concerned from the company floater with the approval of competent authority.
- iv) However, on a case to case basis, in cases of diseases of critical nature, under above para (iii) wherever the employee has availed the amount 4 times of his entitlement, the Competent Authority may consider reimbursing

expenses on investigations and medicines on indoor treatment. Employees are advised to avail maximum discount on lab testing charges as well as purchase of medicines from pharmacies/labs designated by TPA (lists available at TPA site) on production of PHMS Cards and/or avail similar discounts offered on-line or otherwise.

- v) The above shall be in supersession of our existing provision of reimbursement in cases of treatment of Cancer, HIV & Kidney failure (para 7.3 of RITES Medical Attendance Rules).
- vi) However, the management may consider any case of distress of an employee for any special sanction with the concurrence of DF and approval of CMD, for an amount over and above the above entitlement.
- vii) Employees are also advised that medical expenses over and above the GIPSA rates and COVID-19 rates as prescribed by State governments will not be reimbursed by RITES.
- viii) Employees may like to get additional medical insurance cover in their individual capacity on their own to cover unforeseen needs.
- ix) The above limits shall also be applicable in existing cases.

This issues with the approval of competent authority.



(Manoj Kumar)
GM(HR)

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