



*Har Pal Aapke Saath*

# डिजिटल इनोवेशन

स्वीकार्यता ▶ प्रतिबद्धता ▶ कुशलता

## DIGITAL INNOVATION

Engage ▶ Embrace ▶ Excel



# LIC GROUP MEDICLAIM POLICY 2024-25



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**INSURER – NEW INDIA ASSURANCE COMPANY LTD**

**TPA – M/S. HERITAGE HEALTH TPA PVT**

**GROUP POLICY NO. 12070034240400000006**

**COMPULSORY FAMILY FLOATER SUM INSURED**

**Rs. 15,00,000/- FOR CATEGORY I (BASIC PAY ABOVE Rs.96,139/-,REVISED Rs.1,59,159/-)**

**Rs. 10,00,000/- FOR CATEGORY II (BASIC PAY UPTO Rs.96,139/-, REVISED Rs.1,59,159/-)**

**OPTIONAL TOTAL FAMILY FLOATER : 12 LAC, 15 LAC, 20 LAC, 25 LAC,  
30 LAC, 40 LAC, 50 LAC & 75 LAC**

**MRINMAY DE SARKAR, HGA (OS), JALPAIGURI DIVISION (EZ)**

## LIMIT OF DAILY ROOM RENT



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- ☐ Daily Room Rent charged by the Hospitals including Nursing charges, RMO charges, Service charges etc should not exceeding 1.5% of the total Sum Insured (Basic + Additional) **PER DAY** subject to following maximum limit:
  - ☐ Major A cities- Rs.7500/- or [Rs.12,000/- if total floater SI is 40 Lacs and above].
  - ☐ A class cities - Rs.7500/- or [Rs.10,000/- if total floater SI is 40 Lacs and above].
  - ☐ B class cities – Rs.7000/-    Other cities – Rs.5000/-
- ☐ **ROOM RENT LIMIT IS EXCLUSIVE OF GST.**
- ☐ **THERE IS NO DAILY CELEING ON ICU/ICCU EXPENSES**
- ☐ **WARNING ::** If room rent rate exceeds the aforesaid limit, then reimbursement/ payments of all associated medical expenses incurred in hospital (excluding cost of pharmacy and consumables, implants and medical devices, diagnostics) shall be reduced proportionately.

# CLASSIFICATION OF CITIES



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- ❑ **MAJOR A CLASS** – MUMBAI (MMR), NEW DELHI, FARIDABAD, GHAZIABAD, GURGAON, CHENNAI, **KOLKATA**.
- ❑ **A CLASS** – AHMEDABAD, GANDHINAGAR, CHANDIGARH TRICITY (CHANDIGARH, MOHALI, PANCHKULA), HYDERABAD, SECUNDERABAD, BENGALURU, JAIPUR, **HOWRAH**, LUCKNOW, KANPUR, PATNA, NOIDA, PUNE-PCMC AND SURAT.
- ❑ **B CLASS** – 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, THIRUVANANTHAPURAM, VADODRA, VARANASI, VISAKHAPATNAM, GUNTUR & VIJAYWADA.
- ❑ **C CLASS** – ALL OTHER CITIES.

# HOSPITALISATION AND DAY CARE TREATMENT



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- ☐ **Hospitalisation** means admission in a hospital for a minimum of 24 consecutive hours. The hospital should be established for Inpatient Care and Day Care treatment of illness and/or injuries and it should be registered as a Hospital with the competent authorities anywhere in India.
- ☐ **Day Care Treatment** – In case of 189 specified diseases, such as angioplasty, cataract, dialysis etc., limitation of 24 hours hospitalisation is not applicable.
- ☐ Day Care Treatment should be undertaken under General or Local Anesthesia in a Hospital/Day Care Centre in less than 24 hours because of technological advancement and which would have otherwise required a hospitalization of more than 24 hours.
- ☐ The Hospital must issue a **Discharge Certificate** with date and time of admission and discharge to the Day Care Patient.

## SOME IMPORTANT CONDITIONS OF MEDICLAIM POLICY



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- ☐ **Pre-hospitalization period of 30 days & post-hospitalization period of 60 days** - medical expenses can be reimbursed for the same condition for which the insured person's hospitalization was required.
- ☐ The condition of post-hospitalization period of 60 days is waived in case of renal failure, organ transplantation & cancer related treatment. For this, minimum claim amount for submission during any policy year on each occasion **should not be less than Rs. 5,000/-**.
- ☐ Doctors fees can be reimbursed if they provide numbered bills.
- ☐ **Physiotherapy** treatment at Clinic or specialized physiotherapy treatment centre is payable. Physiotherapy at home is payable only if consulting doctor certifies Temporary Disability for Physiotherapy to be availed at home for at least 15 days.
- ☐ **Dependent** means financially dependent on the emp / retired emp and their income is not more than **Rs.13,500/- per month**.

## EXPENSES NOT PAYABLE



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- ☐ Hire charges, luxury tax, escalation charges, miscellaneous charges, file charges, departmental charges, ward boy/ayah charges etc. **Only Registration/Admission charges and GST/Surcharges are payable.** Service Charges where nursing charges is also charged in hospital bill is payable if within room rent eligibility limit.
- ☐ Telephone charges, television, private nursing, other than patient diet, baby food, tissue papers, diapers, toiletry item, napkins, sanitary pad, baby oil, health/energy drinks etc.
- ☐ Dettol, savlon, spirit, razor, blade, towel, bedsheet, plain sheet, cloth, Guest Service, steam, electricity water charges etc similar non medical items.
- ☐ Non medical expenses including convenience items for personal comfort. External durable material/non medical equipments of any kind used for diagnosis /treatment.
- ☐ Ambulatory devices like walker, crutches, belts, collars, caps, slings, braces, stockings, external orthopedic pads, thermometer, diabetic footwear, glucometer etc.

## LIMIT ON REIMBURSEMENT FOR DIAGNOSTIC TESTS WITHOUT HOSPITALISATION



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- ❑ MRI → 8500/-
- ❑ CONTRAST MRI → 12000/-
- ❑ Angio CT/CT Scan → 6500/-
- ❑ Contrast CT/  
CT Angiography → 9000/-
- ❑ Sonography → 2500/-
- ❑ Biopsy → 4500/-
- ❑ Tread Mill Test → 2000/-
- ❑ Echo Test → 2000/-
- ❑ Gastroscopy → 5500/-
- ❑ Colonoscopy → 7500/-

- ❑ EEG → 1000/-
- ❑ EMG → 2000/-
- ❑ Holter Monitor Test → 5000/-
- ❑ PAP SMEAR → 1500/-
- ❑ PSA → 750/-
- ❑ Mammography → 5500/-
- ❑ PET Scan → 20000/-

Maximum Reimbursable amount  
under this benefit shall be Rs. 85,000  
for the family during the policy year.

**MATERNITY RELATED SONOGRAPHY  
NOT PAYABLE**



## SUB-LIMIT ON VARIOUS EXPENSES - 1



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- ☐ **Ambulance Charges Rs.5000/- per trip per Hospitalization.** For Cardiac equipped ambulance, the limit is extended up to 10000/- per Hospitalization. In case of death, Rs.5000 is payable for shifting deadbody from hospital to home.
- ☐ **Cataract** operations is limited to maximum Rs.70,000/- (including all charges, excluding service tax) for each eye per year.
- ☐ **Lasik laser treatment** – Rs.35,000/- per eye for Keratotomy of insured having more than (-4) refractive error for therapeutic reasons
- ☐ **Robotic Surgery** for malignant cancer/cancer, brain, heart and spine only are payable. In case of other ailments, applicable conventional charges is payable.
- ☐ **Age Related Macular Degeneration (ARMD)** is admissible up to Rs.1,00,000/- per member per eye per year.
- ☐ In case of **Psychiatric & Psychosomatic diseases** only hospitalization expense reimbursable upto Rs.50000/- per member per year. Pre and Post not allowed.

## SUB-LIMIT ON VARIOUS EXPENSES - 2



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- ☐ **Physiotherapy** as a part of pre & Post hospitalization period upto 40,000/- per person per year.
- ☐ Expenses incurred in **Ayurvedic / homeopathic / unani treatment** are payable upto 25% of sum insured during the policy year. The illness/disease and/or accidental injuries shall be **duly evidenced by a diagnostic report**.
- ☐ In case of **Genetic disorder** like Thalassemia, Haemophilia, Sickle Cell Anaemia, Hemolytic Anaemia, myeloma etc requiring hospitalization, maximum 75% of floater SA of the family is payable.
- ☐ In case of **stem cell implantation/surgery** such as multiple myeloma, leukemia, lymphoma etc., 75% of floater SA is payable.
- ☐ In case of stem cell transplantation such as **cerebral palsy and Multiple Sclerosis** maximum limit is 50% of floater SA.

## SUB-LIMIT ON VARIOUS EXPENSES -3



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- ❑ Expenses for diagnostics tests without hospitalization is allowed upto a maximum of **Rs.85,000/- for the family** during any policy year.
- ❑ Any one diagnostic test is **payable only once per insured** in any policy year. For MRI/Contrast MRI, CT Scan/Contrast CT/CT Angiography, Sonography & Biopsy Tests – **payable twice** during policy year per insured, if done for a different organ / body part.
- ❑ If doctor's payment made through cash, then limits are Surgeon-30000/-, Assistant Surgeon-12000/-, Anesthetist – 20000/- (only with numbered bill)
- ❑ If doctors payment is made through cheque/UPI/Net-banking/Debit-Credit Card, then reimbursement limit will be **25% of SA or 10 lacs** in one policy period.
- ❑ For Diagnostic test reimbursement without hospitalization, test should be recommended by an **MD Doctor or Doctor with equivalent qualification or by prescription of a Govt Hospital.**

# MATERNITY EXPENSES & BABY COVERAGE



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- ☐ Medical treatment expenses in a hospital for child birth is payable. Expenses for lawful medical termination of pregnancy is payable, but voluntary medical termination of pregnancy is not covered.
- ☐ Expenses for new-born child during the delivery confinement period in hospital is payable until the mother is discharged from hospital.
- ☐ New born baby is covered within the Family Floater SI from Day One, once the child is declared for the insurance by the employee and the premium for child is received by LIC.
- ☐ Normal delivery limit is up to Rs.65000/- & Caesarian section delivery limit is up to Rs.125000/-
- ☐ Claim in respect of only first two living children is payable. Delivery of twins shall be treated as maternity claim for single child.

# FACILITY OF FREE TELE-CONSULTATION



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- ❑ **24 X 7 Free Online Tele-Consultation** facility with Doctors for all insured members from anywhere in India through **MediBuddy** (MB) Application.
- ❑ Install MediBuddy App from Playstore/Appstore and choose 'I have a Corporate account'.
- ❑ Login is your SRnumber@LIC and password is your DOB (DDMMYYYY).
- ❑ Key in mobile number and register through OTP verification.
- ❑ Click on MB Gold Banner and activate sponsored annual subscription.
- ❑ Activate for free & enjoy unlimited online **Consultation** for you and your family.
- ❑ Click on '**Talk to Doctor**' and choose your Doctor's speciality & your health symptoms.
- ❑ Click on "**Start Your Consultation**" & the assigned Doctor will call you shortly.

## INTERNATIONAL SECOND MEDICAL OPINION SERVICE -1



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- ❑ In case of 17 specified diseases, the insured member may seek International Second Medical Opinion through **MDIndia Healthcare Networx Pvt Ltd.**
- ❑ On receipt of the request from the insured member, the MDIndia will directly work with the insured member's Attending Physician to collect all relevant medical records.
- ❑ MDIndia will indentify **three World Leading Medical Centres that are ranked best in the world** in treating that particular illness and arrange to transmit all records to those centres.
- ❑ MDIndia will inform the insured member about all analysis and recommendations received from the World Leading Medical Centres including treatment options, international standard of care or newly available and proven treatment approaches that are worthy of consideration.

## INTERNATIONAL SECOND MEDICAL OPINION SERVICE - 2



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- ❑ International Opinion will be conveyed by MDIndia to insured member in writing **within 10 business days** of receipt of documents by World Leading Medical Centres.
- ❑ **All the expenses related to this procedure will be borne by MDIndia.**  
This facility is entirely free of cost for all the insured members.



Contact details of MDIndia -

- Email Id - [2ndmedicalopinion@mdindianetwork.com](mailto:2ndmedicalopinion@mdindianetwork.com)
- Mobile / Whatsapp No. 9607017817

## CLAIM SUBMISSION & SETTLEMENT – MANDATORY TIMELINES



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- In case of non-cashless claim, **intimation of hospitalisation with patient name, nature of illness, name & address of the hospital must be received by LIC Office / TPA within 7 days** of admission in hospital
- Insured must **submit the claim within 20 days** from the date of discharge from the hospital. Waiver of this period may be considered only in extreme hardship cases. The waiver cannot be claimed as a matter of right.
- TPA shall settle the claim, including rejection, **within 30 days of the receipt of the last necessary document**. After settlement of claim, the payment / fund will be transferred by **Insurer to LIC DO A/c within 7 business days**.
- DO will make payment to insured after receipt of claim settlement advice with detailed deduction list from TPA & verification of the payment received from the insurer.
- These timelines should be kept in mind while making claim related queries with Divisional Office or TPA.



## KNOW YOUR TPA (EASTERN ZONE)



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NAME & ADDRESS	HERITAGE HEALTH TPA PVT LTD, NICCO HOUSE, 5 <sup>TH</sup> FLOOR, 2, HARE STREET, KOLKATA – 700 001.
TOLL FREE NO.	1800 102 4547 (DEDICATED FOR LIC)
SINGLE POINT CONTACT	SRI DEB KUMAR HALDER, 89106-29713
TELEPHONE NO.	033-40334141 / 1800 345 3477
EMAIL ID	lic.heritagehealth@bajoria.in
CASHLESS APPROVAL	033-40557659
CASHLESS HOSPITAL QUERY	“Empanelled Hospital List” at <a href="http://www.heritagehealthtpa.com">www.heritagehealthtpa.com</a>
MEDICLAIM ID CARD	“E-card Download” at <a href="http://www.heritagehealthtpa.com">www.heritagehealthtpa.com</a>

## DOWNLOADING MEDICLAIM ID CARD & CLAIM DETAILS FROM TPA WEBSITE



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- GO TO INTERNET & SEARCH [www.heritagehealthtpa.com](http://www.heritagehealthtpa.com)
- GO TO “**ECARD DOWNLOAD**” OPTION. ENTER THE FOLLOWING DATA – **NEW INDIA ASSURANCE** (INSURANCE CO), **LIFE INSURANCE CORPORATION OF INDIA** (CORPORATE NAME), **2024-25** (POLICY YEAR), **SR No.** (EMP ID) & CLICK ON **SUBMIT**
- GO TO “**SEARCH BY CCN NO.**”, PUT YOUR **CLAIM NUMBER** (RECEIVED THROUGH SMS FROM TPA) AND CLICK ON **SUBMIT** TO VIEW DETAILS OF YOUR CLAIM
- MOBILE APP “**HERITAGE HEALTH INSURANCE TPA**” CAN BE DOWNLOADED FROM GOOGLE PLAYSTORE

# DOCUMENTS REQUIRED FOR DIAGNOSTIC CLAIMS



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1. **Claim Form** duly filled in and signed by the insured and certified by the BO/DO Official (The Reimbursement Claim Form available under Mediclaim Section of OS Dept of Jalpaiguri Division Intranet Site in Jeevan Sanchar should only be used)
2. **MD or equivalent Doctor or Govt hospital prescription** showing advice for the Investigations – Original or a copy attested by a Cl I Officer of LIC
3. **Report/s** of the Investigations (no plates/slides/CD) – original or copy attested by any Class I Officer of LIC
4. **Money Receipt** duly signed and stamped – **only original**

## DOCUMENTS REQUIRED FOR NON-CASHLESS HOSPITALISATION CLAIMS - 1



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1. Claim Form duly filled, signed and certified as mentioned earlier
2. Claim Intimation Letter duly received by LIC Office OR copy of the intimation mail sent to [lic.heritagehealth@bajoria.in](mailto:lic.heritagehealth@bajoria.in) or [jalpaiguri\\_medicclaim@licindia.com](mailto:jalpaiguri_medicclaim@licindia.com) within 7 days of the date admission in hospital
3. Admission advice by attending doctor & and all other prescriptions – original or attested copy
4. Discharge Certificate with date and time – only original
5. Final Bill of the Hospital with detail item-wise breakup – only original
6. All Money Receipts duly signed and stamped– only original
7. Pre & Post-hospitalisation prescriptions and reports – original or attested copy

## DOCUMENTS REQUIRED FOR NON-CASHLESS HOSPITALISATION CLAIMS - 2



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- 8) **Pharmacy Bill** duly signed and sealed with patient name – **only original**
- 9) **All investigation reports** with doctor's advice – original or attested copy
- 10) Attending doctor/ anesthesist's numbered money receipt, if not included in the hospital bill – **only original**
- 11) In case of any implant like stent, lens, pacemaker etc, **original sticker** along with **original tax invoice** should be collected from nursing home for submission
- 12) In case of accidental injury, a medico-legal report or FIR received by the Police Station should be submitted. If FIR is not lodged, a **self-declaration** about date, time, cause and details of the injury is to be submitted. **Original X-ray plates with reports** before and after the procedure should be preserved for submission, if required.

## DOCUMENTS REQUIRED FOR CASHLESS HOSPITALISATION CLAIMS



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1. Claim Form duly filled, signed and certified as mentioned earlier. Mention the Cashless Claim Number (CCN) in the upper front page of Claim Form
2. Discharge Certificate – original or copy
3. All Money Receipts including Pharmacy Bill duly signed and sealed – only original
4. Pre & Post-hospitalisation prescriptions and reports – original or attested copy

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**If a claim is not submitted within 20 days from the date of discharge from hospital, a letter addressed to “The Manager, Heritage Health Insurance TPA Pvt Ltd, Kolkata” explaining the reasons for such delay should be submitted along with claim documents for consideration of the claim by Insurer/TPA.**

**\*For speedy settlement of claims, Branches should ensure that all the required documents are enclosed properly before forwarding the claim documents to Divisional Office\*.**

## WE SHOULD NOT FORGET



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Any change in the status of any insured member such as death, marriage, new-born baby, new employment, change in income limit affecting the dependency criteria, resignation/ termination of employee etc should immediately be communicated to the OS Dept of the concerned BO/DO for further necessary action.



# THANK YOU