

## **POST SUPERANNUATION MEDIAL BENEFIT SCHEME (OLD SCHEME)**

### **SUM INSURED (IN-PATIENT TREATMENT)**

The policy shall be based **on Family Floater Sum Insured** for respective categories of retired officers as under :

- (a) Ex- Employee - Rs.1,50,000/-
- (b) Ex-Officer - Rs.2,00,000/-
- (c) EX - Director - Rs.3,50,000/-

### **HOSPITALISATION TREATMENT UNDER THE SCHEME**

- a) Room charges, ICU charges, nursing expenses, anesthesia, blood, oxygen, operation theater charges, surgical appliances, dialysis, chemotherapy, radiation-therapy, Angioplasty, Coronary Artery Bypass Graft Surgery (CABG), cost of pacemaker & stent, Automatic Implantable Cardioverter Defibrillators (AICD), cost of artificial limbs, medicines and drugs, diagnostic materials, X-ray, Traction material and similar other expenses.
- b) Dental procedures that are not cosmetic in nature. Root Canal treatment availed in day care facilities should also be covered. The ceiling limit for all other dental procedures other than Root canal Treatment (RCT) is Rs.5,000/- per family per year
- c) Professional charges of Doctors ,Surgeons, Anesthetists, Medical practitioners, Consultants, Specialists, etc.,
- d) Ambulance charges (excluding Air Ambulance).
- e) Medical and Diagnostic Tests and other related expenses.
- f) Medical & Drugs expenses.
- g) Pre-hospitalization expenses up to 30 days and Post-hospitalization expenses up to 60 days after discharge, including post operative physiotherapy and attendants charges in hospital or home if prescribed by the doctor to be covered.
- h) Cost of Domiciliary Hospitalization Medical treatment for a period exceeding 3 days.
- i) Hospitalization expenses consequent upon an accident.
- j) Cover is also extended towards the following treatments without any cap subject to the limit of Sum Insured :
  - a) External Counter Pulsation (ECP/EECP).
  - b) Choroidal Neo Vascular Membrane.
  - c) Rotational Field Quantum Magnetic Resonance (RFQMR).
  - d) Hyperbic Oxygen Therapy.
  - e) Sleep apnea.

- f) Treatment of wet type of ARMD(age related macular degeneration) including Lucentis /Avastin access solution.
- g) Chemotherapy ( covering Oral Chemotherapy) including targeted therapy.
- k) Cost of Spectacles, contact lens and hearing aids with ceiling limit of Rs.5,000/- per family per year.
- l) Treatment relating to all psychiatric and psychosomatic disorders up to ceiling limit of Rs.5,000/- per family per year.
- m) Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or and syndrome or condition of a similar kind commonly referred to as AIDS.
- n) All service charges within the ceiling limit of Rs.1,000/. Registration charges, taxes etc., at the time of admission will be covered
- o) Treatment undertaken in a Hospital /Nursing Home on the recommendation of Medical Practitioner for the diseases / illness or injury which require Hospitalization for less than 24 hours will be admissible in the case of dialysis, chemotherapy, radiotherapy, eye surgery, dental surgery, lithotripsy, tonsillectomy, dilatation and curettage, cardiac catheterisation, hydrocel surgery, hernia repair surgery, Root canaling and any other surgeries / procedures that require less than 24 hours hospitalization due to advancement in technology and as per standard Day Care treatment list.

## **EXCLUSIONS**

- a) Naturopathy Treatment
- b) Physiotherapy Charge not forming a part of the treatment
- c) All non-medical expenses including convenience items for personal comfort such as Telephone, Television, Aya, Private Nursing / barber or Beauty service, Diet charges, Cosmetics, Baby Foods, Tissue papers, Diapers, Sanitary Pad, Toiletry items and similar expenses.
- d) Vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
- e) Treatment taken outside India.
- f) Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.
- g) Travelling expenses or allowance for journey undertaken for the purpose of availing indoor treatment

