



MECON LIMITED, RANCHI-834002

POLICY BRIEF - POST SUPERANNUATION MEDICAL BENEFIT SCHEME 2020-21

- I. **POLICY NO. & VALIDITY:** 2106002820P103027704 valid upto 28.06.2021.
- II. **COVERAGE:**
1. **OPD:- Rs.4,000/-** (Rupees Four Thousand only) per beneficiary and spouse together per policy period on floater basis. Each member or collectively the employee & Spouse can avail a maximum benefit of Rs.4,000/- of OPD expenses per year.
 2. **IPD:- Rs.5,00,000/-** (Rupees Five Lakhs only) per beneficiary and spouse together per policy period on floater basis. Each member or collectively the employee & Spouse can use a maximum benefit of Rs.5,00,000 per year as applicable.
- III. **ID CARDS:** E- Id cards shall be sent on the email ids (provided in the consent form). The hardcopy shall be sent by post/ courier immediately on restoration of normalcy.
- IV. **OPD Benefits:**
- **OPD TREATMENT:** means treatment taken as out-patient in any hospital/Nursing home/ Diagnostic centre registered with the local authorities or those approved by the agreement between MECON and Insurance Company. Treatment may also be taken from any Medical Practitioner. The medicines should be prescribed by the treating doctors on the letterheads of the Hospitals/ clinics /own letterhead bearing his/her Registration details.
 - OPD Claims to be submitted by the Mediclaim member, to the Insurance Company / TPA at any time but necessarily when the expenses exceed Rs.2000/- per policy period or within 90 days from the date of completion of the treatment, whichever is earlier.
- V. **IPD (Hospitalization) Benefits:**
- Reimbursement/Cashless Settlement of actual charges upto Rs.5,00,000 per employee & spouse on a floater basis per policy period. Each member or collectively the employee & spouse can avail a maximum benefit of Rs. 5 lakhs per year as applicable. It shall be admissible only when the patient is admitted in a hospital for a minimum period of 24 hours.
 - Pre Existing Diseases
 - Disease Contracted during the policy period including 1st 30 days from commencement.
 - Specified diseases contracted during the 1st Year of the policy like (Cataract, Benign, Prostatic Hypertrophy, Hysterectomy, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Piles, Sinusitis, any other excluded for this period specifically and related disorders are covered). Ceiling of Rs. 30,000/- per eye for Cataract Surgery procedure including the cost of lens.

- **Room Rent :**
 - i. Normal : Entry Level Single A/C Room maximum Rs. 6,000
 - ii. ICU : Rs.10,000 per day
 - iii. Room Rent payable for any Treatment/ claim is limited to 25% of the Sum Insured.
- **Domiciliary Hospitalization** only upto a limit of maximum **Rs. 25,000/-**. The cover gets extended only if recommended by the doctor & the patient is not in a condition to move to the hospital for treatment.
- **Ambulance Charges** for each claim up to 1% of Sum Insured limited to Maximum of **Rs. 5000/-**.
- **Congenital Diseases**
 - Any Hospitalization arising out of or on account of Terrorism and Earthquake.
 - **Travel cost** up to Rs. 10,000/- for Emergency referral or in case of travel required due to non-availability of facilities in the place of stay required for treatment of a particular ailment, with pre-approval from the TPA for the travel, is payable against bills.
 - Coverage for animal/ Serpent attacks Rs. 5,000/- both IPD/OPD, covered for less than 24 Hours Hospitalization also.
 - Hospitalization expenses for Ayurvedic/Homeopathic/Unani Treatment are admissible only when the treatment is taken in a Government hospital/Medical College Hospital.
 - Expenses for Organ donor shall be covered.
 - **Health Check up camps:** Once in a year at Ranchi
 - **Dental treatment** can also be availed of within the existing limit prescribed under O.P.D treatment. Cost of dentures will not be reimbursed.
 - Preventive health check-ups and ophthalmic consultations for refractory error will be covered under OPD benefits only. Cost of spectacles/contact lenses shall not be reimbursed.
 - In case of treatment of ear, cost of hearing aid is not reimbursable.

VI. Corporate Buffer: Rs 20 Lakhs , maximum limit Rs 2.0 Lakhs for major illness per family. Allocation of corporate buffer shall be at the discretion of MECON.

VII. PROCEDURE FOR CLAIM:

Claim Intimation for hospitalization treatment on cashless/Reimbursement basis.

1. The mediclaim beneficiary shall be required to inform/intimate, in writing, the insurance agency/ TPA at least 48 Hrs prior to any elective/ planned hospitalization/ admission.
2. In case of Emergency Admission / Hospitalization, the Insurance company / TPA, to be informed by the mediclaim member, in writing within 48 hrs of such hospitalization.
3. The claim intimation by the mediclaim member is mandatory for both cashless and reimbursement claims.
4. Claim information can be sent via Letter/Email/Fax/Personally delivered at insurance company/TPA offices and a claim intimation number should be obtained.

Claim Submission for IPD treatment on Cashless/Reimbursement basis.

1. The reimbursement claims with respect to IPD/Hospitalization to be submitted to the insurance company/TPA within 45 days from the date of discharge from the Hospital.
2. Reimbursement claims pertaining to the pre hospitalization (IPD) treatment for a period of 30 days prior to the date of admission to be submitted to the TPA, within 45 days after the completion of permissible Hospitalization treatment.
3. Reimbursement claims pertaining to the post hospitalization (IPD) treatment expenses for a period up to 60 days to be submitted to the TPA, within 90 days after the completion of permissible Hospitalization treatment.
 - For treatment taken in a network hospital as per the list provided / available in the website of the TPA, cashless facility is extended by the TPA upto 100% of the payable cost of treatment. The discharge of the patient is to be done by making payment of any balance & the excluded cost of items as per IRDA specifications. Any balance, paid by the patient, if payable, is reimbursed by the TPA on submission of the final bills.
 - For treatment taken in a non network hospital, the complete set of original papers viz, prescriptions, bills, investigation reports, discharge summary, cash memos etc have to be submitted to the TPA directly within 7 days of the discharge and reimbursement claimed.

VIII. List of Exclusions

- Injury or disease directly caused by or attributable to War, Invasion, Act of foreign enemy, Warlike operation or disease caused by or contributed to by nuclear weapons / materials.
- Circumcision unless necessary for treatment of the disease, cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- Cost of spectacles, contact lenses and hearing aids .
- Dental treatment or surgery of any kind unless requiring hospitalization on account of accident cases.
- All psychiatric and psychosomatic diseases/disorders, accident due to misuse of drugs / alcohol or use of intoxicating substance.
- Acquired Immune Deficiency Syndrome (AIDS).
- Naturopathy, Unproven procedure/treatment, experimental or alternative medicine / treatment including acupuncture, acupressure, magneto therapy, etc.
- 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 and post hospitalization period except in case of domiciliary hospitalization.
- Naturopathy Treatment.
- Admissions for evaluation/purely for investigation.

IX. CHECK LIST (AT THE TIME OF SUBMISSION OF DOCUMENTS)

1. Claim Intimation Copy duly received by Policy Issuing Office/TPA within 24 Hrs. from Date of Admission
2. Reason for Delay in submission of documents/intimation copy, if not submitted timely as per Policy T/C
3. Duly filled in Claim Form, With Claimant Signature mentioning Exact Claim Amount, Contact Details, E – Mail ID etc. along with Policy Copy
4. Hospital Discharge Certificate in original with Date & Time, Details of Treatment
5. All the Prescriptions, Money Receipts/Cash Memo, Investigations Reports, Hospital requisitions and other supporting documents, in original.
6. Advice for Admission and First Prescription with clinical notes, in original
7. Hospital Bill with detailed break up along with Money Receipts in original
8. In case of Implant – Sticker & Tax Invoice with money receipt in original (For Cataract, Patient Lens Identification Card Mandatory)
9. In accidental cases – Self Statement/FIR/Medico Legal Report
10. Investigation Reports along with plates, in original
11. Any other relevant documents pertaining to claim.
12. Hard Copy of Cancelled Cheque for RTGS / NEFT

X. **TPA: M/s Ericson Insurance TPA Pvt Ltd** has been appointed as TPA for providing health policy services for the policy period 29.06.2020 to 28.06.2021.

XI. Salient features of the services provided by the TPA:

1. Intimation can be provided through **WHATSAPP at 9167251896 / 8879718777.**
2. Intimation can be provided through mail at **meconlimited@ericsontpa.com, Kolkata@ericsontpa.com, care@ericsontpa.com.**
3. For latest empanelled hospital list login to **<https://www.ericsontpa.com/HospitalNetwork.aspx>.**
4. Download claim forms from **<https://www.ericsontpa.com/Downloads.aspx>.**
5. Download Mobile App: **eMate** from play store **<https://play.google.com/store/apps/details?id=com.simson.emate>** (Please subscribe ERICSON TPA channel for getting updated news and many more service related videos).
6. Ericson TPA App Assistance eMate – Overview Video **<https://youtu.be/CxodDgvDlvo>**
7. Email Id **care@ericsontpa.com.**
8. You can use CHATBOT service for E cards & claim status from Mobile app & ETPA website (**www.ericsontpa.com**).
9. You can contact Ericson TPA on **022 41548300 / 022 25280234.**

XII. Special provision for claim: In view of the prevailing lockdown condition in our country M/s Ericson Insurance TPA Pvt Ltd has decided to process all reimbursement claims based on soft copies received. Hence, during the period of lockdown the following procedure shall be followed:

1. Only the original documents to be scanned and sent to Ericson through mail will be processed.
2. Soft copies to be sent in PDF format only.
3. Documents to be self-attested by the employee with name, employee code and date.
4. Additional documents required if any will be communicated to the employee through mail/phone call.
5. Mails from employees should have a specific declaration stating that "All the original documents will be sent by post/ courier immediately on restoration of normalcy".
6. Intimation mails to be sent to meconlimited@ericsontpa.com and kolkata@ericsontpa.com
7. Intimation can be provided through WHATSAPP in 8879718777.
8. However, the original claim documents, pre and post documents can be sent from the areas where courier service is available.

XIII. Address for submission of the original claim documents:

**ERICSON INSURANCE TPA PVT.LTD.
515, M.A. Business Center Pvt.Ltd.
5th Floor, Poddar Point,
Park Street, Kolkata-700016.**

XIV. Escalation Matrix : In case of any query/grievances you may contact the following persons:

ESCALATION MATRIX	CONTACT PERSON	DESIGNATION	MOBILE NUMBER	EMAIL ID
1st Level	Partha Sarkar	Branch Manager	8879718777	parthas@ericsontpa.com
2nd Level	Moonmoon Bhattacharyya	Regional Manager	7304445485	moonmoonb@ericsontpa.com
3rd Level	Dr. Naimuddin F. Karbari	VP Operations	9167251898	drnaimuddin@ericsontpa.com