



INDIAN INSTITUTE OF SCIENCE
EDUCATION AND RESEARCH,
KOLKATA

POLICY SCHEDULE- GROUP MEDICLAIM-TRAILORMADE 2024-25. POLICY NO & VALIDITY: 100300502410012715 & 100300502410014367 valid upto 07/10/2025 & 23/10/2025.

I. COVERAGE:

IPD :- 1,50,000/- (Rupees One Lakh Fifty Thousand only) per Student.

II. IPD (Hospitalization) Benefits:

- Reimbursement/Cashless Settlement of actual charges upto Rs. 1.5 lacs per student per policy period. Each student or collectively can avail a maximum benefit of Rs. 1.5 lakh per year as applicable. It shall be admissible only when the patient is admitted in a hospital for a minimum period of 24 hours.
- All Pre Existing Diseases covered.
- Disease Contracted during the policy period including 1st 30 days from commencement is covered.
- Specified diseases contracted during the 1st Year of the policy like (Cataract, Benign, Prostatic Hypertrophy, Hysterectomy, Hernia, Hydrocele, Congenital Internal Disease, Fistula in anus, Piles, Sinusitis, any other excluded for this period specifically and related disorders are covered).
- **Room Rent :**
 - i. Normal : Entry Level Room rent maximum 1% of Sum Insured / Rs.1500/- per day.
 - ii. ICU : 2% of Sum Insured / Rs.3000/- per day.
- **Ambulance Charges** for each claim up to to Maximum of **Rs. 2000/-**.
- Hospitalization expenses for Ayurvedic/Homeopathic/Unani Treatment are admissible only when the treatment is taken in a Government hospital/Medical College Hospital.

PROCEDURE FOR CLAIM

Claim Intimation for hospitalization treatment on cashless/Reimbursement basis.

- i. The mediclaim beneficiary shall be required to inform/intimate, in writing, the insurance agency/ TPA at least 48 Hrs prior to any elective/ planned hospitalization/ admission.
- ii. In case of Emergency Admission / Hospitalization, the Insurance company / TPA, to be informed by the mediclaim member, in writing within 48 hrs of such hospitalization.
- iii. The claim intimation by the mediclaim member is mandatory for both cashless and reimbursement claims.
- iv. Claim information can be sent via Letter/Email/Fax/Personally delivered at insurance company/TPA offices and a claim intimation number should be obtained.

Claim Submission for IPD treatment on Cashless/Reimbursement basis.

- i. The reimbursement claims with respect to IPD/Hospitalization to be submitted to the insurance company/TPA within 30 days from the date of discharge from the Hospital.
 - ii. Reimbursement claims pertaining to the pre hospitalization (IPD) treatment for a period of 30 days prior to the date of admission to be submitted to the TPA, within 45 days after the completion of permissible Hospitalization treatment.
 - iii. Reimbursement claims pertaining to the post hospitalization (IPD) treatment expenses for a period up to 60 days to be submitted to the TPA, within 30 days after the completion of permissible Hospitalization treatment.
- ☐ For treatment taken in a network hospital as per the list provided / available in the website of the TPA, cashless facility is extended by the TPA upto 100% of the payable cost of treatment. The discharge of the patient is to be done by making payment of any balance & the excluded cost of items as per IRDA specifications. Any balance, paid by the patient, if payable, is reimbursed by the TPA on submission of the final bills.
- ☐ For treatment taken in a non network hospital, the complete set of original papers viz, prescriptions, bills, investigation reports, discharge summary, cash memos etc have to be submitted to the TPA directly within 7 days of the discharge and reimbursement claimed.

III. List of Exclusions

- ☐ Injury or disease directly caused by or attributable to War, Invasion, Act of foreign enemy, Warlike operation or disease caused by or contributed to by nuclear weapons/materials.
- ☐ Circumcision unless necessary for treatment of the disease, cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- ☐ Dental treatment or surgery of any kind unless requiring hospitalization on account of accident cases.
- ☐ All psychiatric and psychosomatic diseases/disorders, accident due to misuse of drugs/alcohol or use of intoxicating substance.
- ☐ Acquired Immune Deficiency Syndrome (AIDS).
- ☐ Naturopathy, Unproven procedure/treatment, experimental or alternative medicine / treatment including acupuncture, acupressure, magneto therapy, etc.
- ☐ Any kind of service charges/surcharges, admission fees/registration charges, etc. levied by the hospital.
- ☐ Doctor's home visit charges / attendant, nursing charges during pre and post hospitalization period except in case of domiciliary hospitalization.
- ☐ Naturopathy Treatment.
- ☐ Admissions for evaluation/purely for investigation.

All other terms, conditions and exceptions as per NGMP policy except policy clauses Haemodialysis, chemotherapy & Radiotherapy, 2.5(Modern Treatment), 2.6(Hazardous /Adventurous Sport), 3.1.3(HIV/AIDS cover) and 3.1.4(Mental Illness Cover). PPN Rate and reasonable & customary charge are applicable. All other relevant circulars, guidelines and instructions issued thereunder shall be applicable.

CHECK LIST (AT THE TIME OF SUBMISSION OF DOCUMENTS)

1. Claim Intimation Copy duly received by Policy Issuing Office/TPA within 24 Hrs. from Date of Admission
2. Reason for Delay in submission of documents/intimation copy, if not submitted timely as per Policy T/C
3. Duly filled in Claim Form, With Claimant Signature mentioning Exact Claim Amount, Contact Details, E – Mail ID etc. along with Policy Copy
4. Hospital Discharge Certificate in original with Date & Time, Details of Treatment
5. All the Prescriptions, Money Receipts/Cash Memo, Investigations Reports, Hospital requisitions and other supporting documents, in original.
6. Advice for Admission and First Prescription with clinical notes, in original
7. Hospital Bill with detailed break up along with Money Receipts in original
8. In case of Implant – Sticker & Tax Invoice with money receipt in original (For Cataract, Patient Lens Identification Card Mandatory)
9. In accidental cases – Self Statement/FIR/Medico Legal Report
10. Investigation Reports along with plates, in original
11. Any other relevant documents pertaining to claim.
12. Hard Copy of Cancelled Cheque for RTGS/NEFT

NOTE: M/s Ericson Insurance TPA Pvt. Ltd has been appointed as TPA for providing services for the policy period 08/10/2024 to 07/10/2025 & 24/10/2024 to 23/10/2025.

1. For latest hospital list login to <https://www.ericsontpa.com/HospitalNetwork.aspx>
2. Download claim forms from <https://www.ericsontpa.com/Downloads.aspx>
3. Download Mobile App: **eMate** from play store <https://play.google.com/store/apps/details?id=com.simson.emate>
4. You can use CHATBOT service for E cards & claim status from Mobile app & ETPA website (www.ericsontpa.com).
5. You can use IVRS service LIVE .Number is 022-41548300 for E cards, claim status through SMS on registered mobile number and on registered email instantly.

1) Intimation mails to be sent to intimation@ericsontpa.com

2) For Claim Intimation Only - 91672 51896.

3) However, the original claim documents, pre and post documents to be send to Ericson Insurance TPA Kolkata Regional Office.

4) The ORIGINAL CLAIM DOCUMENTS to be submitted to the following address:

ERICSON INSURANCE TPA PVT.LTD.
Room No.W, 3rd Floor, Gate No.03, Poddar Point
18, Rabindra Sarani, Kolkata-700 001

ESCALATION MATRIX:

In case of any query/grievances you may contact the following persons

ESCALATION MATRIX	CONTACT PERSON	DESIGNATION	MOBILE NUMBER	EMAIL ID
1st Level	Rajib Samanta	Executive	7208042976	networking.kolkata@ericsontpa.com
2nd Level	Manish Kr.Das	B.D	9167251898	manishd@ericsontpa.com
3rd Level	Partha Sarkar	Sr.Branch Manager	8879718777	parthas@ericsontpa.com