

GROUP MEDICLAIM POLICY QUOTESLIP

Particulars	Details		
Insured	All India Graduate Engineers & Telecom Officers Association (AIGETOA)".		
Cover	Group Mediclaim Policy for AIGETOA and BSNL Employees		
Proposed Policy			
Policy Period	1 Year	self	4000
Per Family Sum Insured	Rs. 500000	spouse	3600
Type of proposal	Fresh	childrens	6150
		Parents	3700
No. of Employees	4000 Employees family (+15%)		17450
Addition of Existing Employee	Addition allowed within 1 month from the start date of the policy		
Addition of New Employee	Addition allowed within policy period on charge of pro rata premium		
Addition of New Born baby and Newly married spouse	Addition allowed within policy period		
Family Floater	Yes		
Family Description	As per below details		
Benefits Covered			
	Option 1	Option 2	Option 3
	without Parents	With one Parents	With two Parents
Family Description	Self+ Spouse + 3 childrens upto age of 25 Years	Self+ Spouse + 3 childrens upto age of 25 Years + one parents upto age of 85 Years	Self+ Spouse + 3 childrens upto age of 25 Years + any set of parents upto age of 85 Years
Standard Hospitalisation - Minimum 24 Hours	Yes	Yes	Yes
TPA services	Yes	Yes	Yes
Pre-existing Disease Covered from day one	Yes	Yes	Yes
Waiver on 1st ,2nd & 4th year exclusion	Waived for All	Waived for All	Waived for All
Waiver on 1st 90 days exclusion	Waived for All	Waived for All	Waived for All
Waiver on 1st 30 days exclusion	Waived for All	Waived for All	Waived for All
No Waiting Period	Applicable	Applicable	Applicable
Pre Hospitalisation Cover	30 days	30 days	30 days

Post hospitalisation Cover	60 days	60 days	60 days
9 Months waiting period waived	Not applicable	Not applicable	Not applicable
New Born Baby Cover (Day 1) with in family SI	Covered from Day one	Covered from Day one	Covered from Day one
Maternity benefits - for first two children	Not Covered	Not Covered	Not Covered
Room Rent Capping - proportionate capping applicable	Room Rent (Normal) -2% of SI	Room Rent (Normal) -2% of SI	Room Rent (Normal) -2% of SI
ICU	At Actual	At Actual	At Actual
Disease wise Capping	Not applicable	Not applicable	Not applicable
Internal congenital Disease	Covered	Covered	Covered
Cataract Limit	Rs. 30000/eye	Rs. 30000/eye	Rs. 30000/eye
AYUSH - Expenses incurred for Ayurvedic / Homeopathic / Unani Treatment	Max Rs. 60000	Max Rs. 60000	Max Rs. 60000
Advance medical treatment covered along with their sub limits.	As per list attached	As per list attached	As per list attached
Domiciliary Treatment	Applicable only if either hospital doesn't have beds or patient is not in conditon to be moved to hospital.	Applicable only if either hospital doesn't have beds or patient is not in conditon to be moved to hospital.	Applicable only if either hospital doesn't have beds or patient is not in conditon to be moved to hospital.
Dental treatment	Covered In case of injury due to Accident	Covered In case of injury due to Accident	Covered In case of injury due to Accident
Covid-19 Hospitalization Treatment	Covered if minimum 24 hours Hospitalisation	Covered if minimum 24 hours Hospitalisation	Covered if minimum 24 hours Hospitalisation
Shifting of hospital during treatment for better medical on the request of patient	Admissible.	Admissible	Admissible
Top UP of Rs 5 Lacs/10 Lacs	Available subject to Minimum Participation of 20% of Optees	Available subject to Minimum Participation of 20% of Optees	Available subject to Minimum Participation of 20% of Optees

Mental Illness	Max Rs. 50000 on IPD basis	Max Rs. 50000 on IPD basis	Max Rs. 50000 on IPD basis
Reimbursement in case of Treatment in Non-Network Hospitals	Reimbursement Allowed as per applicable rates only if Treatment is taken in minimum 15 bedded hospital	Reimbursement Allowed as per applicable rates only if Treatment is taken in minimum 15 bedded hospital	Reimbursement Allowed as per applicable rates only if Treatment is taken in minimum 15 bedded hospital
Ambulance Services	Rs. 2000 /- per incident	Rs. 2000 /- per incident	Rs. 2000 /- per incident
Premium Summary			
	without Parents	With one Parents	With two Parents
Premium excluding tax per family	6100	9000	9600
GST @ 18%	1098	1620	1728
Total Premium including tax per family	7198	10620	11328