

EKLAVYA STAFF HOSPITALISATION ASSISTANCE SCHEME

RULES & GUIDELINES

(April 2018 to March 2019)

A) Rules and Regulations

1. The scheme will be effective from 1st April 2018 and will be applicable up to 31st March 2019 ie it will be valid for a period of 12 months.
2. Under this scheme, medical expenses will be reimbursed only if there is hospitalization, except for procedures covered in the list below in Section-C. Duration of Hospitalisation is immaterial.
3. Floater cover of Rs 2,00,000/- (rupees two lakh) will be provided under this scheme (for a period of 12 months) for all those on full time in grade in Eklavya. Floater cover for family as outlined below in point 11 in this section.
4. Floater cover of Rs 1,00,000/- (rupees one lakh) will be provided to all those full time fixed salary. Floater cover of Rs 50,000/- (rupees fifty thousand) will be provided to all those on part time fixed salary. Floater cover for self plus one.
5. Insurance cover of Rs 50,000/- (rupees fifty thousand) will be provided to all those on contract. Only for self. Those individuals wherein the contract specifically mentions that medical coverage is not provided will not be covered under this scheme. (This is only done for individuals on contract who insist opting out of this assistance scheme).
6. Insurance cover of Rs 40,000/- (rupees forty thousand) will be provided to all Anuvartankarta/Prerak. Only for self.
7. Insurance cover of Rs 40,000/- (rupees forty thousand) will be provided to those working regularly on per diem basis with Eklavya and who have worked for at least 100 days during one year just before any hospitalization incidence occurs. Only for self.
8. Pre and post hospitalization expenses will also be covered as per limits indicated in the table below in Section-C. For long term treatments (like chemotherapy), the limit for the entire procedure will be followed.
9. Under this scheme, service charge will also be reimbursed.
10. There will be a 5 % co-payment on every insurance claim ie 5 % of the amount approved will be deducted from the reimbursement claim.
11. A staff member on grade shall be eligible for hospitalization assistance along with all her/his dependents i.e. spouse/live-in partner, parents (or in-laws), and dependent

children, as declared in the self-attested form, duly signed by the staff member and counter-signed by the Centre in Charge.

12. Persons engaged on fixed salary shall be eligible for self and one dependent. Dependent will need to be declared in the self-attested form. Coverage will start from day-one.
13. Policy will not be applicable to fixed salary contracts below six months.
14. Intimation of hospitalization shall be given in writing or by e-mail or through Eklavya website within 24 hours by the staff member, or latest by one day before discharge from the hospital.
15. The staff member shall also give intimation of discharge within 24 hours. For record and follow up.
16. The claim for reimbursement must be received in the Eklavya coordination office in Bhopal as soon as possible but not later than 30 days of date of discharge of the patient in the prescribed claim form provided on Eklavya website, with all details filled in. Along with that information in annexure-2 certified by the doctor/hospital will need to be attached.
17. All medical documents, prescriptions, test reports, admission card, discharge certificate, cash-memos / invoices of medicines, Hospital bills with receipts, etc. should be carefully preserved during hospitalization and be enclosed (in original) with the claim.
18. These reports can be returned to the staff member whenever necessary within a period of two years, on written request.
19. Claim received after due date and that without complete documents in original will not be further processed. Claim will be processed on the basis of documents submitted. Expenses which do not have necessary and proper documentary basis will be disallowed.
20. If a staff member has subscribed to another health insurance scheme, it would be useful if the person provides information about it to Eklavya.

B) Dependents – definition and related clauses

1. ‘Dependent’ means one whose monthly income is less than Rs. 10,000/-. This income can be in any form – salary, pension, business, farming, rent revenue or any other enterprise/source.

2. If one of the parents (or in-laws) has a monthly income of more than Rs 10,000/-, the second person (parent or inlaw) will be considered dependent on her/him. That means the second person will not be entitled to insurance coverage.
3. Staff member who has not filed the dependent declaration in the form provided in annexure-1, will not be eligible to claim policy benefit for the dependent. Declarations filed in 2017 will be considered final, unless a revision is submitted by the concerned staff member. Such declaration or revision cannot be filed after the incidence ie after hospitalization occurs.
4. For all those who have not filed a dependent declaration form, only the staff member will be entitled for insurance coverage.
5. If information about income of the 'dependent' is found to be incorrect (ie declaring the family member dependent who has an income of more than Rs 10,000/-), Eklavya staff member who has filed such declaration will be debarred from this policy for a period of three years.
6. Brothers and sisters can also be covered if staff member is able to prove direct dependence. And only if parents draw a monthly salary below Rs 10,000/- pm that is they are dependent.
7. For brothers and sisters (or any other case), specific request by the staff member will need to be made to Executive Council and these will be added to dependent list only after EC approval.
8. For children, eligibility for policy assistance will cease on getting married, or on getting employment as per above clause-1.

C) Limits and Other Specifics

1. Travel and ambulance expenses shall not be admissible.
2. Maternity benefits shall be applicable only to a female staff member or dependent spouse.
3. The coverage will also be applicable to the child. Dependent documentation has to be filed for the child.
4. If the patient occupies a room with a room rent limit other than her/his eligibility as per these rules, then all the other charges viz. Doctor's fees, Diagnostic charges, nursing charges, Surgeon, Anesthetist, consultant and Specialist fees, Blood, oxygen, OT charges, Surgical Appliances, Diagnostic Materials, etc., shall be reduced in direct proportion of room rent admissible and the room rent actually paid.

5. Nutritional supplements will not be reimbursed.
6. Maximum admissibility for different items of expenditure shall be as follows.
Procedure limit means amount spent on the specific procedure, within a period of about 24-48 hours.

Name of Ailment / Surgery / Procedure (All-inclusive Package Excluding Room / ICU Rent)	Amount Rs.
Normal Delivery	20,000/-
Caesarean Delivery	40,000/-
Cataract (Each Eye)	20,000/-
Fistula, Piles, Hydrocele, Sinusitis (FESS), Fissure, Tonsillitis / Tonsillectomy	30,000/-
Medical Termination of Pregnancy	15,000/-
Benign Prostatic Hypertrophy (TURP), Hysterectomy, Appendicitis, Hernia, Gall bladder stone	40,000/-
Cholecystectomy, Lapchole	35,000/-
Joint Replacement (Each Joint)	1,00,000/-
Coronary Artery Diseases / Ischemic Heart Disease requiring Angioplasty / PTCA	150,000/-
Cerebro Vascular Attack	70,000/-
Chemotherapy / Treatment of Cancer	150,000/-

Incidentals	Amount Rs.
Room Rent	2,500/day
ICU Rent	3,500/day
Pre-hospitalisation (2 weeks) and Post-hospitalisation (4 weeks) expenses – medicines, tests etc (as percentage of total claim approved)	10 % subject to a maximum of Rs. 20,000/-

Process for Providing Advance

1. On receiving intimation, an advance of up to Rs. 15,000/- can initially be provided to the staff member as advance on demand.
2. Further advance shall be given progressively as per requirement and according to demand.
3. After discharge, the balance advance amount, if any, should be returned immediately.
4. If there is a default on this, the recovery of advance will be made from subsequent salary/salaries immediately.

Information

As per Income Tax rules, medical reimbursement is added to income of the person concerned and reimbursement of up to 25,000/- under section 80-D is exempt from income tax, amount above that is taxable.

Eklavya

1st April 2018