

1-32 items

## DETAILS OF THE INSURANCE SCHEME

**01. Number of families to be covered:**

<u>SL. No.</u>	<u>Particulars</u>	<u>No. of Insured (Approximate)</u>
1	Serving Employees	940
2.	Pensioners & Family Pensioners	1400
3.	Dependents (for Sl. No. 1-2)	3400
	<b>TOTAL</b>	<b>5740</b>

**02.** The cover for serving employees will be for self, spouse, dependent children and dependent parents/parents-in-law.

The cover for pensioners will be for pensioner and spouse of the pensioner only. However, if pensioner has dependents with a permanent disability (Physical/Mental), they will also be covered.

In few cases where the employee dies while in service, the dependents of the deceased will have to be covered.

**03. Age bracket: 0 to 95.**

**04. Sum Insured and Corporate Buffer Sum Insured: The Quote should be submitted in the proforma in Annexure III**

- Floater sum to be insured per family: **Rs. 1 Lakh**
- Extra Floater Buffer Sum Insured: **Rs. 35 lakhs**

Some of the employees and pensioners would like to “**Top up**” the basic sum insurance of Rs. 1,00,000-00 provided by the Institute for additional coverage. The Insurance companies are required to submit (separately) premium for such “**Top up**” in **multiples of One Lakh** and age band wise ( If the same is applicable) for this, please refer **Annexure IV**. This quote should be furnished in a **separate sealed cover**. It may be noted that the lowest bidder will be

determined based on the quote given for basic sum insured. The "Top UP" coverage will be mutually discussed and settled upon by IISc., and the Successful Bidder.

05. **Deletion of first 30 days exclusion** (including for fresh entrants during insurance cover period of both employees and pensioners) after the commencement of the Insurance Scheme.
06. **Room rent:** Room rent will be 2% of the sum insured i.e. including top-up (subject to a maximum of Rs.7,500/- per day) for normal hospitalization and no cap for ICU.
07. **Usage of corporate floater buffer** is at the discretion of the Institute. Approval of Officer-in-charge of Health Centre, IISc., should be obtained for using the buffer amount in each case. The current limits operated are Rs.1.50,000/- for critical illness and Rs.50,000/- for other cases.
08. **Inclusion of pre-existing disease** without any waiting period.
09. **Maternity benefit** extension without 9 months waiting period up to 35,000/- for both normal and Cesarean upto 02 children. Hospitalization expenses incurred in connection with new born child right from day one without any limit.
10. **All day care procedures (which involves less than 24 hours hospitalization) to be covered.** Cover expenses for Dialysis, Chemotherapy, Radiotherapy, Cataract, Lithotripsy, Tonsillectomy etc., where the hospitalization is less than 24 hours.
11. **Cataract surgery:** Cataract is capped up to INR 25,000/- per eye. .
12. Coverage for **pre (30 days) and post (60 days) hospitalization expenses.**
13. **Dental treatment** only in case of an accident.
14. **Internal congenital Diseases** – Covered. External is also covered in case of life threatening.
15. Treatment for **infertility** – covered upto maternity limit.
16. **The following treatments are also to be covered.**
  - a. Oral Chemotherapies/Cyber knife therapy.
  - b. Hormonal Therapies.
  - c. Intravitreal Injections.
  - d. D & C (Both Therapeutic & Diagnostic).
  - e. Anti Rabies Vaccinations with Immunoglobulin's.
  - f. Vaccinations for Co morbid conditions like COPD etc.,

- g. Psychiatric Ailments to be capped at Rs. 30,000/-
- h. Bronchoscopy
- i. Mirena insertion
- j. Yag Laser
- k. Any biopsy for diagnostic and therapeutic purpose.
- l. All cancer related chemotherapy drugs/injections including immunotherapy.

**17. Hospitalization/Injury arising out of terrorism - Covered**

18. Cover for **new entrants into the scheme**, for both employee and pensioners and their dependents from date of intimation to the insurance company.

19. **No other disease wise capping. No other ailment wise capping.** Expenses relating to Surgeon Charges, Anesthetic Charges, O.T Charges, Consultant/Specialist charges, Diagnostic charges, drug, Blood, X-ray Etc. will be considered in full and not in proportion to the room rent.

**20. Co-payment option is not acceptable.**

**21. Addition and deletion of employees/pensioners on pro-rata basis** during the period of insurance.

**22.** The quotation should mention premium calculation for each age group of employees/pensioners to facilitate the inclusion/deletion from time to time.

**23.** Cashless facility 24x7 in all Hospitals recognized by the Health Centre, IISc., In exceptional cases where IISc., intimate TPA/Insurance company, in writing, cashless facility can be extended in list of Hospitals not recognized by IISc, but within the network hospitals of TPA/Insurance company.

**24. Hospital Service Charges (like insurance processing charges) covered.**

**25.** Any other facilities that would be extended for the policy without additional premium may also be stated.

**26.** If any additional terms and conditions are applicable, the same may be specified in the quote.

**27. Identity Cards** for availing Cashless facility by all the employees, pensioners and dependents **to be provided** within one month of the start of the insurance cover.

**28. Periodic meeting to be held in Institute campus** between IISc., and the TPA/Insurance company for review of cases/settlement of grievances of the employees.

- 29. Return of original documents:** In some cases after the claims are submitted along with the original documents for reimbursement, where the patient is in need of getting back the original documents after the verifications are over by the TPA/Insurer, the same should be returned on furnishing a request towards the same by the concerned employee.
- 30. Ambulance services** – 1% of the sum insured or Rs.1000 whichever is less shall be reimbursable.
- 31. Reimbursement claim reporting/submitting period:** 45 days from date of discharge.
- 32. TPA** – Selection of TPA is at the discretion of IISc., Bangalore (where there is no in-house TPA) However, the insurance agency may give the references/recommendation for at least three TPAs, who are dependable for better services. But at the same time the TPA should be controlled by the insurer for better services.