Policy: Medical Policy

PL No - 75

Issued On - 18/10/2022

Applicability - All Employees on Company Roll

Total Number of Pages - 1

From October 2022, Following will be the mandatory practice to give medical benefits to the parents of all staff members, whose parents are not covered by ESI.

This policy is being issued as pilot project for one year and based on the outcome of this pilot, it can be decided to further amend it or cancel it. The cover under this policy starts from 1st Nov 2022 to 31st Oct 2023.

- 1- For every employee whose parents are not covered by ESI will be subjected to a monthly deduction from their CTC of 1.5%.
- 2- The upper limit of this deduction shall be limited 15000 annually or 1.5% of the CTC (Whichever is lower).
- 3- Cases where any staff only had one parent will be subjected to deduction @.75% of their monthly CTC.
- 4- Cases where any staff only had one parent, the upper limit of the annual deduction shall be limited to 8000 or .75 of the annual CTC (Whichever is lower).
- 5- Cases where the age of any one of the two parents is above 80, there will be additional 2000 Rs of deduction on annual basis. For the record of age, ID cards mention in this policy will be the only valid proofs. Every year on 1st of Jan the age will be calculated for this.
- 6- Overall, whatever the amount will be collected, company will contribute the same amount and a pool of funds will be made from the contribution of the employees and the employer.
- 7- Against this pool of funds employees can avail treatment costing up to 200,000 in a year for their parents (Both or one as applicable or needed). The limit will however be subjected to following the proper claim procedure and the sub-limits set in par with the leading insurance companies.
- 8- Parents in law will also be treated as parents, however only total of 2 parents/parent-in-law can be covered under this policy.
- 9- All Employees who will be subjected to this deduction will have to submit the photocopy of the documents of their parents for the record of age and name. Any one of the following document's photocopies can be submitted.
 - A) AADHAAR Card.
 - B) PAN Card.
 - C) Voter ID Card
 - D) Driving License
 - E) Passport

Limitation & Exclusions -



Limitation Under the Policy are as follows -

Room, Boarding Expenses - On Actual but not beyond 3000 Per Day

ICU Room, Boarding Expenses - On Actual but not beyond 5000 Per Day

Cataract - 60000 For both eyes per year for one parent or actual, whichever is lower.

Ambulance Charges – 3000 Or Actual whichever is lower.

Following procedures are not covered under this policy -

Cosmetic Surgery, Abortion, Diagnostics Expenses, Charges incurred to identify the virus or pathological surveillance (blood test, CT scan) of your body performed at a hospital or a nursing home without admission to it.

Miscellaneous Charges such as registration charges, admission fees and service charges are not considered for claim.

Health Supplements, Health tonics and protein shakes or any similar products which are not consumed by an individual to counter disease. However, if these supplements are recommended by a medial practitioner as part of treatment while the individual is hospitalized, only then it rightfully falls under the claim.

Daycare treatment, OPD Consultations, Regular Medical/Health Check-Ups.

Consumable Items such as cost of toiletries, masks, gloves, etc.

Treatment for self-inflicted injuries, addiction to alcohol or drugs, etc.

Claim Procedure -

- 1- Claims will be given on reimbursement basis, which means that the employee will have to get the treatment done from his personal finances and post that, upon submission of proper documents, they can avail the reimbursement.
- 2- In extreme cases employee can apply for advance against the treatment, however it will be subjected to approval by the HR head.
- 3- For the claims, following documents will be required to be submitted to the insurance head -
 - A- OPD Prescription or Prescription slip before the admission.
 - B- Discharge Summary mentioning the brief of treatment and hospital stay duration.
 - C- Bills of Hospital & Pharmacy for the period of stay in the hospital.
 - D- ID Proof of the parent underwent for treatment.
 - E- ID Proof/Marksheet of the staff or spouse of staff having the name of the parent mentioned in it.
- 4- The staff member will submit all these documents in the accounts department to the insurance head.
- 5- Insurance head will check the documents for the dates, amount, names in ID, treatment covered in the policies of leading medical companies or not. Upon being fully satisfied, the insurance head will give his interim remarks as the cover note on the claim documents mentioning that he is satisfied with it and submit to HR-Head for approval and also will mention the recommended approval amount.



- 6- For the verification of the claim documents, Insurance Head may contact the staff or the hospital as well if necessary.
- 7- Once HR-Head receives the claim from the insurance head, he will scrutinize the documents at his level and upon being fully satisfied with it, will do the final approval, and submit to accounts for reimbursement of it.

Management of Pool of Funds -

- 1- This pool of fund will be evaluated at regular intervals for any revisions if needed. In case the funds are exhausted, and the pool needs to be increased, it will be decided by the HR-Head and the contribution will be divided equally between the employee and employer.
- 2- If there is balance left by the end of the year in the Pool of funds, HR department must arrange for camps for the parents of the staff from the pool money. Where they can get health check-ups such as BP, Sugar, Cancer, Eyesight testing, Spectacles, Walking Equipment etc.
- 3- If there is significant amount is left in the Pool, the deduction may be lowered the next year on the basis of amount left.

P.S. – In case of any confusion or questions, please consult to the HR-Head and he/she may opt for revision in the policy.

Or Affraved

Written By Head – HR



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Approved By Management