LIFE INSURANCE CORPORATION OF INDIA CENTRAL OFFICE

Dept: Personnel/ER

Cir. No: CO/PER/ER-A/355/2025

"Yogakshema", Jeevan Bima Marg, Mumbai – 400021

03rd April, 2025

ALL OFFICES OF THE CORPORATION

Re: Renewal of Group Mediclaim Policy for the year 2025-26

Our Group Mediclaim Policy covering in-service employees, retired employees and their eligible family members has been renewed for the year 2025-26 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) www.mdindiaonline.com 18002097600		
1	Western Zone/ Central Office	M/S MD India Healthcare Service (TPA) Pvt. Ltd.			
2	Northern Zone	Good Health Insurance TPA Ltd.	www.ghpltpa.com 18001028673		
3	North Central Zone	M/S Medi Assist India TPA Pvt. Ltd.	https://mediassisttpa.in 18001801555		
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.mediassist.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
Up to Rs.1,59,159/-	II	Rs.10,00,000/-
Rs.1,59,160/- and above	1	Rs.15,00,000/-

Employees/Retired employees and their eligible family members are also covered for optional total increased family floater Sum Insured up to Rs.75 Lakh (inclusive of the limits set out in Table above) as per option exercised by them.

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.

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

5. Premium- Family Floater Mediciaim 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 2025-26 in Table A & B are as follows:

Table A

riemium	applicable i	deceased re	etired employ	ee as Prima	Spouse of de ry member	ceased emp	ioyee/
Floater Sum Insured	0-35	36-45	46-55	56-65	66-70	71-75	76+
1000000	13624	15462	23355	27457	36078	38835	50375
1200000	14630	16605	25080	29485	38740	41703	54092
1500000	15797	17933	27087	31844	41836	45040	58419
2000000	16728	18991	28681	33720	44307	47690	61859
2500000	17532	19903	30055	35337	46433	49982	64831
3000000	18057	20498	30959	36399	47829	51501	66775
4000000	19052	21626	32662	38385	50458	54315	70447
5000000	19756	22427	33877	39826	52328	56329	73063
7500000	21172	24039	36310	42725	56080	60370	75765

Table B

Floater Sum Insured	0-35	36-45	46-55	56-65	66-70	71-75	76+
1000000	2729	3816	6331	9008	11837	12743	17563
1200000	2896	4099	6793	9673	12714	13687	18858
1500000	3142	4426	7343	10447	13730	14779	20368
2000000	3318	4682	7773	11064	14511	15652	21508
2500000	3475	4914	8149	11595	15243	16406	22867
3000000	3579	5060	8392	11943	15700	16898	23292
4000000	3782	5340	8854	12598	16562	17824	24562
5000000	3921	5530	9180	13067	17179	18492	25479
7500000	4197	5911	9834	14001	18416	19825	27317

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:

 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:

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	23355	17516.25	5838.75	
Spouse	44	3816	2862	954	
Child 1	20	2729	2046.75	682.25	
Child 2	17	2729	2046.75	682.25	
Father	74	12743	0	12743	
Mother	70	11837	0	11837	
TOTAL		57209	24471.75	32737.25	

 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:

Family Members	Age	Premium of total Floater cover as per Table A & B for 75 lakh	Premium of compulsory Floater cover as per Table A & B for 15 lakh	Subsidy in premium @75% (75%XCol.4)	Total premium payable by employee (Col.3-Col.5)
1	2	3	4	5	6
Employee	52	36310	27087	20315.25	15994.80
Spouse	49	9834	7343	5507.25	4326.75
Child	24	4197	3142	2356.50	1840.50
Father	78	27317	20368	0	27317
TOTAL		77658	57940	28179	49479

- Normal Delivery: The maximum benefit allowable is increased to Rs.1,00,000/Caesarian Section Delivery: The maximum benefit allowable is increased to Rs.1, 50,000/-
- 7. Pre and Post Physiotherapy limit has been increased to Rs 50,000/- per person per year.
- Diagnostic test "Color Doppler" with limit of Rs 3,500/- for reimbursement without hospitalization has been included.
- Insured under Group Mediclaim Policy for the year 2025-26 can avail the facility International Medical Second Opinion on treatment for critical conditions/diseases.

10. Facility of Tele-Consultation:

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

11. 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.

12. Mediclaim Data and statements

All Zonal Offices are required to consolidate members' data as on 01.04.2025 of the offices in the format of enclosed Annexure I under their jurisdiction and to submit it to the insurer by 20th April, 2025. The data of all beneficiaries as on 01/04/2025— 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 01/07/2025. Member's data in any other format shall not be acceptable. Certified copies of Annexure A is also required to be submitted by Zones.

13. 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)

End: 1. Annexure - A & B

2. Annexure - I & II

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