

LIFE INSURANCE CORPORATION OF INDIA
CENTRAL OFFICE

Dept: Personnel/ER

Cir. No: CO/PER/ER-A/331/2024

ALL OFFICES OF THE CORPORATION

"Yogakshema",
Jeevan Bima Marg,
Mumbai – 400021

8th April, 2024

Re : Renewal of Group Mediclaim Policy for the year 2024-25

Our Group Mediclaim Policy covering in-service employees, retired employees and their eligible family members has been renewed for the year 2024-25 with The New India Assurance Co. Ltd. Cashless facility will be available through hospitals covered under TPAs network. In case where cashless facility is not availed or when there is some balance reimbursable amount to be claimed, claim papers will be submitted to TPAs through our Divisional/Zonal/Central Office.

TPAs appointed by The New India Assurance Co. Ltd. for servicing the above policy are as under:

SR.No.	Office/Zone	Name of TPA	Website address and Toll Free No. (Dedicated for LIC)
1	Western Zone/ Central Office	M/S MD India Healthcare Service (TPA) Pvt. Ltd.	www.mdindiaonline.com 18002097600
2	Northern Zone	Good Health Insurance TPA Ltd.	www.ghpltpa.com 18001028673
3	North Central Zone	M/S Raksha TPA Pvt. Ltd.	www.rakshatpa.com 9029070051(WHATSAPP NUMBER)
4	East Central Zone	M/S Health India Insurance TPA Services Pvt. Ltd.	www.healthindiatpa.com 1800226970
5	Eastern Zone	M/S Heritage Health TPA Pvt. Ltd.	www.heritagehealthservice.com 18001024547
6	Central Zone	M/S Health India Insurance TPA Services Pvt. Ltd.	www.healthindiatpa.com 1800226970
7	South Central Zone	M/S Medi Assist India TPA Pvt. Ltd.	www.mediassistindia.in 18004191154
8	Southern Zone	M/S MD India Healthcare Service (TPA) Pvt. Ltd.	www.mdindiaonline.com 18002097600

List of hospitals covered under network of respective TPAs is available on their website.

1. Procedure for availing Cashless Facility:

a) **Cashless hospitalization** can be availed only at **TPA's network of hospitals** and is subject to pre-admission authorization. The TPA shall, upon getting the related medical information from the insured person/network provider, verify that the person is eligible to claim under the policy and after satisfying itself, will issue a pre-authorization letter/guarantee of payment letter to the Hospital/Nursing Home mentioning the sum guaranteed as payable and also the ailment for which the person is seeking to be admitted as a patient.

b) The employee/retired employee has to submit E-Card of patient issued by TPA and any Photo ID cards such as ID card issued by LIC, PAN, Driving License, Voter ID Card, Passport, Aadhar Card, School/College ID cards or any other photo ID card issued by Central Govt. or State Govt.

c) In case the TPA ID card is not available, cashless request will be processed by TPA on the basis of id card issued by LIC or any other photo ID card issued by Central Govt. or State Govt. as mentioned above in (b) and other information such as name of the employee/retired employee, beneficiary/claimant, SR No. of employee/retired employee.

d) TPA will remain unchanged in case of inter-zonal transfer of employee or change of his/her residence from one place to another place. Original TPA will provide the services based on PAN India's network hospital throughout the policy year.

2. Mediclaim Coverage:

Compulsory Family Floater Sum Insured and corresponding benefit category are as under:

Basic Pay	Category	Compulsory Family Floater Sum Insured
Upto Rs.96,139/-	II	Rs.10,00,000/-
Rs.96,140/- and above	I	Rs.15,00,000/-

Employees/Retired employees/Primary members have also availed benefit of optional total increased Sum Insured (on floater basis) for **12 Lakh, 15 Lakh, 20 Lakh, 25 Lakh, 30 Lakh, 40 Lakh, 50 Lakh and 75 Lakh** (inclusive of the limits set out in Table above).

Sharing of premium between in-service/retired employees and the Corporation shall be only for compulsory family floater mediclaim cover. While in case of in-service employee, sharing of premium will be for the employee, spouse and two dependent children, for retired employee sharing of premium will be for retired employee, spouse and dependent disabled children only. Entire premium for the additional floater cover shall be borne in full by the concerned employee/retired employee/spouse of deceased employee or deceased retired employee.

3. (i) In case of hospitalization, where cashless facility is not availed by the employees/ retired employees/ primary members, it is suggested to intimate the concerned TPA immediately after admission in the hospital for smooth settlement of claim.

(ii) Employees/ Retired employees can also be covered from mediclaim policy/ scheme other than LIC Group mediclaim scheme but the same medical expenses cannot be claimed under more than one policy/scheme.

(iii) Employee / Retired employee/ Primary member have to submit any identity proof issued by government while claiming medical expenses under LIC Group mediclaim policy.

4. Room rent limit:

Maximum allowable Room Rent/Boarding Expenses as provided by the hospital including Nursing charges are 1.5% of Total Sum Insured (Compulsory + Additional) per day subject to maximum amount of Rs. 7500/- (for Class A cities), Rs. 7000/- (for Class B cities) & Rs. 5000/- (for other cities) per day. **However, maximum room rent limit in Major A & Class A cities for members who are covered for floater sum insured Rs.40 Lakh, 50 Lakh and 75 Lakh is Rs.12000/- &**

Rs 10000/- per day respectively. In case of admission to a hospital, room at rates exceeding the aforesaid limits, the amount authorized under cashless/ reimbursement of all other expenses incurred at the Hospital, with the exclusion of cost of medicines, drugs and implants shall be reduced proportionately as per eligible room category in the hospital. These limits of room rent are exclusive of GST.

Classification of Cities for Room Rent Charges

Class of City	Cities	Room Rent Limit per day
Major A	Mumbai (MMR), New Delhi, Faridabad, Ghaziabad, Gurgaon, Chennai, Kolkata,	(i) 1.5% of Total Floater Sum Insured subject to maximum Rs.7,500/- for members covered for total sum insured up to Rs.30 Lakh/- (ii) 1.5% of Total Floater Sum Insured subject to maximum Rs.12,000/- for members covered for total sum insured Rs.40 Lakh/-, Rs.50 Lakh and Rs.75 Lakh
A	Ahmedabad, Gandhinagar, Chandigarh TriCity (Chandigarh, Mohali, Panchkula), Hyderabad, Secundarabad, Bengaluru, Jaipur, Howrah, Lucknow, Kanpur, Patna, Noida, Pune - PCMC and Surat	(i) 1.5% of Total Floater Sum Insured subject to maximum Rs.7,500/- for members covered for total sum insured upto Rs.30 Lakh/- (ii) 1.5% of Total Floater Sum Insured subject to maximum Rs.10,000/- for members covered for total sum insured Rs.40 Lakh/-, Rs.50 Lakh and Rs.75 Lakh
B	Agra, Allahabad, Asansol, Bhopal, Bhuvaneshwar, Coimbatore, Dehradun, Goa (Entire State), Guwahati, Indore, Jabalpur, Jamshedpur, Kannur, Kochi, Kozhikode, Ludhiana, Gorakhpur, Madurai, Mallapuram, Meerut, Nagpur, Nasik, Ranchi, Rajkot, Srinagar, Thrissur, Thiruvanthapuram, Vadodra, Varanasi, Visakhapatnam, Guntur and Vijaywada	1.5% of Total Floater Sum Insured subject to maximum Rs.7000/- for all members.
C	Others	1.5% of Total Floater Sum Insured subject to maximum Rs.5000/- for all members.

In case of Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses, there is **No Capping/Ceiling** on ICU/ICCU expenses.

5. Premium- Family Floater Mediclaim Cover

The annual premium chargeable per person for various age bands (based on age at last birthday) and total Family Floater Sum Insured for the policy year 2024-25 in Table A & B are as follows:

Table A

Premium applicable for Employee or Retired Employee or Spouse of deceased employee/ deceased retired employee as Primary member							
Floater Sum Insured	0-35	36-45	46-55	56-65	66-70	71-75	76+
1000000	12580	14277	21565	25352	33312	35858	46513
1200000	13508	15333	23157	27225	35770	38506	49945
1500000	14586	16558	25010	29403	38629	41587	53940
2000000	15446	17535	26482	31135	40910	44034	57117
2500000	16188	18377	27751	32628	42873	46150	59861
3000000	16673	18927	28586	33609	44162	47553	61656
4000000	17591	19968	30158	35442	46590	50151	65046
5000000	18241	20708	31280	36773	48316	52011	67462
7500000	19549	22196	33526	39450	51781	55742	69957

Table B

Premium applicable for Spouse/Dependent, Additional Dependent and Independent Children of Employees/Retired Employees as Secondary member							
Floater Sum Insured	0-35	36-45	46-55	56-65	66-70	71-75	76+
1000000	2520	3523	5846	8317	10930	11766	16217
1200000	2674	3785	6272	8931	11739	12637	17412
1500000	2901	4086	6780	9646	12677	13646	18807
2000000	3064	4323	7177	10216	13426	14452	19915
2500000	3209	4537	7524	10706	14074	15148	21114
3000000	3305	4672	7749	11027	14496	15603	21506
4000000	3492	4931	8175	11632	15292	16458	22679
5000000	3620	5106	8476	12065	15862	17073	23526
7500000	3875	5458	9079	12928	17004	18304	25223

Premium rates for regular part time (RPT) employees having family floater cover of Rs.1, 00,000/- are given in **Annexure B**.

GST @18% on premium payable by employees/retired employee/spouse of deceased employee or spouse of deceased retired employee shall be deducted from salary/pension/family pension. Retired employee who has opted for PF has to deposit annual premium along with applicable GST. Needless to add that GST on subsidy in premium shall be borne by the Corporation. Separate account code for the collection of GST shall be used for this purpose.

Illustrations for premium calculation:

1. Total premium of a family which is covered for compulsory Family Floater sum insured of Rs.10 Lakh and subsidy in premium of each member are given below in Table:

COMPULSORY FAMILY FLOATER COVER FOR Rs.10 LAKH				
Family Members	Age	Premium as per Table A & B	Subsidy in premium @75% (Col. 3 X 75%)	Net Premium payable by employee (Col. 3-Col. 4)
1	2	3	4	5
Employee	48	21565	16173.75	5391.25
Spouse	44	3523	2642.25	880.75
Child 1	20	2520	1890	630.00
Child 2	17	2520	1890	630.00
Father	74	11766	0.00	11766
Mother	70	10930	0.00	10930
TOTAL		52824	22596	30228

2. A family is covered for compulsory/basic Family Floater sum insured of Rs.15 Lakh and opted for Total increased Family Floater sum insured of Rs.75 Lakh. Calculation of total premium and subsidy in premium are given below:

TOTAL FAMILY FLOATER COVER FOR Rs.75 LAKH							
Family Members	Age	Premium of total Floater cover as per Table A & B	Premium of compulsory Floater cover as per Table A & B	Subsidy in premium @75% (75%XCol.4)	Premium of compulsory Floater cover payable by Employee (Col.4-Col.5)	Premium of additional Floater cover (Col.3-Col.4)	Total premium payable by employee (Col.6+Col. 7)
1	2	3	4	5	6	7	9
Employee	52	33526	25010	18757.5	6252.50	8516	14768.50
Spouse	49	9079	6780	5085	1695	2299	3994
Child	24	3875	2901	2175.75	725.25	974	1699.25
Father	78	25223	18807	0	18807	6416	25223
TOTAL		71703	53498	26018.25	27479.75	18205	45684.75

5. Maximum limit for cataract surgery is increased to Rs 70,000 for each eye.

6. Insured under Group Mediciclaim Policy for the year 2024-25 can avail the facility International Medical Second Opinion on treatment for critical conditions/diseases.

7. Facility of Tele-Consultation:

Existing facility of Tele-Consultation for covered members under Group Mediciclaim Scheme shall be continued. This facility of 24x7 online consultation from anywhere from India shall be provided through MediBuddy Application.

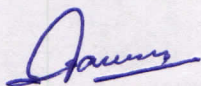
8. One medical examiner for emergency purpose at premises of Central Office and each Zonal Office shall be made available by The New India Assurance Co. Ltd. through respective TPAs from 11:00 am to 04:00 pm on working days.

9. Mediciclaim Data and statements

All Zonal Offices are required to consolidate members' data as on 01.04.2023 of the offices in the format of enclosed Annexure I under their jurisdiction and to submit it to the insurer by 20th April, 2024. The data of all beneficiaries as on 01/04/2024 is also essential for finalization of the premium. All the Zonal Offices are required to provide the age band wise and sum insured wise number of members/beneficiaries in enclosed Excel format (Annexure -A) by 01/07/2024. Member's data in any other format shall not be acceptable. Certified copies of Annexure A is also required to be submitted by Zones.

10. Claims Data

In addition to this, all Divisional offices are required to maintain records for claim payments in enclosed Excel format (Annexure -II)



Executive Director (Personnel)

Encl: 1. Annexure - A & B
2. Annexure - I & II

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