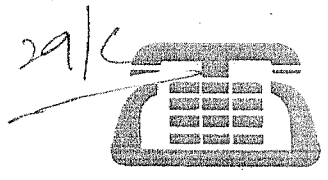


महानगर टेलीफोन निगम लि.

(भारत सरकार का उद्यम)

Mahanagar Telephone Nigam Ltd.

(A Government of India Enterprise)



MTNL/CO/Pers/Medical/Renewal/15-16 -1079

Dated: 23.06.2016

CIRCULAR

Sub: Group Health Insurance Policy for MTNL Working Employees, 2016

As per approval of Competent Authority, it has been decided to launch the **Working Employees Group Health Insurance Scheme, 2016**. The Indoor part of the Scheme will be managed through an Insurance Policy which will be served by **M/s United India Insurance Co. Ltd** through the TPA's in Delhi and Mumbai. (Details at Annexure-D).

For availing indoor treatment, the employees or their dependents shall go to the empanelled Hospitals of TPA, whose list shall be provided separately to each employee by the TPA. 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. Existing procedure for reimbursement of OPD expenses for employees shall continue as such till any further orders.

The Scheme shall take effect from 10.06.2016 for one year.

Salient features of the Scheme are as below:

1. Coverage from day one of operation of the Scheme.
2. All Pre-existing diseases shall be covered.
3. Exclusions as per Insurance Policy (refer Annexure-E).
4. Day Care Procedures as per insurance policy (refer Annexure-E).
5. Coverage for indoor treatment :
 - 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.
 - iii) No capping of sum insured on major illnesses (100% Sum Insured)
6. 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	17.5% of Sum Insured
b) Hernia	25% of Sum Insured
c) Hysterectomy	30% of Sum Insured
d) Maternity Benefit	25% of Sum Insured
e) Pre & Post Hospitalization	Maximum 15% of the sum insured

पंजीकृत एवं निगम कार्यालय : महानगर दूरसंचार सदन, 5 वां तल, 9 सी.जी.ओ. कॉम्प्लेक्स, लोधी रोड, नई दिल्ली-110003

फोन कार्यालय : 24319020, फैक्स : 24324243

Regd. & Corporate Office : Mahanagar Doorsanchar Sadan, 5th Floor, 9 CGO Complex, Lodhi Road, New Delhi-110003 India

Phone Off.: 24319020, Fax : 24324243

आप हमारे साथ हिन्दी में भी पत्राचार कर सकते हैं।

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

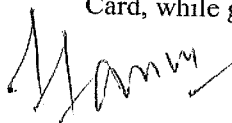
Major illness – angioplasty, cardiac surgeries, cancer surgeries, brain tumor surgeries, pacemaker implantation for sick/sinus syndrome, hip replacement and joint replacement, Kidney related diseases and transplant, Thalesemia, Amputation surgery of diabetic patient, radiation therapy, spinal cord injection. Any other such diseases where treatment is prolonged due to complications.	100% of the Sum Insured.
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8. Room/Bed Entitlement (refer Annexure-C), for indoor treatment.
9. Procedure for claim: (To be submitted to Help Desk of TPA)
- Cashless treatment can be availed in the Hospitals on the panel of TPA's.
 - Where cashless treatment is not possible, reimbursement shall be given by TPA to the extent of Insurance Cover subject to prior intimation to TPA & MTNL Office.
 - Reimbursable amount shall be remitted by cheque or through ECS in the Bank Account of the Employee
 - Amount can also be credited directly to the bank account of the employee where his/her salary is credited, at the option of the employee.
10. Family Definition: Definition of family as per office order No MTNL/CO/CGHIS-working employees/360 dated 02.03.2010(Family definition also covers employee self, one legal spouse, parents, any two children. (Maximum six members per family allowed). However Permanently disabled child irrespective of the age and third child born as twin along with the second child will be extended with the same facility as that of the children upto two.

The scheme will be operated from the Office of respective Area GMs in areas and GM(Admn) at HQ in Delhi and Mumbai The cases of Working employees of Corporate Office, shall be dealt at O/o GM(HR), C.O.

Documents to be submitted by Employee:

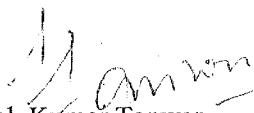
- A working employee who wishes to avail the indoor medical facilities under this Scheme shall apply for the purpose to the concerned Area GM in areas and GM(Admn), at HQ in Delhi and Mumbai / GM (HR) in C.O.
- For the purpose, Annexure 'A' and 'B' are to be filled and submitted without any delay (maximum within three months of launch of the Scheme).
- Thereafter, new Medical Identity Cards will be issued to the beneficiaries by the TPA. In case any beneficiary has not got his/her TPA medical card issued and in the meantime, is required to avail the treatment, he/she must carry his/her existing valid MTNL Medical Card, while going for Hospitalization.



Any further information in this regard may be had from the concerned GM (Admn) Office in Delhi and Mumbai/ GM(HR) in C.O. or from the day time Help Desks provided by the TPA(s) for the benefit of the employees (refer Annexure D).

This issues with the approval of the Competent Authority.

Hindi version follows.


Rakesh Kumar Tanwar
D GM (HR)

Note: This document can accessed from MTNL CO Intranet .

Encl: Annexure A, B, C, D & E

Copy to:

1. CMD, MTNL.
2. Director (HR).
3. CVO, MTNL
4. ED MTNL, Delhi/Mumbai.
5. GM (HR), MTNL, CO
6. GM (Admn)/ (Fin), MTNL, Delhi/Mumbai
7. DGM (A/c), MTNL, CO
8. DGM (IR), MTNL, Delhi/ Mumbai
9. General Secretary, Recognised Unions, Delhi/Mumbai
10. Sh. V.K Suri, Sr. D.M., M/s United India Insurance Co. Ltd.
11. M/s MediAssist India TPA Ltd.
12. M/s Paramount Health Services.
13. M/s Raksha TPA Pvt Ltd.
14. Office Copy

MTNL WORKING EMPLOYEES GROUP HEALTH INSURANCE SCHEME 2016
APPLICATION FOR REGISTRATION
(Tick mark whichever is applicable)

Area GM/GM (Admn)/GM(HR)

MTNL _____

Sir,

1. I am working employee of MTNL and would like to join the Company's Working Employees Group Health Insurance Scheme.

2. I request that medical coverage be extended to self and dependents as named below.

Sl. No.	Name of beneficiaries	Relation	Date of Birth	Specimen Signature

Note: Please enclose two passport size photographs of each member specified in above.

- Reimbursement of Indoor bills submitted from time to time may please be deposited in my bank account No. _____ with _____ Bank, New Delhi/Mumbai as admitted/ through cheque drawn in my name.
- I undertake to notify to the company any change in the above particulars as soon as it occurs.
- In understand that 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.
- I undertake to abide by the rules of this Scheme, as amended from time to time.
- My personal details are given below-

- Phone No. Res: _____ Mobile _____
- Name _____
- Emp.No _____ Staff. No. _____
- Designation _____ Scale of Pay _____ Basic.Pay _____
- Address for Correspondence _____

Above details are correct and in case it is found at any stage some information is concealed by me or found false, MTNL management may take suitable disciplinary action against me as per the provisions of CDA rules/Certified Standing Orders.

DATE: _____

Signature of the
applicant _____

ANNEXURE-B

MTNL WORKING EMPLOYEES GROUP HEALTH INSURANCE SCHEME 2016
INFORMATION FOR REIMBURSEMENT OF INDIVIDUAL MEDICLAIM

(A)

1. Name of the Employee _____
2. Emp.No _____ Staff No. _____
3. Date of Joining _____
4. Designation _____
5. Scale of Pay _____ Basic Pay _____
6. GM Office _____
7. Res. Phone No. _____ Mob. _____
E-mail. _____
8. Present Address _____

10. Details on Medical Card-

Sl. No.	Name of beneficiaries	Relation	Date of Birth	Specimen Signature

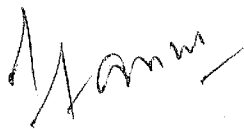
For Office Use:

- a) Validity of Card/Policy from _____ to _____ is checked and verified.
- b) Above facts are verified from Record, claim may be approved to the tune of Rs. _____

Seal & Signature of the TPA: _____

NOTE:

1. Please note that Medical Claims for reimbursement are to be made in the prescribed form of the Company.
2. Separate claim should be preferred for each patient and each spell of treatment

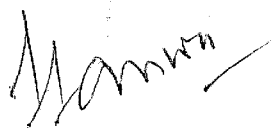


GHIS for MTNL WORKING EMPLOYEES

ROOM/BED ENTITLEMENTS FOR WORKING EMPLOYEES OF MTNL-

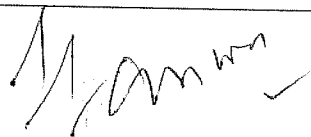
Sl. No.	Group	Cadre	Grade/Scale	Room/Bed Category
1.	'A'	CMD & Full Time Directors (on Board)	CMD & Full Time Directors (on Board)	At actual
		ED/CGM/CVO	E-9 +	At actual
		Jt GM/ GM/CE	E-7 to E9	Rs 4375/-
		CAO/DE/E.E./DGM/SE/CS	E5-E6	Rs.3750/-
2.	'B'	JAO/JTO/AM/Sr.AO/SDE/Sr SDE/PO/LOWO/ADET/Prob./ Trainees.	E1-E4	Rs. 3125/-
3.	'C'	Sr. TOA (G)/Sr. TOA(P)/TOA(G)/TOA(P)/SS/SSS /TTA/LD/TM/PM	NE 6- NE-12	Rs. 2250/-
4.	'D'	WA/PEON/Gateman	NE 1 – NE 5	Rs. 1500/-

- ❖ 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).



Annexure-D

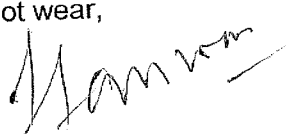
Insurer	Name/Address	Contact No.
	Mr. V K Suri , Sr. Divisional Manager United India Insurance Co. Ltd. Divisional Office-28,5R/5, NIT Faridabad Above Astha Eye Centre Faridabad-12100	0129-4074267. Mob:8860258077
TPA (Delhi)	1. Medi Assist India TPA Pvt Ltd	
Help Desk (Delhi)	Details enclosed as Annexure-1.	
TPA (Mumbai)	1. Paramount Health Services. 2. Raksha TPA Pvt Ltd	
Help Desk (Mumbai)	Details enclosed as Annexure 2 & 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:

- 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).

DAY CARE PROCEDURES

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	Hydrocele	Tonsillectomy
Fracture/dislocation excluding hairline fracture	Hysterectomy	Liver aspiration
Sclerotherapy		

or any other surgeries/procedures agreed by the TPA/MTNL which require less than 24 hrs hospitalisation.

