

राजस्थान सरकार  
राज्य बीमा एवं प्रावधायी निधि विभाग  
(साधारण बीमा निधि)

डी-ब्लॉक, द्वितीय तल, वित्त भवन, जनपथ, ज्योति नगर, जयपुर।

दूरभाष - 2740219, 2740292 (फैक्स)

मेडिकलेम बीमा पॉलिसी शिड्यूल

(विशेष निर्मित पॉलिसी)

मुख्य सचिव, राजस्थान सरकार, जयपुर

पॉलिसी नं. : जी.आई.एफ./ .81 / मेडि. / 2012-13 / 02

बीमा अवधि : 01.04.2012 से 31.03.2013 (मध्य रात्रि)

बीमित का नाम : समस्त राज्य कर्मी जो  
दिनांक 1.1.2004 के बाद  
भर्ती हुए हैं एवं आश्रित परिजन।

जारी की तारीख : 01.04.2012

कुल बीमा राशि : रूपये 2 लाख

(प्रति कर्मचारी एवं उनके नियमानुसार  
आश्रित परिजन)

प्रीमियम : 500/- + 12.36 : सेवा शुल्क+

30/- विविध खर्चा प्रति राज्य कर्मचारी  
(प्रीमियम राज्य सरकार द्वारा भुगतान)

Category - A / B / C

कुल कर्मचारी (जिनके लिए प्रीमियम प्राप्त) - 1,50,000

शुद्ध प्रीमियम रू. 7,50,00,000 /-

सेवाकर रू. : 92,70,000 /-

विविध खर्च रू. 45,00,000 /-

कुल प्रीमियम रू. 8,87,70,000 /-

(संदर्भ- प. 4 (12) वित्त/राजस्व/2004 पार्ट-1 लूज दिनांक 05.04.2012

जोखिम का विवरण

जोखिम आवरण : राज्य कर्मी तथा परिजनों हेतु गुप मेडिकलेम, विशेष रूप से निर्मित  
पॉलिसी-बीमा राशि रूपये 2 लाख

पॉलिसी : राज्य कर्मी के परिवार में निम्न शामिल है।

क्लॉज के अध्यक्षीन

(a) राज्यकर्मी (स्वयं), (b) उसका/उसकी पति/पत्नी

(c) 2 आश्रित बच्चें जिनकी आयु 21 वर्ष से अधिक नहीं हों।

(d) आश्रित माता/पिता राज्य कर्मी पर आश्रित माने जायेंगे: जबकि वे  
सामान्य तथा राज्य कर्मी के साथ, उसके तैनाती स्थल पर रहते हों एवं  
उनकी मासिक आय सभी स्रोतों से रूपये 2000/- से अधिक नहीं हो।

दावे के लिए सम्पर्क करें: इस पॉलिसी से संबंधित दावों/दस्तावेजों को निम्न कार्यालय में दें।

अनुयता मेडिनेट हैल्थ केयर टी.पी.ए. प्रा.लि.

बी-204 अमृत कलश बिल्डिंग, कमल एण्ड कम्पनी,

गोपालपुरा टोंक रोड जयपुर

वेब साइट: [www.anyutatpa.com](http://www.anyutatpa.com)

फोन नं.-0141-6596565 / 2700792, हैल्प डेस्क मो0 नं0: 8764176164

फैक्स नं0 - 0141 - 2700792

ई मेल:- [jaipurbo@anyutatpa.com](mailto:jaipurbo@anyutatpa.com)

उपरोक्त में यदि कोई परिवर्तन होता है तो उसकी सूचना पृथक से जारी की जावेगी।)

साधारण बीमा निधि की मेडिकलेम पालिसी की सामान्य शर्तों के अध्यक्षीन राज्य कर्मी को बीमा आवरण प्रदान किया गया है।

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अतिरिक्त निदेशक(मेडिकलेम)

-sd-

निदेशक

राज्य बीमा एवं प्रा0नि0 विभाग

**COVERAGE [ILLUSTRATIVE]**

1. The policy holder Government servant shall be entitled to indoor treatment in all State Government hospitals, Government Approved private Hospitals outside Rajasthan, TPA (Third Party Administrator) approved private hospitals within the State of Rajasthan.
2. The policy holder Government servant and his family members shall be entitled to reimbursement of cost of medicines, tests/investigations (carried out in Government hospital and/or in a private institution on the recommendation of the treating Government doctor), cost of implants implanted into the body of the patient and any payment made to the Government hospital/concerned Medicare Relief Society for all types of diseases/treatments taken as indoor patient in a Government hospital.
3. For the indoor treatment taken in approved private hospital within State and hospitals outside Rajasthan; policy holder Government servant and his family members shall be entitled for reimbursement of following expenses:-
  - A) Room, Boarding, Expenses charged by the Hospital/nursing home
  - B) Nursing Expenses.
  - C) Surgeon, Anesthetist, Medical Practitioners, Consultants, Specialists fees
  - D) Anesthesia, Blood, Oxygen, Operation Theatre charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, cost of Pacemaker, Artificial Limbs and cost of organs and similar expenses.
4. In case of death of insured during policy period the names of family members to be continued till expiry of the policy.
 

|                 |                   |
|-----------------|-------------------|
| Govt. Hospitals | Private Hospitals |
|-----------------|-------------------|
5. **Entitlement category for boarding/accommodation in the Hospital :-**

| Category | Pay Scale*                                      | Entitlement in Govt. Hospital | Entitlement in Approved Private Hospital | Maximum ceiling of Boarding/Accommodation Charges as per CGHS Package Rates |
|----------|---|-------------------------------|--|---|
| A        | Rs. 25000/- & above                             | Deluxe                        | Private Ward                             | Rs. 3000/- per day  |
| B        | Rs. 14000/- and about but less than Rs. 25000/- | Cottage                       | Semi Private Ward                        | Rs. 2000/- per day  |
| C        | Below Rs. 14000/-                               | General Ward                  | General Ward                             | Rs. 1000/- per day  |

\* Pay scale means basic pay (including grade pay) /fixed remuneration

Note: Actual boarding / accommodation charges of hospital rate shall be applicable but these charges can not be more than CGHS packages rates, indicated as above.

If insured takes treatment in higher category other than his entitlement, the reimbursement of cost of treatment will be made according to his category as prevalent in the hospital.

**EXCLUSION :**

The GIF 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/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 hospitalization due to an incident.
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 intoxication drugs/alcohol.
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 Muntz Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
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 of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
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. Pre existing disease shall not be covered under this scheme.
12. In such situations in which there are no urgency of hospitalization and treatment can be given at home.

**CONDITIONS :**

1. Every notice or communication to be given or made under this Policy shall be delivered in writing at the address of the TPA/GIF.
2. 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 immediately and in case of emergency Hospitalization with in 24 hours from the time of Hospitalization.
3. All supporting documents relating to the claim must be filed with TPA/GIF within 90 days from the date of discharge from the hospital. In case of post-hospitalization, treatment (limited to 45 days), all claim documents should be submitted within 90 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 GIF 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. In such cases Additional Director GIF can waive up to 6 month delay. While the delay of 6 to 12 month can be waived by Director SI&GPF.
4. The Insured Person shall obtain and furnish the TPA/GIF with all original bills, receipts and other documents upon which a claim is based and shall also give the TPA/GIF such additional information and assistance as the TPA/GIF may require in dealing with the claim.
5. Any medical practitioner authorized by the TPA/GIF shall be allowed to examine the Insured Person in case of any alleged injury or disease requiring Hospitalization when and so often as the same may reasonably be required on behalf of the TPA/GIF.
6. The GIF 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.
7. 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 India 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 GIF shall not be liable to pay or contribute more than its ratable 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.
8. The Policy may be renewed by mutual consent. The GIF shall not however be bound to give notice that it is due for renewal and the GIF 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 GIF shall refund to the insured a pro-rate premium for unexpired Period of Insurance. The GIF 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 GIF shall allow refund of premium at GIF's short period rate only provided no claim has occurred up to the date of cancellation.
9. If the TPA, as per terms and conditions of the policy or the GIF shall disclaim liability to the Insured for any claim hereunder and if the Insured shall not within 12 calendar months from the date or receipt of the notice of such disclaimer notify the TPA/GIF in writing that he does not accept such disclaimer and intends to recover his claim form the TPA/GIF then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
10. Cash less facility would be extended to the insured as per terms & conditions of the policy.
11. Insureds shall show their identity to the empanelled hospitals and fill up a prescribed form at the time of admission to take treatment at CGHS rates/packages. Forms are available at the reception counter of all empanelled hospitals. (**Appendix-5**). If an insured does not show identity and takes treatment without filling prescribed form then it is possible that hospital may charge their actual rates. In such cases GIF shall reimburse only on CGHS rates/ packages, difference amount shall be borne by the insured.