1. **OBJECTIVE**

Comprehensive Group Mediclaim policy to cover hospitalization expenditure incurred by the Employees and their dependents.

2. **ENTITLEMENT**

All on roll employees and their families are covered under this Policy. The 'Family' would include:

- Spouse
- Son / Daughter below the age of 21 Yrs

- Mediclaim coverage only up to 2 Children
- Any addition & deletion will be done subject to declaration.

3. **BENEFITS**

3.1 Grade wise entitlement is as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Grades</th>
<th>Amount (Lac's)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>DSM, EOC, M1, M2, M3, M4, ZSM, DM1</td>
<td>2.50</td>
</tr>
<tr>
<td>II</td>
<td>DM2, DM3, EX02, EX03, EX04, M5, M6, M7, M8, M9, M10, M11, M12, M13, M14, ARM, LC, RM, SRM</td>
<td>1.50</td>
</tr>
<tr>
<td>III</td>
<td>BC, ME, TB0, DM4, DM5, DM6, DM13, D15, D92, PE00</td>
<td>0.75</td>
</tr>
<tr>
<td>IV</td>
<td>CL01, CL02, CL03, CL04, CL05, CL06, DS3, DS4, PC00, F001, F002, F003, F004</td>
<td>0.50</td>
</tr>
</tbody>
</table>

3.2 The concept of 'Family Floater' on the overall limit of the family shall apply. This facility shall be beneficial in the event an employee or one of his declared dependents has to undergo a major surgery/hospitalization. The facility shall enable to "float" in full or part the sum insured of other members of the family to cover the expenses incurred in excess of individual entitlement of the member hospitalized.

3.3 All pre-existing diseases are covered.

3.4 Expenses on consultation for diagnosis including ECG, X-Ray, Pathological and other diagnostic tests before hospitalization shall form part of hospitalization benefits, provided such consultation and tests are necessary prelude to the member being admitted in the hospital for treatment or operation and are taken within 30 days prior to hospitalization.
3.6 The policy also covers reimbursement of post-hospitalization expenses in the form of corrective surgery or check ups including consultants/surgeons fee and charges for various tests and physiotherapy, cost of medicines incurred within 60 days of discharge connected with actual diagnosis for which hospitalization became necessary.

3.7 Expenses incurred towards Ambulance (one way up to Hospital) is covered. Reimbursement to this account would be equivalent to 1% of sum insured.

3.8 The policy provides reimbursement of Hospitalization expenses up to Sum Insured to an individual/family on floater basis subject to the following sub-limits:

<table>
<thead>
<tr>
<th></th>
<th>Room, Boarding Expenses</th>
<th>1% of Sum Insured</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>If Admitted in ICU</td>
<td>2% of Sum Insured</td>
</tr>
<tr>
<td>B</td>
<td>Surgeon, Anaesthetist, Consultant, Specialist Fees, Nursing Expenses</td>
<td>Within Sum Insured</td>
</tr>
<tr>
<td>C</td>
<td>Aesthesia, Blood, Oxygen, OT Charges, Medicines, Diagnostic Material &amp; X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs etc</td>
<td>Within Sum Insured</td>
</tr>
<tr>
<td>D</td>
<td>Total Expenses Incurred for any one’s illness</td>
<td>Up to Sum Insured</td>
</tr>
</tbody>
</table>

3.9 Children below 3 months are not covered. Congenital diseases and non-surgical treatment of any kind for diseases like enlarged tonsils and/or adenoids in the case of a child are excluded.

3.10 Routine Eye test and/or routine dental treatment and/or any kind of survey of eyes and teeth are excluded, unless necessitated by an accident.

3.11 The term “Hospital” in the policy is broadly defined as a Government Hospital run by the local, State or Central Health Authorities and the “Nursing Home” shall deem to mean an institution operated for the care & treatment of sickness or injuries and which has been Registered within the local Health Authorities and such Nursing Home should have minimum 15 beds.

Day care treatment of Cataract (Eyes) some critical illness e.g. Cancer (Chemotherapy), Renal Failure (Dialysis) etc. is payable, consequent upon hospitalization.

4. **PROCEDURE**

4.1 When an employee joins, he has to fill up a Declaration of Dependent Form giving the details of the family members who are dependent on him. Family will consist of spouse and up to two children up to the age of 21 years.
In case of subsequent changes in dependents, the employee should inform the HR Department within a week. The changes are subject to Clause-2 of this policy. The employee may claim hospitalization expenditure in respect of these individuals only.

4.2 The responsibility for timely and proper filing of claim is that of the concerned employee.

4.3 Information regarding hospitalization should be sent to the HR Department immediately or maximum within 3 days of hospitalization. The claim form, duly filled, and supported by necessary documents are to be submitted to the HR Department at the earliest, but not later than 15 days from the date of discharge from the hospital.

4.4 Claim forms through which claims must be made, shall be available with the HR Department and in the www.alkemites.com.

5. GENERAL

5.1 In the event of any claim filed and rejected by the insurance company as 'not payable', the company is not liable to compensate the employee with such claim amount.

5.2 The employee and his/her declared dependents will be considered covered under this policy only after one month of such declaration or date of joining which would be early. Hence any claim lodged within one month of declaration will not be payable under the policy.

5.3 The company may at its absolute discretion withdraw the policy without giving any prior notice or reason to the employees or make any modifications in the same.