Annexure-III

FCI Aravali Gypsum and minerals India Limited

Employees Group Medical Insurance Scheme for Employees Retired on or after 01.01.2007

1. **Name:** Name of the Scheme would be "FCI Aravali Gypsum and minerals India Limited Employees Group Medical Insurance Scheme for Employees Retired on or after 01.01.2007

2. **Coverage of Policy-**The Policy will cover only Indoor Patient Treatment for employees retired on or after 01.01.2007. Out Patient Department and domiciliary hospitalization are excluded.

3. **Definition:**

i. **Ex-Employees or Retired Employees** means Employees retired on or after 01.01.2007.

ii. **Family** means Retired Employees and their spouse.

iii. **Hospital/ Nursing Home**: Hospital/ Nursing Home means any institution in India established for indoor care and treatment of sickness and injuries and which either

a. Is duly licensed and registered as a Hospital or nursing home with the appropriate authorities and is under the supervision of a registered and qualified medical Practitioner OR,

b. In areas where licensing and registered facilities with appropriate authorities are not available, the institution must be one recognized in locality as Hospital / Nursing Home and should comply with minimum criteria as under :

- It should have at least 15 in – patient medical beds in case of Metro cities, A class cities & B class cities or 10 in – patient medical beds in C class cities. Classification of cities shall be as per MCI (Medical Council Of India) Notification issued in this respect from time to time.
- Fully equipped and engaged in providing Medical and Surgical Facilities along with Diagnostic facilities i.e. Pathological test and X – ray, ECG etc. for the care and treatment of injured or sick persons as in – patient.
- Fully equipped operation theatre of its own, wherever surgical interventions are carried out.
- Fully qualified nursing staff under its employment round the clock.
- Fully qualified Doctor (s) should be in – charge round the clock.

4. **Eligibility for the Scheme-**

i. Following Ex-Employee will be eligible for this scheme:-

   a. The employee superannuated/availed VRS on or after 01.04.2003 and rendered not less than 15 years of service in FAGMIL/other PSU and are desirous of taking up membership under the group medical insurance policy of FAGMIL by paying lump sum admission fee.

   b. The spouse of ex-employees who expired while in service will be eligible to seek membership of the policy irrespective of the length of service.

ii. As regard, Board Level Executives retired on or after 01.01.2007, who were contractual employees, they too can avail the benefits under the scheme provided their total period of service rendered in continuity in CPSE(s) including the period at Board Level in a CPSE is not less than 15 years at the time of superannuation.

iii. The service rendered in the Government shall not be counted for the purpose of computation of total services in a CPSE(s).

iv. The dismissed/discharged employees shall not be covered under the Scheme.

v. The ex-employee who ceases to be in employment on account of resignation (irrespective of length of service) will not be eligible for taking up the membership under the Policy.

vi. The ex-employee shall be entitled for membership of the Medical Policy only on payment of the requisite contribution, as mentioned in para 6.

vii. In case employees dies/ becomes permanently disabled & in capacitated, leading to cessation of his/ her service, before putting 15 years of service in CPSE prior to superannuation, he/she may be given the benefits as admissible under these scheme.

viii. Cases of VRS/VSS for which specific scheme have been framed would be examined in terms of such specific schemes of VRS/VSS of the Government applicable in respect of employees of CPSEs. Benefits under these schemes would not accrue to VRS/VSS optees automatically.

ix. The admissibility of benefits under these schemes to the employees against whom disciplinary proceedings are pending at the time of superannuation is to be regulated as per Conduct, Discipline & Appeal Rules of the CPSE.

5. Benefits Extended:

A. Sum assured in the nature of 'family floater' to employees retired on or

after 01.01.2007 and their spouse: Rs. 4 lakh (Four Lakh) only

B. Special Terms and Condition:- Apart from above, the employees including retired employees would be under following special terms and conditions.

i. The policy shall provide cashless treatment facility covering the entire cost of treatment to the extent of sum assured.

ii. All employees retired w.e.f. 01.01.2007, who have contributed as per para 6 including their spouse residing anywhere in the country would be covered in the scheme.

iii. Mediclaim facility can be availed by our Retired employees and their spouse from anywhere in the country.

iv. The policy covers hospitalization as indoor patient only, excluding domiciliary hospitalization and OPD treatment.

v. Cash less treatment shall be given to all the members.

vi. (a) In case retired employees and their dependents obtain treatment from non – network hospital during emergency the claim shall be admitted in full. The reimbursement shall be made directly to the members through digital mode only within 15 days from the date of submission of required documents. The response time by the TPA at the time of admission should be maximum of six hours. In case of emergent situations the TPA will consider the admission, admissible.

(b) The insurance Co. shall pay the amount of such expenses as would fall under different heads mentioned below, and are reasonably and necessarily incurred thereof by or on behalf of such insured person.

- Room Boarding expenses as provided by the Hospital / Nursing Home.
- Nursing Expenses.
- Surgeon, anesthetist, Medical Practitioner, Consultants, specialist fees.
- Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medical Drugs, Diagnostic Material and X–ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker Artificial Limbs & Cost of Organs and similar expenses. The pre and post hospitalization reimbursement shall be for 30 and 60 days respectively.
- Ambulance charges.

vii. Waiving of 1st year and 2nd year exclusion and 30 days waiting period for all.

viii. **Room rent**: Room rent per day will be 2% of the sum insured for normal hospitalization and 3% for ICU.

ix. **Pre-existing disease** of all the members will be covered without any waiting period.

x. Coverage for **pre (30 days)** and **post (60 days) hospitalization expenses**.

xi. **No other disease wise capping**. **No other ailment wise capping**. Expenses relating to Surgeon Charges, Anaesthetic 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.

xii. **Co-payment** option is not applicable..

xiii. **Ambulance Charges** – Rs. 1500/- per hospitalization.

xiv. **Hospital Service Charges** (like insurance processing charges) or any service charges on medical bill – will not be deducted from the claim.

xv. **Cashless facility** will be provided in all major multi-specialty hospitals located in Jodhpur and other cities of India. Details of such Hospitals are to be provided. All transactions with these hospitals should be totally cashless.

xvi. There will be a **dedicated helpline (24 x 7) from the TPA of Insurance Company** available and the contact details should be furnished in the tender. Contact details of the TPA should be provided by the Insurance Company including the name, contact numbers and postal & email address of the contact person.

xvii. **MEMBERSHIP CARD:** The insurance company shall arrange to issue membership card to each retired employee. These cards shall be sent directly by post / courier to all employees at their given addresses within 30 days of issuing of policy.

xviii. **Daycare procedure:** The insurer shall pay to the hospital in respect of day care procedures which require hospitalization for less than 24 (twenty four) hours provided that

a) Day care procedures/surgeries where such treatment is taken by an insured person in a networked hospital/day care centre.
b) Any other surgeries/procedures which due to advancement of medical science require hospitalization for less than 24 (twenty four) hours.
c) Surgical procedure involved has to be done under General Anesthesia.

xix. **HOSPITALIZATION PERIOD:** Expenses on hospitalization will be admissible only if hospitalization is for minimum period of 24 hours. However, this time limit will not apply to following specific treatments in the Network Hospital / Nursing

home where the insured is discharged on the same day. Such Treatment will be considered to be taken under Hospitalization Benefit.

- Haemo Dialysis
- Parenteral Chemotherapy
- Radio Therapy
- Eye Surgery
- Lithotripsy (Kidney stone removal)
- D&C
- Dental Surgery following an accident
- Hysterectomy
- Coronary angioplasty
- Coronary Angiography
- Surgery of gall bladder, Pancreas and bile duct
- Surgery of Hernia
- Surgery of Hydrocele
- Surgery of prostrate
- Gastrointestinal Surgery
- Genital Surgery (including sterilization)
- Surgery of Nose
- Surgery of Throat (including Tonsillectomy)
- Surgery of Appendix
- Surgery of urinary system
- Treatment of Fractures / dislocation excluding hair line fracture, contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization
- Arthroscopic knee surgery
- Any surgery under General Anesthesia
- Or any such disease / procedure agreed by TPA /Company before treatment

xx. **Exclusion**

1) Injuries or diseases directly or indirectly caused by or arising from or attribute to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.

2) Circumcision (unless necessary for treatment of a diseases not excluded hereunder or as may be necessitated due to any accident), inoculation cosmetic treatment (including any complications arising out of or how ever attributable to any cosmetic treatments, or the replacement of the existing breast implant) aesthetic treatment, experimental, investigational or unproven procedures or treatments, devices & Pharmacological regiments.

3) Cost of spectacles, contact lenses, hearing aids etc.

4) Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from disease or injury and which requires hospitalization for treatment.

5) Convalescence, general debility, “run down” condition or rest cure congenital external diseases or defects or anomalies, sterility, any fertility, sub fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.

6) All expenses arising out of any condition directly or indirectly caused by, or associated with Human T- cell Lymphotropic virus Type – III (HTLV –III) or Lymph-adenopathy associated virus (LAV) or the Mutants Derivative or Immuno Deficiency Syndrome or any syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.

7) Expenses incurred at hospital or nursing home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period.

8) Expenses on vitamins and tonics etc, unless forming part of treatment for injury or diseases as certified by the attending physician.

9) Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.

10) Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admissions. Private nursing charges, Referral fee to family doctors, out station consultants / surgeons fee etc.

11) External and or durable medical/ non medical equipment of any kind used for diagnosis and of treatment including CPAP, CAPD, infusion pump etc. Ambulatory devices i.e. walker, crutches, belts, collars, caps, splints, slings, braces, stockings etc of any kind diabetic footwear, glucometer / thermometer and similar related items etc. And also any medical equipment which is subsequently used at home etc.

12) All non medical expenses including personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet chare, baby food, cosmetic, napkins, toiletry items, etc, guest services and similar incidental expenses or service etc.

13) Change of treatment from one doctor to other doctor unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.

14) Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc.

15) Any treatment required arising from insured's participation in any voluntary hazardous activity including but not limited to scuba diving, motor racing, parachuting, hand gliding, rock or mountain climbing etc, unless specifically agreed by the insurance company including plant operation and site operation.

16) Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.

17) Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.

18) Outpatient diagnostic, Medical or surgical Procedures or treatments, non – prescribed drugs and medical supplies, Hormone replacement therapy, sex change or treatment which result from or is any way related to sex change.

19) Massages, steam bathing, shirodhara and like treatments under ayurvedic treatment.

20) Doctor's home visit charges, attendant / nursing charges during pre and post hospitalization period.

21) Treatment which is continued before hospitalization and continued even after discharges for an ailment / disease / injury different from the one for which hospitalization was necessary.

6. Lump sum admission fee:

Lump-sum amount as shown below will be deposited by the employee retired on or after 01.01.2007 at the time of joining the scheme/superannuation:-

Category	**Amount (Rs.)**
W0-W9 (All Workmen)	20000
E-0	25000
E-1 to E-6	30000
E-7	35000
Director/ CMD	40000

7. Operation of the Scheme:

i. The company will buy the cashless Medical Insurance policy from the Insurers who offer the best terms and conditions & policy premium on year to year basis. In the event of the company incurred losses, the scheme shall stand withdrawn

as soon as the corpus fund exhausted. Membership of the scheme does not confer any right of continued membership or any benefit on discontinuation of scheme.

ii. The affordability of the policy will be reviewed every year at the level of Board after finalization of accounts for the previous years with a view to fine tune/modify parameters of the scheme as per the need, if required. This scheme will be effective after approval of Department of Fertilizers.

iii. FAGMIL will not seek any budgetary support from Government of India for operating the scheme at any point of time.

8. Review of the scheme:-

The company reserves the right to amend or modify the scheme in part or full at any time and without assigning any reason. The retired employee will have no right whatsoever to force the company to the continuity of the scheme or to enhance/ extend any other facility than those provided in this scheme.

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