

From:

DGM(HR)
MTNL, Corporate Office
4th Floor, Core III
Mahanagar Doorsanchar Sadan
CGO Complex, Lodhi Road, New Delhi-110003.

To,

Sub: Inviting sealed Quotations for Group Health Insurance Policy (Non-Life) for Working Employees of MTNL (in respect of hospitalization- indoor treatment only) from all IRDA approved General Insurance Companies.

Dear Sir,

Mahanagar Telephone Nigam Limited (MTNL) is a Navratna Central Public Enterprise. It provides Telecommunication services in Delhi and Mumbai. MTNL proposes to obtain a Group Health Insurance Policy for its working employees and their family members to cover the 'Indoor Hospitalisation' facility in terms of the Company's policy.

2.0 The total number of working MTNL employees as on 01.01.2023 is around 3574. The age group of the employees of the Company are in the range of 20 years to 60 years. The average age of the employees is 46 years. The number of employees will reduce further on account of retirements, resignations etc. Details of employees are attached as **Annexure-I**.

3.0 Presently, indoor medical treatment facilities are being provided to them by MTNL through Insurance Company. The CLAIM RATIO for the year 2021-2022 & 2022-2023 (till December 2022) is appx. 80%. The details of CLAIM AMOUNT is enclosed as **Annexure-II**.



4.0 **Eligibility-** MTNL invites Sealed Quotations detailing the annual premium, discount, etc. from all IRDA approved General Insurance Companies operating in the field of Health/Medical Insurance fulfilling following criteria-

(i) Serving at-least 3 lac lives per year for the past three years 2019-20, 2020-21, 2021-22.

(ii) Serving Group health Insurance Policy of minimum two Companies / Corporate or any establishment with 5000 or more employees for at-least last two years 2020-21, 2021-22 and one satisfactory report from one of the Company/Corporate of the year 2021-22.

5.0 The Company must be capable of rendering Health/Medical services anywhere in India as per format in **Annexure-IV** as per the following broad terms and conditions-

A. Main terms and conditions

- i) Per Family cover of Rs. 2.00 Lakhs on Family Floater basis.
- ii) Super Top-up arrangement of Rs 4 Lakhs for Critical/Major diseases shall be available to every employee & their family members of MTNL Delhi and Mumbai.
However, the above facility will be available for critical/major diseases case even if the family floater is fully used in minor/other diseases.

How to utilize the Sum Insured and Super top-up arrangement.

a)An amount of Rs 6 lakhs(Sum Insured plus super-top-up) can be utilized if the first disease/hospitalization is major illness.

Ex:If the first hospitalization/disease is Major illness and the bill amount is Rs Six lakhs or more. Then an amount of Rs 6 lakhs (Sum Insured plus super-top-up) will be utilized.

b)If the amount less than Rs 6 lakhs is utilized firstly in Major illness , then the remaining amount will be utilized in the next minor/major illness.

Ex:If the first disease/hospitalization is Major illness and the bill amount is Rs 4.5 lakhs. Then Rs 4.5 lakhs will be utilized in Major Illness. Subsequently, if the second illness is minor illness/major illness of the same member or other member of the family, then the remaining amount i.e Rs 1.5 lakhs will be utilized in minor illness/major illness.

c.The remaining amount (as mentioned in para b) above after first Major illness can also be utilized if the disease relapses or re-occurrence of same member.

- iii) No capping of sum insured on major illnesses (100% Sum Insured)



- iv) Other disease-wise cappings- The package cost worked out by the Insurance Company or below given ceiling whichever is lower

Hospitalization benefits	Limits restricted to
a) Cataract	20% of Sum Insured
b) Hernia	25% of Sum Insured
c) Hysterectomy	30% of Sum Insured
d) Maternity Benefit (normal delivery)	25% of Sum Insured
e) Pre-post Hospitalization	Max 15% of Sum Insured

- v) The following diseases will be treated as Critical/Major illness.

<p>Major illness – Angioplasty, stroke, cardiac surgeries, cancer surgeries and chemotherapy, brain Surgeries, brain tumor surgeries, Liver Surgeries/transplant), Major organ transplant/Bone Marrow transplant, pacemaker implantation for sick/sinus syndrome, hip replacement and joint replacement, Renal Surgery, Kidney related diseases including dialysis and transplant, Thalessemia, Amputation surgery including that of diabetic patient, Radiation therapy, spinal cord surgery and spinal cord injection, COVID-19. Maternity Benefit (Caesarian delivery or any complications due to delivery).</p> <p>Death in the hospital as Indoor patient due to any disease. Any other such diseases which requires hospitalization of more than 7 days due to complications. (Decision will be taken for "other such diseases" on case to case basis for such instances by the medical team of qualified Doctors of the insurer/TPA based on the severity of the medical condition).</p>	100% of the Sum Insured.
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- vi) The list of hospitals to be empanelled through TPAs for MTNL employees in Delhi and Mumbai shall be finalized based on mutual discussion. MTNL will prefer to have at least 150 hospitals at each city. However for parents/ children who are staying other than Delhi & Mumbai or employee himself during transit may use the services of any hospital on pan India basis.

Definition of family shall be as per Office Order No MTNL/CO/CGHIS-working employees/360 dated 02.03.2010. "Family" shall include only wife/husband, parents whose monthly income is less than Rs. 3500/- p.m. wholly dependent on the employee; children upto two only including step children and adopted children (Third child born as a twin along with second child will be extended with the facility as that of children upto two). Permanently disabled child irrespective of age will be included in the definition "family".

B. The same shall be subject to the following conditions.

- i) The Insurance cover shall commence from the date the Insurance Policy comes into force.
- ii) The Policy shall cover all pre-existing diseases on the date of commencement of the Insurance Policy. Accordingly, there shall be no gestation period for extending coverage for treatment of any disease, whatsoever.
- iii) Room/Bed entitlement for the individuals shall be pre-defined (**Annexure-III**). If Room/Bed of a value higher than the entitled is availed, the differential charges on Room Rent shall be borne by the beneficiary. If room of entitled category is not available, and the individual after letter from hospital or after approval of TPA of this fact avails for higher category room then the differential charges on Room rent will be borne by the Insurer. There will be no proportionate deduction from individual from the amount claimed.
- iv) Surcharge or any other levy, if imposed by the hospitals in the bill, shall be payable by the Insurance Company.
- v) Provisions for Day Care Procedures shall exist and the diseases covered therein shall be provided in a separate sheet which should not be less than the existing list of Day Care Procedures attached as **Annexure-VI**.
- vi) The list of exclusions is enclosed as **Annexure VIII**.
- vii) New born Baby shall be covered from the date of birth itself.
- viii) Pre-Hospitalisation 30 days and Post Hospitalization 60 days to be covered under the policy.
- ix) The number of TPAs will be four.(two each in Mumbai & Delhi Unit).Provisions for administration of the Scheme through TPAs shall be made for administering the Policy. The TPAs should be reliable and experienced with adequate network, separate for Delhi and Mumbai and shall be finalised with mutual consent between MTNL and the Insurer. In case of non-satisfactory performance by any TPA, the Insurer shall replace the TPA based on mutual discussion with MTNL with one (s) out of IRDA approved list on the panel of Insurance Company.
- x) TPAs shall have 24 X 7 helpline numbers in addition to the helpdesks preferably located in MTNL Offices during the working hours. *The TPAs* shall also have Mobile application & web based application and should be available online 24X7 so that the employee can interact at any point of time in case of requirement.
- xi) Entrance of new employee into the insurance cover/separation of an employee (other than retirement) shall be on the basis of pro-rata payment/refund of premium for the remaining period of the Policy.
- xii) Retirement-The payment of premium with respect to employee retiring during the Policy period shall be on pro-rata basis.
- xiii) Actual premium, towards individual's cover, shall be payable/adjustable, corresponding to the number of registered beneficiaries, within 90 days of launch of the Policy.
- xiv) Domiciliary treatment will be allowed subject to maximum of 25% of the sum assured during the policy period.
- xv) The term of the Policy will be two years with a provision of extension of one more year with mutually agreed terms and conditions. The offered rate shall


be valid for a period of two years and with a provision for extension of one more year with mutually agreed terms and conditions however premium shall be paid annually.

- xvi) There shall not be any agent/broker on behalf of the insurance company and negotiation (if required) shall be done with L1 bidder directly.
- xvii) The tailor made policy shall be finalised after mutual discussions with successful bidder. However a draft policy may be included in the bids. Existing tailormade policy document is attached as **Annexure-VII** for ready reference.
- xviii) Information regarding Applicant's Profile may be provided in **Annexure V**.
- xix) All Medical cards for working employees must be prepared on or before **14.06.2023**. In case the medical card is not prepared then MTNL's I Card will be valid for taking the services. No other cards like Aadhaar Card, Licence etc shall be demanded by Insurer/TPAs.
- xx) The Insurance Co will be accountable for all services and it should in the domain of the Insurance CO to engage third parties in consultation with MTNL to adhere tender conditions and service standards.
- xxi) The amendment if any carried out in tender document shall be notified to the bidders.
- xxii) Any hospital, if charging extra rate more than GIPSA/Govt rate for any treatment, the same will be borne by TPA/Insurer.

6.0 The insurance cover shall commence tentatively from **14/06/2023**. The employees should be registered within 90 days from the date of commencement of the policy.

7.0 The sealed quotations, should reach the office of the undersigned at the above mentioned address positively by **13.00 Hrs** on **16.03.2023** at the following address- DGM(HR), MTNL, Corporate Office, 4th Floor, Core III, Mahanagar Doorsanchar Sadan, CGO Complex, Lodhi Road, New Delhi-110003.

8.0 The bids shall be opened on the same day, i.e. **16.03.2023** at **15.00 Hrs** at the aforesaid venue in the presence of the representatives of the bidders who are willing to be present. Along with the quotes in the prescribed format, a copy of this letter shall also be sent, duly signed on each page by the authorised signatory of the Company, as a token of acceptance of the conditions mentioned herein. Any delay in submission of the bids/quotes for whatsoever reason will be only at the sole risk of the bidders. MTNL Management may negotiate with the lowest bidder, if required.


(Shama Kaushik)
DGM(HR)
Tel. No. 24320404

Encls: Annexures I to VIII as mentioned above.

Annexure I

Age group	DELHI				DELHI Total	MUMBAI				MUMBAI Total	Grand Total
	A	B	C	D		A	B	C	D		
25-30							12			12	12
30-35		1			1		22			22	23
35-40	7	62	10	9	88	4	58	24	7	93	181
40-45	138	43	91	94	366	55	51	139	74	319	685
45-50	116	17	169	121	423	56	22	174	93	345	768
50-55	236	36	157	80	509	144	17	140	108	409	918
55-60	83	25	322	210	640	34	1	220	92	347	987
Grand Total	580	184	749	514	2027	293	183	697	374	1547	3574

CLAIM AMOUNT**MUMBAI**Year : 2021-2022

AGE GROUP	Sum of O/S_Amount	Sum of Paid Amount
25-30		556138
30-35	57906	754332
35-40		3388009
40-45		6303838
45-50		9579924
50-55		8058617
55-60		5348192
Grand Total	57906	33989050

Year: 2022-2023 (upto Dec 2022)

AGE GROUP	Sum of O/S_Amount	Sum of Paid Amount
25-30		141725
30-35		100000
35-40	1305793	195655
40-45	830137	2459217
45-50	1394385	2753074
50-55	1505620	2926480
55-60	847055	2582562
Grand Total	5882990	11158713

DELHI

Year: 2021-2022

AGE GROUP	Sum of Cashless Approval Amount	Sum of Claim Amount
30-35	38138	42639
35-40	2058676	2601179
40-45	6621652	9030748
45-50	8713088	9914898
50-55	9005468	11124174
55-60	12866147	14846888
Grand Total	39303169	47560526

Year: 2022-2023 (upto Dec 2022)

AGE GROUP	Sum of CLAIM AMOUNT	Sum of TOTAL BILL AMT
30-35	144065	153551
35-40	2713058	2889558
40-45	6046293	9696779
45-50	6176226	8943966
50-55	5850739	6614234
55-60	10039457	11585117
Grand Total	30969838	39883205

Annexure III

ROOM/BED ENTITLEMENTS FOR WORKING EMPLOYEES OF MTNL

Sl. No.	Group	Cadre	Cadre equivalent to the CDA scale.	Grade/Scale	Room/Bed Category
1.	'A'	CMD & Full Time Directors (on Board)	—	CMD & Full Time Directors (on Board)	At actual
		ED/CGM/CVO/PGM	Sr.DDG	E-9 +	At actual
		Jt GM/ GM/CE/Sr.GM	DDG	E-7 to E9	Rs 5470/-
		CAO/DE/E.E./DGM/SE/CS	DE/ADG/CAO/ Director.	E5-E6	Rs.4690/-
2.	'B '	JAO/JTO/AM/Sr.AO/SDE/Sr SDE/PO/LO/WO/ADET/Prob./ Trainees	JTO/Astt Director/ADET/ ACAO.	E1-E4	Rs. 3910/-
3.	'C '	Sr. TOA (G)/Sr. TOA(P)/TOA(G)/TOA(P)/SS/SSS/ TTA/LD/TM/PM	—	NE 6- NE- 12	Rs. 2815 /-
4.	'D '	WA/PEON/Gateman	—	NE 1 – NE 5	Rs. 1875/-

Note:

1. Above entitlements are subject to overall limit of Rs. 6 Lac per family per annum including Super Top Up.
2. ICU, ICCU, HDU charges shall be as per actual for all Groups /Cadres /Grade /Scale subject to note 1 above.
3. Any designation not mentioned above will be covered as per Grade/Scale.

Quote Proforma							
S.N.	Item Description	Basic Price exclusive of all levies and charges	GST		Price inclusive of all levies & charges.	Discount offered if any	Total discounted price
			%	Amt	(2+4)		(5-6)
1.	Quote per family for a cover of Rs. 2.00 Lac (Rs. Two Lacs) on family floater basis (in figures and words)	2	3	4	5	6	7
2.	Quote for a supertop-up of Rs. 4.00 lac over and above the sum insured for critical illness for every employee of MTNL Delhi and Mumbai.						
3.	Final Quote per family (1+2 above)						
4.	Total financial implication for 3574 employee families						
5.	List of TPAs proposed to be engaged city wise (Delhi and Mumbai) to be enclosed.(Minimum four for each region in order of preference).	Delhi Unit Mumbai Unit					

Note: The evaluation shall be based upon the price quoted against final quote per family at SI No 2, 4 & 5, column No 7 on net cost to MTNL.

Signature:
Seal of the Organisation

Applicant's Profile

1. Contact Details
 - a. Name of the Organization
 - b. Postal Address
 - c. Website
 - d. Phone (with STD code)
 - e. Fax (with STD Code)
 - f. Contact person's name
 - g. Contact person's mobile phone
 - h. Contact person's email ID
2. Experience in health insurance field (For the last 3 years)- Please attach experience certificate or copy of agreement with major clients
 - a. Sponsoring Ministry/State/PSUs
 - b. Name of the Scheme
 - c. Insured Persons (number)
 - d. Families Insured (number)
3. Details of Resource Group (who would be responsible for MTNL GHISWE activities)
 - a. Name
 - b. Qualifications
 - c. Experience in Insurance Industry
 - d. Area of Specialization
4. Procedure of settlement of claims (mechanism along with number of days)
5. Grievance redressal/Help desk/Mobile Application (whether 24/7/Online and three tier)
6. Web-based MIS

Signature:
Seal of the Organisation:

DAY CARE PROCEDURES

Appendectomy	Haemodialysis	Inguinal/ventral/umbilical/ femoral hernia
Coronary angiography	Lithotripsy	Parenteral Chemotherapy/immunotherapy
Coronary angioplasty	Incision and drainage of abscess	Piles/ Fistula
Dental Surgery	Colonoscopy	prostate
D&C	Radiotherapy	Sinusitis
Eye Surgery, Intravitreal/avastin/lucentis injections.	Hydrocele	Tonsillectomy
Fracture/dislocation excluding hairline fracture	Hysterectomy	Liver aspiration
Sclerotherapy		

Or any other surgeries/procedures/alternative to above due to advancement, agreed by the TPA/MTNL which requires less than 24 hours hospitalization.

United India Insurance Company Limited

TAILORMADE HEALTH INSURANCE POLICY
(MTNL - WORKING EMPLOYEES)

1. WHEREAS the insured designated in the Schedule hereto has by a proposal and declaration dated as stated in the Schedule (which shall be the basis of this Contract and is deemed to be incorporated herein) has applied to United India Insurance Company Limited (hereinafter called the COMPANY) for the insurance hereinafter set forth in respect of person(s) named in the Schedule hereto (hereinafter called the INSURED PERSON) and has paid premium as consideration for such insurance.

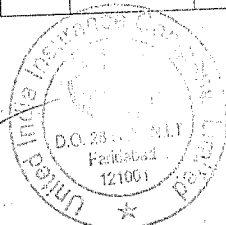
1.1 NOW THIS POLICY WITNESSES that subject to the terms, conditions, exclusions and definitions contained herein or endorsed, or otherwise expressed hereon the Company undertakes that if during the period stated in the Schedule or during the continuance of this policy by renewal, any insured person shall contract any disease or suffer from any illness (hereinafter called DISEASE) or sustain any bodily injury through accident (hereinafter called INJURY) and if such disease or injury shall require any such insured Person, upon the advice of a duly qualified Physician/Medical Specialist/Medical practitioner (hereinafter called MEDICAL PRACTITIONER) or of a duly qualified Surgeon (hereinafter called SURGEON) to incur hospitalisation expenses for medical/surgical treatment at any Nursing Home/Hospital/Day Care Centre in India as herein defined (hereinafter called HOSPITAL) as an inpatient, the Company will pay through Third Party Administrator (hereinafter called TPA) to the Hospital / Nursing Home or the Insured Person the amount of such expenses as are reasonably and necessarily incurred in respect thereof by or on behalf of such Insured Person but not exceeding the Sum Insured in aggregate in any one period of insurance stated in the schedule hereto.

1.2 In the event of any claim(s) becoming admissible under this scheme, the company will pay through TPA to the Hospital / Nursing Home or the insured person the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such Insured Person, but not exceeding the Sum Insured alongwith provisions of Super Top-up in aggregate mentioned in the schedule hereto.

A. Room, Boarding Expenses as provided by the Hospital/Nursing Home. Room / bed entitlement for the individuals shall be pre-defined (as per the table given below). If Room/Bed of a value higher than the entitled is availed, the differential charges on Room Rent shall be borne by the beneficiary. If room of entitled category is not available, and the individual after letter from hospital or after approval of TPA of this fact, avails for higher category room then the differential charges on Room rent will be borne by the Insurer. There will be no proportionate deduction from individual from the amount claimed.

ROOM/BED ENTITLEMENTS FOR WORKING EMPLOYEES OF MTNL

Sl. No.	Group	Cadre	Cadre equivalent to CDA Scale.	Grade/Scale	Room/Bed Category
1.	'A'	CMD & Full Time Directors (on Board)	-	CMD & Full Time Directors (on Board)	At actual
		ED/CGM/CVO/PGM	Sr.DDG	E-9 +	At actual



		Jt GM/ GM/CE/Sr.GM	DDG	E-7 to E9	Rs 5470/-
		CAO/DE/E.E./DGM/ SE/CS	DE/ADG/CAO/Director.	E5-E6	Rs.4690/-
2.	'B'	JAO/JTO/AM/Sr.AO/ SDE/Sr SDE/PO/LOWO/AD ET/Prob./ Trainees	JTO/Asstt Director/ADET/ACAO	E1-E4	Rs. 3910/-
3.	'C'	Sr. TOA (G)/Sr. TOA(P)/TOA(G)/TO A(P)/SS/SSS/TTA/L D/TM/PM	-	NE 6- NE-12	Rs. 2815/-
4.	'D'	WA/PEON/Gateman	-	NE 1 – NE.5	Rs. 1875/-

- ❖ ICU, ICCU, HDU charges shall be as per actual for all Groups / Cadres / Grade / Scale
- ❖ Any designation not mentioned above will be covered as per Grade / Scale
- ❖ For Identification of Grade / Scale, Photo Identity Card of the employee, issued by the employer is to be presented by the claimant at the time of hospitalisation / submission of the claim documents (for reimbursement cases).

- B. Per Family cover of Rs. 2.00 Lakhs on Family Floater basis.
- C. Super Top-up arrangement of Rs 4 Lakhs for Critical/Major diseases shall be available to every employee & their family members of MTNL Delhi and Mumbai.
- However the above facility will be available for critical/major diseases case even if the family floater is fully used in minor/other diseases.

How to utilize the Sum Insured and Super top-up arrangement.

a)An amount of Rs 6 lakhs(Sum Insured plus super-top-up) can be utilized if the first disease/hospitalization is major illness.

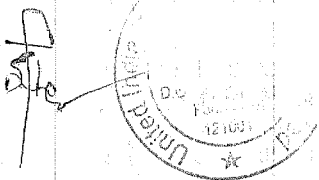
Ex:If the first hospitalization/disease is Major illness and the bill amount is Rs Six lakhs or more. Then an amount of Rs 6 lakhs (Sum Insured plus super-top-up) will be utilized.

b)If the amount less than Rs 6 lakhs is utilized firstly in Major illness, then the remaining amount will be utilized in the next minor/major illness.

Ex:If the first disease/hospitalization is Major illness and the bill amount is Rs 4.5 lakhs. Then Rs 4.5 lakhs will be utilized in Major illness. Subsequently, if the second illness is minor illness/major illness of the same member or other member of the family, then the remaining amount i.e Rs 1.5 lakhs will be utilized in minor illness/major illness.

c.The remaining amount (as mentioned in para b) above) after first Major illness can also be utilized if the disease relapses or re-occurrence of same member.

- D. No capping of sum insured on major illnesses (100% Sum Insured)
- E. Nursing Expenses.
- F. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialists Fees
- G. Anaesthetist, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray
- H. Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, Artificial Limbs, & cost of organs and similar expenses.
- I. Other disease-wise cappings- The package cost worked out by the Insurance Company or below given ceiling whichever is lower



Hospitalization benefits	Limits restricted to
a)Cataract	20% of Sum Insured
b)Hernia	25% of Sum Insured
c)Hysterectomy	30% of Sum Insured
d)Maternity Benefit(Normal delivery)	25%of Sum Insured
e)Pre & Post Hospitalization	Maximum 15% of the sum insured

J. The following diseases will be treated as Critical/Major illness.

Major illness – Angioplasty, stroke, cardiac surgeries, cancer surgeries and chemotherapy, brain Surgeries, brain tumor surgeries, Liver Surgeries/transplant), Major organ transplant/Bone Marrow transplant, pacemaker implantation for sick/sinus syndrome, hip replacement and joint replacement, Renal Surgery, Kidney related diseases including dialysis and transplant, Thalassemia, Amputation surgery including that of diabetic patient, Radiation therapy, spinal cord surgery and spinal cord injection, COVID-19, Maternity Benefit(Ceaserian delivery or any complications due to delivery). Death in the hospital as Indoor patient due to any disease. Any other such diseases which requires hospitalization of more than 7 days due to complications.(Decision will be taken for "other such diseases" on case to case basis for such instances by the medical team of qualified Doctors of the insurer/TPA based on the severity of the medical condition)	100% of the Sum Insured.
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- K. Day Care Procedures i.e. procedures for which hospitalization is required for less than 24 hours.
- L. Domiciliary Hospitalisation Claim
- M. Maternity Expenses Benefit

2. DEFINITIONS:

2.1 **HOSPITAL / NURSING HOME** means any institution in India established for indoor care and treatment of sickness and injuries and which

- Either
- (a) has been registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner.
- Or
- (b) Should comply with minimum criteria as under:-
- It should have at least 15 inpatient beds.
 - Fully equipped operation theatre of its own wherever surgical operations are carried out.
 - Fully qualified Nursing Staff under its employment round the clock.
 - Fully qualified Doctor (s) should be in-charge round the clock.

N.B: In class 'C' towns condition of number of beds be reduced to 10.

2.1.1 The term 'Hospital / Nursing Home' shall not include an establishment which is a place of rest, a place for the aged, a place for drug-addicts, or place for alcoholics, a hotel or a similar place.

2.2 Surgery or 'Surgical Operation' means manual and / or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of

diseases, relief of suffering and prolongation of life including endoscopic procedure.

- 2.3 Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit is not applied to specific treatments such as-

Appendectomy	Haemo dialysis	Inguinal/ventral/umbilical/femoral hernia
Coronary angiography	Lithotripsy	Parenteral Chemothreapy
Coronary angioplasty	Incision and drainage of abcess	Piles/ Fistula
Dental Surgery	Colonoscopy	prostrate
D&C	Radiotherapy	Sinusitis
Eye Surgery, Intravitreal/avastin/lucentis injections.	Hydrocele	Tonsillectomy
Fracture/dislocation excluding hairline fracture	Hysterectomy	Liver aspiration
Sclerotherapy		

or any other surgeries/procedures/alternative to above due to advancement agreed by the TPA/MTNL which require less than 24 hrs hospitalisation.

This condition will also not apply in case of stay in hospital of less than 24 hours provided -

- The treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available in hospitals.
- Due to technological advances hospitalisation is required for less than 24 hours only.

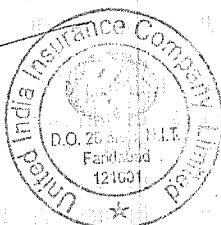
Note: Procedures/treatments usually done in out patient department are not payable under the policy even if converted as an in-patient in the hospital for more than 24 hours.

- 2.4 **DOMICILIARY HOSPITALISATION BENEFIT means:-** Medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/nursing home but actually taken whilst confined at home in India under any of the following circumstances on submission of NOC from the hospital/ attending doctor namely:-

- the condition of the patient is such that he/ she cannot be moved to the hospital / nursing home or
- the patient cannot be moved to hospital /Nursing Home for lack of accommodation therein.
- Domiciliary treatment will be allowed subject to maximum of 25% of the sum assured during the policy period.

Subject to however that domiciliary hospitalisation benefits shall not cover expenses incurred for pre and post hospital treatment.

Note : When treatment such as cataract, lithotripsy (kidney stone removal) Dialysis, Chemotherapy, Radiotherapy, eye surgery, dental surgery ,D&C, tonsillectomy is taken in the Hospital / Nursing Home and the insured is discharged on the same day, the treatment will be considered to be taken under Hospitalisation Benefit section.



2.5 MATERNITY EXPENSES BENEFIT: -

The hospitalization expenses i.r.o. the new born child can be covered within the Mother's Maternity expenses.

Special Conditions:

1. Benefits admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.
2. Claim shall be restricted to maximum two children only. Those persons who are already having two or more living children are not eligible for this benefit.
3. New born Baby shall be covered from the date of birth itself.
4. Pre-natal and postnatal expenses are not covered unless admitted in Hospital/ Nursing Home and treatment is taken there.

2.6 ANY ONE ILLNESS: -

Any one illness will be deemed to mean continuous period of illness and it includes relapse within 45 days from the date of discharge from the Hospital / Nursing Home where treatment has been taken. Occurrence of the same illness after a lapse of 45 days as stated above will be considered as fresh illness for the purpose of this policy.

2.7 PRE - HOSPITALISATION:-

Relevant medical expenses incurred during period up to 30 days prior to Hospitalisation on disease / illness / injury sustained will be considered as part of claim as mentioned under item 1.2 above

2.8 POST- HOSPITALISATION: -

Relevant medical expenses incurred during period up to 60 days after hospitalisation on disease / illness / injury sustained will be considered as part of claim as mentioned under item 1.2 above

2.9 MEDICAL PRACTITIONER means a person who holds a degree / diploma of a recognised institution and is registered by Medical Council of respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.

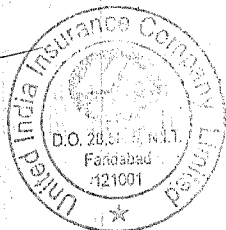
2.10 QUALIFIED NURSE means a person who holds a certificate of a recognised Nursing Council and who is employed on recommendation of the attending Medical Practitioner.

2.11 TPA means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR and is empanelled by the Company for the provision of health services as specified in the agreement between the Company and TPA.

3. EXCLUSIONS:-

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- 3.1 Injury or Disease directly or indirectly caused by or arising from or attributable to Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not)
- 3.2 Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or

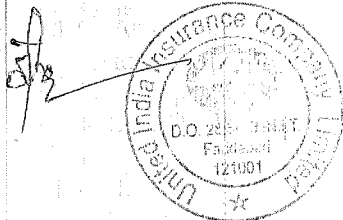


change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.

- 3.3 Cost of spectacles and contact lenses, hearing aids.
- 3.4 Dental treatment or surgery of any kind unless requiring hospitalisation.
- 3.5 Convalescence, general debility, "Run-down" condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs/alcohol.
- 3.6 All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymph tropic Virus Type III (HTLB - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS. However HIV/AIDS to be considered as per Govt Guidelines.
- 3.7 Charges incurred at Hospital or Nursing Home primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home or at home under domiciliary hospitalisation as defined.
- 3.8 Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 3.9 Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials
- 3.10 Naturopathy Treatment
- 3.11 External and or durable Medical / Non-medical equipment of any kind used for diagnosis and/or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, etc., of any kind, Diabetic foot wear, Glucometer/Thermometer and similar related items etc., and also any medical equipment, which are subsequently used at home etc.
- 3.12 All expenses arising out of any condition directly or indirectly caused to or related to known congenital diseases (internal and external)

4. CONDITIONS:

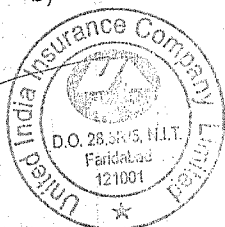
- 4.1 Every notice or communication to be given or made under this policy shall be delivered in writing at the address of the TPA office as shown in the Schedule.
- 4.2 The premium payable under this Policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the company signed by a duly authorised official of the company. The due payment of premium and the observance and fulfilment of the terms, provisions, conditions and endorsements of this Policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be a condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this policy shall be valid unless made in writing and signed by an authorised official of the Company.
- 4.3 Upon the happening of any event which may give rise to a claim under this Policy notice with full particulars shall be sent to the TPA named in the schedule immediately and in case of emergency within 24 hours of Hospitalisation/ Domiciliary Hospitalisation.



- 4.4 All supporting documents relating to the claim must be filed with TPA within 30 days from the date of discharge from the hospital. In case of post-hospitalisation, treatment (limited to 60 days), all claim documents should be submitted within 15 days after completion of such treatment.

Note: Waiver of this Condition may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible for him or any other person to give such notice or file claim within the prescribed time-limit.

- 4.5 The Insured Person shall obtain and furnish to the TPA with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA / Company such additional information and assistance as the TPA / Company may require in dealing with the claim.
- 4.6 Any medical practitioner authorised by the TPA / Company shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalisation when and so often as the same may reasonably be required on behalf of the TPA/Company.
- 4.7 The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
- 4.8 If at the time when any claim arises under this Policy, there is in existence any other insurance (other than Cancer Insurance Policy in collaboration with Indian Cancer Society), whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses, the Company shall not be liable to pay or contribute more than its rateable proportion of any loss, liability, compensation costs or expenses. The benefits under this Policy shall be in excess of the benefits available under Cancer Insurance Policy.
- 4.9 The Policy may be renewed by mutual consent. The Company shall not however be bound to give notice that it is due for renewal and the company may at any time cancel this policy by sending the insured 30 days notice by registered letter at the insured's last known address and in such event the company shall refund to the Insured a pro-rata premium for unexpired period of Insurance. The company shall, however, remain liable for any claim, which arose prior to the date of cancellation. The insured may at any time cancel this policy and in such event the company shall allow refund of premium shall be governed by clause the Primary Agreement.
- 4.10 Actual premium towards individual's cover shall be payable / adjustable, corresponding to the no. of registered beneficiaries, within 90 days of launch of the policy.
- 4.11 Retirement – The payment of premium with respect to employee retiring during the Policy period shall be adjusted on pro-rata basis at the inception of the policy.
- 4.12 Cancellation Clause.: Insurer shall be liable to refund the premium in the event of termination by either party in the following manner:
- a) In case terminated by the insurer:
The refund of premium will be made on prorata basis corresponding to the unutilized period, excluding the notice period.
 - b) In case terminated by MTNL:



The pro-rata refund of premium shall be applicable to 90% of the total premium, leaving 10% of the Gross total premium excluding service tax to meet the fixed costs of the Insurer. Service tax refund, if any would be as per Govt rules and regulations.

5. Coverage of persons:

The details of the working employees along-with the details of the family members to be covered have to be provided and if Photo ID cards are required then 2 photographs of each employee and his family member have to be provided along-with the details in the proposal form.

1. For all additions/ deletion (of New Employee and their dependants as said) in the policy the premium on pro-rata basis is to be paid/recovered.
2. For all deletions the refund of premium on pro-rata basis is allowed.
3. If same no. of person leave the organisation and same no. of person in the same categories are to be added then mere substitution would be done.
4. The employer has to maintain the record of all persons covered in the policy including the dependants of the employees.

6. Family floater:

In this benefit the sum insured is fixed for the entire family (as defined) and any member of family can claim under the policy till the sum insured for the family gets exhausted.

"Family" shall include only wife/husband, parents whose monthly income is less than Rs. 3500/- p.m. wholly dependent on the employee; children upto two only including step children and adopted children (Third child born as a twin along with second child will be extended with the facility as that of children upto two). Permanently disabled child irrespective of age will be included in the definition "family".

7. Super Top-up

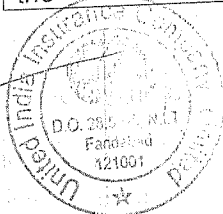
Super Top-up arrangement of Rs 4 Lakhs for Critical/Major diseases shall be available to every employee & their family members of MTNL Delhi and Mumbai. However the above facility will be available for critical/major diseases case even if the family floater is fully used in minor/other diseases.

The following diseases will be treated as Critical/Major illness.

Major illness – Angioplasty, stroke, cardiac surgeries, cancer surgeries and chemotherapy, brain Surgeries, brain tumor surgeries, Liver Surgeries/transplant, Major organ transplant/Bone Marrow transplant, pacemaker implantation for sick/sinus syndrome, hip replacement and joint replacement, Renal Surgery, Kidney related diseases including dialysis and transplant, Thalessemia, Amputation surgery including that of diabetic patient, Radiation therapy, spinal cord surgery and spinal cord injection. COVID-19, Maternity Benefit(Ceaserian delivery or any complications due to delivery). Death in the hospital as Indoor patient due to any disease.

Any other such diseases which requires hospitalization of more than 7 days due to complications.(Decision will be taken for "other such diseases" on case to case basis for such instances by the medical team of qualified Doctors of the

100% of the Sum Insured.



insurer/TPA based on the severity of the medical condition)

8. If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained.

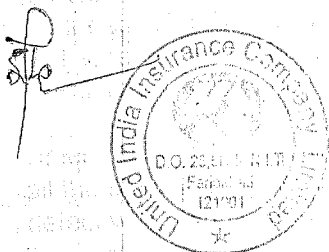
- 8.1 If the TPA, as per terms and conditions of the policy or the Company shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date of receipt of the notice of such disclaimer notify the TPA/ Company in writing that he does not accept such disclaimer and intends to recover his claim from the TPA/Company then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

The insured shall throughout the period of insurance keep and maintain a proper record of register containing the names of all the insured persons and other relevant details as are normally kept in any institution / organisation. The insured shall declare to the company any additions in the number of insured persons as and when arising during the period of insurance and shall pay the additional premium as agreed.

Unless otherwise expressly declared and agreed to be covered by the company all the insured persons covered within under this policy are free from any disability / defect which shall be the subject matter of liability under the policy.

9. REASONABLE AND NECESSARY EXPENSES

1. For a network hospital, it shall mean the rate pre-agreed between Network Hospital and the TPA for surgical / medical treatment that is necessary, customary and reasonable for treating the condition for which the insured person was hospitalised.
2. For any other hospital, it shall mean the cost of surgical / medical treatment that is necessary, customary and reasonable for treating the condition for which insured person was hospitalised to the extent relatable to such condition.
3. MTNL will have at least 150 hospitals at each city. However, for parents/children who are staying other than Delhi/Mumbai or employee himself during transit may use the services of any hospital on pan India basis.



10. IRDA REGULATIONS:

This policy is subject to Regulations of IRDA (Protection of Policy Holder's Interest) Regulations, 2002 as amended from time to time.

11. GRIEVANCE REDRESSAL:

In the event of the policy holder having any grievance relating to the insurance, he/she may contact any of the Grievance Cells at Regional Offices of the Company or office of the Insurance Ombudsman under the jurisdiction of which the policy issuing office falls.



**MTNL WORKING EMPLOYEES GROUP HEALTH INSURANCE SCHEME
2021
(For Indoor Treatment only)**

1. This Scheme shall be known as MTNL Working Employees Group Health Insurance Scheme 2021.
2. The scheme is intended to extend medical cover:

To working MTNL employee and his/her family only. Definition of family shall be as per Office Order No MTNL/CO/CGHS-working employees/360 dated 02.03.2010. "Family" shall include only wife/husband, parents whose monthly income is less than Rs. 3500/- p.m. wholly dependent on the employee; children upto two only including step children and adopted children (Third child born as a twin along with second child will be extended with the facility as that of children upto two). Permanently disabled child irrespective of age will be included in the definition "family".

3. **Eligibility**

3.1 The scheme shall apply to the following categories of working MTNL Employees subject to a declaration/ certification(Annexure C) to the effect that they are not availing any medical facility, nor drawing any medical allowance from any other source and they have surrendered CGHS Card (if any).

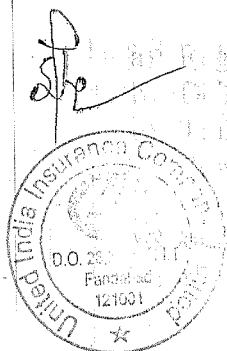
- a) Regular/ Absorbed employees working in MTNL.
- b) DoT officers on deemed deputation to MTNL.
- c) Trainees/Probationers appointed by MTNL.

3.2 Room/Bed Rent entitlements shall be as per Annexure- B , subject to revision from time to time, if any in future.

3.3 In case MTNL working employee who is availing the benefits under this scheme dies, his/her spouse shall continue to avail the benefits under Retiree Insurance Medical scheme.

4. **Scope and Extent of Benefits & Procedure for Claim**

4.1 The Indoor part of the scheme will cover treatment taken during hospitalisation only, including Day Care procedures requiring hospitalization for less than 24 hours.



- 4.2 The scheme will be operated centrally from respective ED's office at Delhi/ Mumbai.

4.3 **Procedure for Claim**

The medical claim for reimbursement under this scheme shall be made in prescribed Performa(Annexure-D). In case the member of the scheme desires that the amount reimbursable to him/her be credited to his/her bank account (the bank account should be in the bank where salary is credited in the account of the member), he/she may advise the Accounts Department accordingly indicating his/her bank account number in the medical claim form. In other cases, the amount will be remitted by cheque.

5. **OPERATION OF INDOOR PART**

- 5.1 Under the scheme the employee and his/her dependents will be covered as per details below-

- i) Per Family cover of Rs. 2.00 Lakhs on Family Floater basis.
- ii) Super Top-up arrangement of Rs 4 Lakhs for Critical/Major diseases shall be available to every employee & their family members of MTNL Delhi and Mumbai. However the above facility will be available for critical/major diseases case even if the family floater is fully used in minor/other diseases.

How to utilize the Sum Insured and Super top-up arrangement.

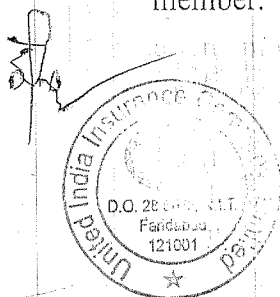
- a)An amount of Rs 6 lakhs(Sum Insured plus super-top-up) can be utilized if the first disease/hospitalization is major illness.

Ex:If the first hospitalization/disease is Major illness and the bill amount is Rs Six lakhs or more. Then an amount of Rs 6 lakhs (Sum Insured plus super-top-up) will be utilized.

- b)If the amount less than Rs 6 lakhs is utilized firstly in Major illness, then the remaining amount will be utilized in the next minor/major illness.

Ex:If the first disease/hospitalization is Major illness and the bill amount is Rs 4.5 lakhs. Then Rs 4.5 lakhs will be utilized in Major Illness. Subsequently, if the second illness is minor illness/major illness of the same member or other member of the family, then the remaining amount i.e Rs 1.5 lakhs will be utilized in minor illness/major illness.

- c.The remaining amount (as mentioned in para b) above) after first Major illness can also be utilized if the disease relapses or re-occurrence of same member.

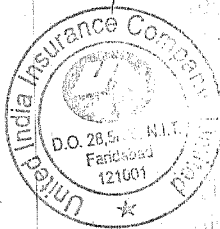


5.2 Registration

- 5.2.1 A working employee who wishes to avail the medical facilities under this Working Employees Group Health Insurance Scheme shall apply for the purpose, to the General Manager (Admn), HQ, Delhi/ Mumbai through Head of the Division. The application shall be made in prescribed form given at Annexure 'A'. All the working employees shall be deemed to be covered with the launch of the Scheme.
- 5.2.2 GM (Admn), Delhi/ Mumbai/PGM(HR) C.O., after scrutiny of the application and verification of eligibility conditions, issue an office order permitting the beneficiary to avail the facilities with a copy to the GM(F) of respective unit and DGM(Accts.) for C.O.

6. Miscellaneous

- 6.1 The company reserves the right to refuse the membership to any employee or terminate the same at any time, by giving one month's notice and specifying the reason thereof. Company's decision in this behalf shall be final.
- 6.2 In case of any dispute, decision of the Chairman cum Managing Director shall be final and binding.
- 6.3 The Company reserves the right to amend these Rules or the facilities admissible under this scheme at any time without any notice.



EXCLUSIONS

The company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

1. Injury or Disease directly or indirectly caused by or arising from or attributable to Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not)
2. Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or 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.
3. Cost of spectacles and contact lenses, hearing aids.
4. Dental treatment or surgery of any kind unless requiring hospitalisation.
5. Convalescence, general debility, "Run-down" condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs/alcohol.
6. All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLV - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS. However HIV/AIDS to be considered as per Govt Guidelines.
7. Charges incurred at Hospital or Nursing Home primarily for diagnosis, x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home or at home under domiciliary hospitalisation as defined.
8. Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
9. Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials
10. Naturopathy Treatment

- 11 External and or durable Medical / Non-medical equipment of any kind used for diagnosis and/or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e., walker, crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings, etc., of any kind, Diabetic foot wear, Glucometer/Thermometer and similar related items etc., and also any medical equipment, which are subsequently used at home etc.
- 12 All expenses arising out of any condition directly or indirectly caused to or related to known congenital diseases (internal and external).