

**SALIENT FEATURES OF THE REVISED MEDICAL ASSISTANCE SCHEME FOR  
RETIREES PRIOR TO 2007**

1. The Family Floater Sum Insured of the retired employee and their spouse shall be covered Rs. 2,00,000/- sum insured per annum.
2. All retired employees those who have retired before 2007 shall be covered under Post Retirement benefit Scheme PRE- 2007 GMC Policy.
3. The names of employees and their spouse along with relevant data viz. date of birth (DOB), Present Address etc., will be given to the Insurance Company along with the premium payment.
4. TPA to be appointed by the Insurance Company will issue Identity Card and Guide Book to the employees and the spouses and ensure cashless hospitalisation to the beneficiaries in the listed hospitals in the cities and towns all over India.
5. There will be no medical check-up for the retired employees and their spouse for their inclusion in the policy.
6. There will be no exclusion for coverage of employees / spouse to be insured under the policy due to pre-existing diseases.
7. The Insurance Policy will be applicable for hospitalisation including Day Care admission any where in India. The Insurance Company will reimburse medical expenses covering a period of 1 (One) month (30 days) prior to hospitalisation and 2 months (60 days) for post hospitalisation period.
8. There will be no limit on the expenses reimbursed / payable per hospitalisation per illness to the ceiling of Sum Insured during the period of coverage of policy as admissible under the policy.
9. Intimation of hospitalisation in non-panel hospitals with full particulars shall be given by the insured to the TPA / Insurance Company with 30 days from the date of discharge. In exceptional circumstances, the Insurance Company shall have to waive the time limit on merit of the case and recommendation of GRSE.
10. The time limit for submission of claims for reimbursement of hospitalisation and Pre/post hospitalisation shall be within 2 months of Date of Discharge. In exceptional circumstances, the Insurance Company shall have to waive the time limit on merit of the case and recommendation of GRSE.
11. Insurance Company will ensure that insured employee's hospitalisation and or insured employee's Pre/post hospitalisation are settled by the TPA within one month of submission of the same along with all required documents by the insured employee to the TPA.

12. There will be no age bar criteria for insured person. The policy is applicable till the amount is exhausted or till the person is alive.
13. Attendant Charges during Post-Hospitalization up to INR 500/- per day for 7 days subject to the condition that physical mobility of the Insured Person outside residence is severely restricted and as advised in the discharge summary & medically necessary.
14. **Ambulance Charges.** Maximum Limit Rs. 2500/- per ambulance call without any condition of number of call and admission and /or discharge and/ or transfer from one hospital/ Nursing Home to another etc.
15. **Domiciliary Hospitalization:** Limited to 10% of Sum insured or FF Sum insured. Claim should be admissible for medical treatment owing to Illness/ disease / Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
- (a) The condition of the patient is such that he/she is not in a condition to be shifted to a Hospital, or
  - (b) The patient takes treatment at home on account of non-availability of room in a Hospital.
  - (c) Treatment has to be undertaken from a registered Medical Practitioner of Medical Council of India or State medical council
16. Reimbursement of any expenses whatsoever incurred by the retired employee in connection with or in respect of following will not be allowed: -
- (a) Venereal Disease, Psychiatric Treatment, Intentional Self Injury, Intemperance or the use of Intoxicating Drugs or Liquor or / any Injury, Disease or Illness directly or indirectly attributable to one or more these causes.
  - (b) Charges incurred for diagnostic or X-ray or laboratory examinations or other diagnostic tests not consistent with or incidental to the diagnosis and treatment of any ailment not consistent with or incidental to the diagnosis and treatment of any ailment, sickness or injury not prescribed by Authority Medical Attendant.
  - (c) Treatment of congenital Defects / Disease, if these are incurable.
  - (d) Expenditure on treatment pertaining to Menopause.
  - (e) Expenditure on special Nursing
  - (f) Expenditure towards Cosmetic Surgery
  - (g) Travelling expenses or allowance for journey undertaken for the purpose of availing such Indoor Treatment