The Central Arecanut And Cocoa Marketing And Processing Cooperative Limited,
HO; Mangalore

GROUP HEALTH INSURANCE POLICY CONDITIONS.		
Sl No	**Cover Name**	**Policy special Conditions**
1.	Hospitalization	Covered
2.	Pre Hospitalization	30 Days
3.	Post Hospitalization	60 Days
4.	**Maternity Cover**	**1) The maximum benefit under this Benefit is limited to Rs. 50,000/- for Normal & for Caesarean per Family. Maternity Treatment Charges Benefit Extension without waiting period at inception. Pre-natal or post-natal covered within the maternity limit.** **2) Claims in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of employee or spouse covered under the Policy or any renewal thereof. Those Insured Persons who are already have two or more living children will not be eligible for this Benefit.** **3) Expenses incurred in connection with voluntary medical termination of pregnancy during the first 2 weeks from the date of conception are not covered.** **4)Maternity Benefits applicable for first 2 deliveries**
5.	Waiver of Maternity waiting period	Waiver of 9 month waiting period for maternity for existing and new joiners
6.	Ambulance charges	Ambulance charges is covered in case of emergency hospitalization 1% of SI up to INR 1000
7.	Baby cover from Day1	New Born Baby cover from day one within family floater SI
8.	Domiciliary hospitalization	Domiciliary hospitalization not covered
9.	Pre-existing illness cover	Pre-existing diseases to be covered
10.	Cover for first year excluded diseases	Waiver of 1st and 2nd yr. exclusions
11.	Cover for first 30 days Exclusion	Waiver of 30 day waiting period
12.	Cover for congenital diseases	Internal Congenital disease covered
13.	Family Definition	"Family Floater (1+5) Self +Spouse +2 dependent children upto 25 yrs & 2 Dependent Parents upto 80 yrs. " Sum Insured Family Floater as per annexure -3Lakh.
14.	Additional Details on family definition	Dependents to be declared at inception of policyonly. Mid-term change/addition not allowed except spouse by marriage and child by birth. Data of newly married Spouse and New born child with 30 days from date of occurrence
15.	Member Addition and Deletion Process	1)Addition-deletion will be done on per lives prorate premium basis for employees along with dependents once in a month only, subject to all relevant details being forwarded to insurer before 7th day of succeeding month. 2)For cover w.e.f. from Date of Joining, sufficient CD balance to be maintained with us 3)Addition of existing employees will not be allowed after policy Inception. 4)Mid-term increase in sum insured is not permitted

16.	Room Rent	Room Rent including nursing & RMO charges capped at 1% of SI for normal room and 2% of SI for ICU per day and all other related charges in accordance with room rent restriction or actual whichever is lower. In the event of a person getting admitted in higher category all hospital related charges will be pro-rated to the eligibility limit as per the room rent restriction.
17.	Day care procedure	Day care treatment covered as per policy terms and conditions
18	Non payable items	Surcharges, service charges, miscellaneous charges and other non-treatment related expenses are not payable.
19	Cataract	Cataract -30% of the Sum Insured subject to maximum of Rs. 30,000/ per eye.
20		1)Liability for Nasal Sinus Surgeries upto Rs.35,000; Hospitalisation arising out of Psychiatric ailments upto Rs.30,000 2)Lasik surgery covered above +/-7.5
21	**Buffer amount**	**Rs.10.00Lakhs**
22	Modern Treatments	**Modern Treatment-The Company will indemnify the Insured Person up to 100 % of base Sum Insured for the Medical Expenses incurred during the Policy Period on Inpatient Treatment or Day Care Treatment or Domiciliary Treatment of below mentioned Modern Treatment Methods:** **Uterine Artery Embolization and HIFU, Balloon Sinuplasty, Deep Brain Stimulation Oral Chemotherapy, Immunotherapy-Monoclonal Antibody to be given as injection, Intra Vitreal injections, Robot surgeries, Stereotactic radio surgeries , Bronchial Thermoplasty, Vaporization of the prostrate (Green laser treatment or holmium laser treatment), IONM- (Intra Operative Neutro Monitoring), Stem Cell therapy: Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.** **100% of base sum insured for cyberknife treatment, Stem Cell Transplantation, Uterine Artery Embolization and HIFU, Balloon Sinuplasty, Deep Brain stimulation, Immunotherapy- Oral Chemotherapy imonotherapy (Monoclonal Antibody to be given as injection), Robotic surgeries, Stereotactic radio surgeries, Bronchical Thermoplasty, Vaporisation of the prostrate (Green laser treatment or holmium laser treatment), IONM - (Intra Operative Neuro Monitoring).** **Cochlear Implant treatment and Oral chemotherapy shall be restricted to Sum Insured (SI). Intra vitreal injection is covered up to Sum insured per family**
23	Robotic surgery	**1)100% of base Sum Insured admissible claim in respect of any Robotic or Radiosurgery treatments like Cyber knife, Gamma Knife, etc. for diseases, illness, medical condition or injury that is otherwise not excluded under this Policy**
24	Additional services/benefits covered in the quote *	

*Insurance Companies shall mention any additional services/ benefits available in the quote without any additional premium.

General Conditions:

1) It shall be a condition precedent to the Company's liability under this policy that all supporting documents relating to the claim must be submitted to the Insurance Co. within thirty (30) days from the date of discharge from the hospital. In case of post-hospitalization treatment days, all claim documents should be submitted to the Insurance Co. within seven (7) days after completion of such treatment.

2) It is hereby agreed between the Proposer and the Company that any addition / deletion to the list of insured members shall be communicated to the Insurer in writing within a reasonable time but not later than 30 days from the date of the employee joining or being relieved from the organization.

3) Surcharges, service charges, miscellaneous charges and other non treatment related expenses are not payable.

4) Cataract -30% of the Sum Insured subject to maximum of Rs. 30,000/

5) 1)Liability for Nasal Sinus Surgeries upto Rs.35,000; Hospitalisation arising out of Psychiatric ailments upto Rs.30,000
   2)Lasik surgery covered above +/-7.5

6) Terrorism Exclusion Waiver

7) AYUSH -1) It is hereby declared and agreed that otherwise subject to the terms, exclusions and conditions contained in the policy or endorsed Thereon, the policy is extended to cover the AYUSH treatments whereas AYUSH Treatment refers to the medical and / or hospitalization Treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
   2) Each person /Family is covered up to (sublimit equivalent to 100% of the sum insured limit) under this benefit
   3) Family means the member/employee and their Eligible family members covered in this policy.

8) 1)50% of the admissible claim in respect of Cochlear implant
   2)50% of the admissible claim in respect of Genetic Disorders
   This Co-payment, shall be deducted from each and every admissible claim amount

9) Treatment of mental illness, stress or psychological disorders and neurodegenerative disorders --25% of the Sum Insured subject to a maximum of INR.30000/-

10) Ailment/ Conditions not covered: Septoplasty, Cochlear Implant or related aids, RFQMR - Rotational Field Quantum Magnetic Resonance Device - Cytotron, C3R, Bariatric surgery, Ozone Therapy, Enhanced External Counter Pulsation Therapy (EECP), Rejuvenation therapy.

11) Rest all other terms & conditions strictly as per Reliance group mediclaim insurance policy. Warranted that the exclusions mentioned below stand deleted:
   1) 30 day Exclusion 2) First Year exclusion

Sd/

The Central Arecanut And Cocoa Marketing And Processing Cooperative Limited,
HO; Mangalore

MANAGING DIRECTOR