



**Renewal of membership under SAIL Mediclaim Scheme-2012**  
**Extended upto 29<sup>th</sup> Feb, 2012**

This is to inform that the last date of Renewal for SAIL Mediclaim Scheme-2012, has been extended to 29th February, 2012.

All eligible members are requested to refer to the brief of SAIL Mediclaim Scheme – 2012 given below and submit the requisite documents to respective SAIL Plants/ Units, positively by 29<sup>th</sup> February, 2012.

It may also kindly be noted, that the last date of renewal will not be extended beyond 29<sup>th</sup> February, 2012, **under any circumstances.**

Sub: **Renewal under SAIL Medicaid Scheme - 2012**

Ref: **Medicaid Index Number (MIN) Self ..... Spouse .....**

Dear Sir/Madam,

At the outset we wish you a very happy and fulfilling new year.

As you are aware, the existing Medicaid Scheme has expired on 31<sup>st</sup> December 2011. For the SAIL Medicaid Scheme – 2012, the benefits under the scheme are as under:

- Hospitalization coverage (IPD) upto **Rs. 2.00 lacs per member with clubbing facility** between the Medicaid member and his/her spouse, for all members.
- The OPD coverage, for members **below 70 years of age is Rs. 4,000/- per member (no clubbing facility).**
- The OPD coverage, for members who have **completed 70 years of age as on 31.12.2011, will be Rs.8,000/- per member (no clubbing facility).**

It is hereby informed, that the SAIL Medicaid Scheme - 2012 has been renewed with M/s United India Insurance Co. for a period of one year from 1<sup>st</sup> January – 31<sup>st</sup> December 2012. From 01.01.2012, a Medicaid member can avail of the cashless facility under hospitalization, as was being done earlier. However, OPD facility will continue to be under reimbursement system. The administration of the Medicaid Scheme under cashless as well as on reimbursement basis will be done by Third Party Administrator (TPA). The cashless facility under hospitalization will be available in the hospitals empanelled by the TPA. For other hospitals, members can avail of the hospitalization facility, on reimbursement basis. The claims on account of reimbursement of OPD claims for 2012 will also be lodged with TPA. The details regarding the TPA, will be uploaded on the SAIL website shortly.

**Cappings/Ceilings** in the following areas will continue under SAIL Medicaid Scheme-2012:

- Room Rent Charges / Procedural Charges
- Implants/ Stents for Coronary Angioplasty
- Lenses for Cataract Surgery
- Implants for Knee/ Hip joint replacement

The details shall be available in the Medicaid Booklet which will be circulated to the members shortly. The details are also available on the SAIL Website and members are requested to apprise themselves regarding the said Cappings/ Ceilings before availing Medicaid facility.

**Members are further requested to strictly adhere to the following:**

- i) **Inform/Intimate, in writing to the TPA at least 48 hrs. prior to any elective/planned Hospitalization/Admission.**
- ii) **In case of Emergency Admission/Hospitalization, the TPA to be informed in writing within 24 hrs. of such hospitalization.**
- iii) **Claim intimation to be considered mandatory for both Cashless and Reimbursement claims.**
- iv) **Claim intimation to be sent via Letter/E-mail/Fax/Personally at TPA offices.**
- v) **Reimbursement claims with respect IPD/Hospitalization to be submitted within 30 days from the Date of Discharge from Hospital, to the TPA.**
- vi) **Reimbursement claims for pertaining to Post Hospitalization (IPD) treatment to be submitted within 30 days after the completion of permissible post Hospitalization treatment period of 60 days, to the TPA.**
- vii) **OPD Claims to be submitted to the TPA, only when the expenses exceed Rs.1000/- per person per policy period or within 30 days from the date of treatment, whichever is earlier.**

**For convenience of payment, members may also consider that to avail reimbursement of claims through ECS, members are advised to fill in the details as indicated in the attached Form.**

The premium payable for a member *under 70 years of age is Rs. 1721/- (Rupees One Thousand seven hundred Twenty One only) and the premium payable for a member who has completed 70 years of age and above, as on 31.12.2011, is Rs. 2498 (Rupees Two Thousand four hundred Ninety Eight only).* You are requested to refer the indicative table enclosed herewith, and arrive at the premium amount as per the date of birth of member and spouse. You are requested to renew your Medicaid membership for the year 2012 by sending the Demand Draft in favour of "SAIL A/c \_\_\_\_\_" (*Plant/Unit name to be specified in the blank*). Members may please note that the MIN Nos. of Self & Spouse may be indicated at the back of the Demand Draft. In case you do not receive the renewal confirmation from us within 30 days of sending the renewal fee, you may kindly contact us.

You are requested to submit all your pending Medicaid Bills pertaining to the year 2011 to MDIndia **latest by 15<sup>th</sup> January 2012** positively. The TPA to the Insurance company will **not** entertain any claims received by them after 15<sup>th</sup> January 2012.

Thanking you,

Yours sincerely,

Concerned IRP

## Application for Renewal/Enrolment of Membership for Medclaim Scheme – 2012

<b>Employee Details</b>																											
Name of Employee																											
Unit from where Retired							Place of Last Posting																				
Designation last held		Personnel Number																									
Date of Separation																Claim Centre (only for Enrolment)		KOLKATA		CHENNAI		DELHI		BHILAI		DURGAPUR	
		D		D		M		M		Y		Y		Y		Y		ROURKELA		BOKARO		SALEM		ASANSOL			
Name of Member																											
Date of Birth																Medical Index No. (MIN)				Gender (M/F)							
		D		D		M		M		Y		Y		Y		Y				(M/F)							
Name of Spouse																											
Date of Birth																Medical Index No. (MIN)				Gender (M/F)							
		D		D		M		M		Y		Y		Y		Y				(M/F)							
Address																											
Pin Code																Phone				Cell							
Email ID																											
Date of Enrolment (for fresh enrolments only)																Number of Members											
		D		D		M		M		Y		Y		Y		Y											
Premium for Employee (Rs.)							Premium for Spouse (Rs.)										Total Premium (Rs.)										
Nominee of Employee															Relation with Employee												
Nominee of Spouse															Relation with Spouse												
ECS Details					Employee					Spouse																	
Name of Account Holder																											
Name of Bank																											
Branch Name																											
Branch Address																											
Type of Account (tick)					Savings Bank					Current Deposit																	
Member Account No.										MICR Code																	
Spouse Account No.										MICR Code																	
IFSC Code Member										MIN No. Member																	
IFSC Code Spouse										MIN No. Spouse																	
<b>NOTE:</b> Cancelled Cheque to be submitted alongwith the form. MIN No. to be mentioned on the back side of the Cancelled Cheque.																											
Signature of Member										Signature of Spouse																	
Payment Details																											
Demand Draft No. (in favour of "SAIL A/c _____") (Plant/Unit name to be specified in the Blank)																											
Amount (Rs.)																											
Drawee Bank																											
<b>Note : Members are requested to kindly indicate their MIN No. at the back of the Demand Draft</b>																											
Demand Draft Receipt Date (For Official Use Only)																											
		D		D		M		M		Y		Y		Y		Y											
Members to Note																											
<ul style="list-style-type: none"> <li>● In case of pre-planned hospitalization -TPA to be intimated <u>in writing</u>, at least <u>48 hours</u> in advance; In case of Emergency-within <u>24 hrs</u> from the time of admission.</li> <li>● <u>Time Limit for submitting claims to TPA</u>  <ul style="list-style-type: none"> <li>IPD - Within 30 days from the date of discharge from the Hospital. <u>Post-Hospitalization</u> – within 30 days after completion of treatment period of 60 days.</li> <li>OPD - When the expenses exceed Rs.1000/- per person per policy period or within 30 days from the date of treatment, <u>whichever is earlier</u>.</li> </ul> </li> <li>● Cappings/Ceilings have been introduced in the Scheme. Members are requested to apprise themselves regarding the said Cappings/Ceilings before availing medclaim facility, from the SAIL Website / Medclaim booklet - 2012.</li> </ul>																											

**THE ABOVE TIME LIMITS TO BE STRICTLY ADHERED TO, SO THAT THE CLAIMS ARE NOT REJECTED.**

# SAIL Mediclaim Scheme - 2012

## 1.0 OBJECTIVES OF THE SCHEME:

To extend the Medical Benefits to the retired employees of SAIL and their spouses

## 2.0 PERSONS COVERED

- a. Retired employees of SAIL and their spouses.
- b. Employees who have taken voluntary retirement and their spouses.
- c. Employees who cease to be in employment on account of permanent total disablement and their spouses
- d. Spouse of an employee who dies in service.
- e. Employee who resign from the Company at the age of 57 or above and their spouse.

Apart from Fresh Enrolments during the year, only the persons who were members of SAIL Mediclaim Scheme – 2011, are eligible to renew membership under SAIL Mediclaim Scheme – 2012. This scheme is optional and those who opt for this scheme, are referred to as “members”.

## 3.0 POLICY COVERAGE

- a. SAIL Mediclaim Scheme shall include coverage of pre-existing diseases, provision of OPD facility, no age bar for entering Mediclaim membership and no restriction on enrolment/ renewal of membership of ex-employee etc.
- b. The policy covers reimbursement of Hospitalization and also Cashless Facility and/ or Out-Patient Department (OPD) expenses within the prescribed limits under the policy for illness/diseases contracted or injury / sustained by the insured person. In the event of any claim becoming admissible under the policy, the Insurance Company will pay to the insured member (Reimbursement) / Hospital (For Cashless Treatment), the amount of such expenses as reasonably and necessarily incurred anywhere in India. For the purpose of the said Mediclaim Scheme, the ex-employee and his/her spouse, to be treated as two distinct members.
  - **IPD (Hospitalization) Benefits:** Rs. 2.0 lakh per member per policy period with clubbing (floater) facility under hospitalization with his/her spouse which means that hospitalization benefit of Rs.2.0 lakhs per member can be clubbed between the Mediclaim members and their spouses (maximum clubbed limit Rs.4 lakhs per policy period).
  - **OPD Benefits:**
    - Rs.4,000/- per member, for members below 70 yrs. of age as on 31.12.2011
    - Rs.8,000/- per member, for members 70 and above yrs. of age as on 31.12.2011.

**Note:** Persons completing 70 years of age on 1.1.2012 will also be considered for enhanced OPD. Unlike IPD facility, the OPD facility cannot be clubbed between the ex-employee and his/her spouse.
- c. The retiring employees including their spouses who opt for Mediclaim membership are assigned policy number by our plants/units. These numbers are called Mediclaim Index Number (MIN). The system will continue to facilitate the smooth functioning of the scheme for 2012.

## 4.0 DEFINITIONS

- a. **Hospital/ Nursing Home** means any institution in India established for Indoor care and treatment of sickness and injuries and which has been registered either as a Hospital or Nursing Home with the local authorities and is under the Supervision of a registered and qualified Medical Practitioner.

For the purpose of O.P.D. treatment, "Hospital" shall mean:

- i. A Government Hospital,
- ii. Dispensaries/Clinics run by local Government authority/Municipalities,
- iii. SAIL Plant Hospitals/Dispensaries
- iv. SAIL Approved Hospitals/ Nursing Homes
- v. Franchisee of major Hospitals viz. Apollo, Max, Escorts, Fortis, etc. anywhere in India.

**Note:** The terms "Hospital" shall not include an establishment which is a place of rest, a place for the aged, a place for drug addicts or alcoholic, a hotel or a similar place.

### b. HOSPITALIZATION (IPD):

- i. Hospitalization facility can be availed from any Hospital or Registered Nursing Home in India. However, the Mediclaim member can avail **Cashless Facility** under Hospitalization, only in Hospitals, having 50 beds or above, which are empanelled by the Insurance Company for the purpose. However, this minimum Bed criteria of 50 Beds, shall not apply to Single speciality Eye Care Hospitals, for empanelment of Hospitals for Cashless treatment for eye diseases, by the Insurance Company.

- ii. When treatment such as Dialysis, Chemotherapy, Cataract, Lithotripsy, Radiotherapy and Microsurgery 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 Hospitalization Benefit Section.
- c. **OPD TREATMENT:** OPD Means treatment taken as an out-patient in any Govt. Hospital/SAIL Plant Hospital or SAIL approved Hospital/ Nursing Home. The Charges incurred for treatment taken from Registered Medical Practitioners or other than SAIL approved Hospital/Nursing Home will not be reimbursed. The Medicine should be prescribed by the Doctors on the letter heads of the hospital. Even though a medical practitioner is attached to any of the Govt. / SAIL plant hospital or SAIL approved hospital and if the treatment is taken by him/her privately, the OPD Claim amount will not be reimbursed, under any circumstances.
- d. **MEDICAL PRACTITIONER:** Means a person who holds a degree / diploma of a recognized institution and is registered by Medical Council of respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.
- e. **QUALIFIED NURSE:** Means a person who holds a certificate of a recognized Nursing Council and who is employed on recommendations of the attending Medical Practitioners.

## 5.0 HOSPITALISATION BENEFIT

**Reimbursement:** Reimbursement of actual charges upto Rs. 2,00,000/- per member per policy period (with clubbing facility between employee & spouse) is permissible. Claim under hospitalization benefit shall be admissible only when the patient is admitted in a hospital for a minimum period of 24 hours.

**Pre-hospitalization:** Relevant medical expenses incurred during the policy period, upto 30 days prior to the hospitalization specifically for that particular disease/ illness, for which hospitalization has taken place, shall be considered as part of claim under hospitalization. However, during pre-hospitalization period, medicines prescribed under regular OPD treatment for diseases/ illness not related to the said hospitalization, shall not be reimbursable under hospitalization claims.

**Post-hospitalization:** Relevant medical expenses incurred during the policy period, upto 60 days after the hospitalization, specifically for that particular disease/ illness for which hospitalization had taken place, shall be considered as part of claim under hospitalization. However, during post-hospitalization period, medicines prescribed under regular OPD treatment for diseases/ illness not related to the said hospitalization, shall not be reimbursable under hospitalization claims.

**Cashless:** Insurance Company/ TPA shall offer Cashless Service to the Insured, where treatment can be obtained without payment, subject to the terms and conditions of the policy, from empanelled hospitals as specified in clause no. b). Insurance Company/ TPA to settle the hospital bills directly on behalf of Insured.

## 6.0 OPD BENEFIT

- 6.1 Under no circumstances, the clubbing (Floater basis) of individual OPD limits of Rs. 4000/- or Rs. 8000/- (as the case may be) per head per policy period, will be permitted.
- 6.2 OPD treatment if availed in SAIL Plant Hospitals, the members are not required to pay any expenses. SAIL Plant Hospitals will make claims for any Treatment given to the member.
- 6.3 Dental Treatment can also be availed of within the existing limit of Rs. 4000/- per member for the policy under O.P.D. treatment. Cost of dentures will not be reimbursed.
- 6.4 In case of expenses on Eye Treatment, cost of spectacles/contact lenses shall not be reimbursed.
- 6.5 OPD Claims to be submitted by the Mediclaim member, to the TPA only when the expenses **exceed Rs. 1000 per person per policy period or within 30 days from the date of completion of the treatment, whichever is earlier.**
- 6.6 In case of treatment of ear, cost of hearing aid is not reimbursable.

## 7.0 MANDATORY CLAIM INTIMATION/ SUBMISSION:-

### 7.1 Claim Intimation for Hospitalization treatment on Cashless/ Reimbursement basis

- i) The Mediclaim member shall be required to inform / intimate, in writing, the Insurance Agency / TPA at least 48 Hrs Prior to any elective / planned Hospitalization / Admission.
- ii) In case of Emergency Admission / Hospitalization, the Insurance Company / TPA, to be informed by the Mediclaim member, in writing within 24 hrs of such hospitalization.
- iii) The Claim Intimation by the Mediclaim member, is mandatory for both Cashless & Reimbursement claims.
- iv) Claim Intimation can be sent via Letter/ Email/ Fax/ Personally delivered at TPA offices.

**The above must be adhered to, so that the claims are not rejected**

### 7.2 Claim Submission for Hospitalization treatment on Cashless/ Reimbursement basis

- i. The reimbursement claims with respect to IPD/ Hospitalization to be submitted to the TPA within 30 days from the Date of Discharge from the Hospital.
- ii. The reimbursement claims pertaining to Post Hospitalization (IPD treatment), to be submitted to the TPA within 30 days after the completion of permissible post Hospitalization treatment period of 60 days.

**The above must be adhered to, so that the claims are not rejected**

## 8.0 Cappings in Mediclaim Scheme:

8.1 Cappings in the area of room rent charges, the Implants/Stents used under various procedures like cataract surgery, coronary angioplasty, joint related disorder requiring knee/hip joint replacement excluding the associated procedure charges under the Scheme will be as given below:

- a) Maximum entitlement of room to be restricted to:
- For Metro Cities (Hyderabad, NCR, Bangalore, Mumbai, Chennai, Kolkata) - Ceiling of 2%, i.e Rs.4000/- of the sum insured per member or a single AC non-deluxe room per day, whichever is lower,
  - For non-metro cities which are State capitals - Ceiling of 1.5%, i.e Rs.3000/- of the sum insured per member or a single AC non-deluxe room per day, whichever is lower,
  - For rest of the country - Ceiling of 1%, i.e Rs.2000/- of the sum insured per member or a single AC non-deluxe room per day, whichever is lower;

In case a member goes for a higher category room, the consultation charges/ investigation charges/ procedural charges/ surgical Charges/ package rates etc. shall be limited to actuals or as per their corresponding rates for single AC non-deluxe room of the concerned hospital, whichever is lower.

b) Ceiling rates for different types of Intra Ocular Lens (IOL) Implants to be as per actuals or Rs. 10,000/- whichever is lower and shall be reimbursable in addition to the package rates for cataract surgery procedure. It should be mandatory for the operating surgeon of all hospitals to attach the empty IOL sticker, bearing the signature and stamp of the operating surgeon on it alongwith the bill in support of the type of IOL used containing its batch number. In case the same is not followed, the claim with regards to IOL implant, may be rejected.

c) Ceiling rates for different types of Coronary Stents to be as per the actuals or the rates as mentioned below, whichever is lower.

S.No.	Name of Drug Eluting Stent / Bare Metal Stent	Ceiling Rate
1	Cypher Stent	Rs. 95000 + VAT
2	Taxus Stent	Rs. 67300 + VAT
3	Endeavor	Rs. 85000 + VAT
4	Xience V EECSS	Rs. 95000 + VAT
5	Yukon choice	Rs. 55000 + VAT
6	Pronova	Rs. 50000 + VAT
7	Supralimus	Rs. 55000 + VAT
8	Bare Metal Stent	Rs. 45000 (all inclusive)

d) A maximum of three Coronary Stents shall be permitted on the advice of the specialist, of which not more than two shall be of Drug Eluting Stents (DES). However, DES shall be permitted only for patients where restenosis will involve high risk to patient's life i.e

- i) Osteal/Proximal LAD lesions;
- ii) Stenosis of a coronary artery, which is giving collaterals to another blocked artery, thus supplying a large area of myocardium; and,
- iii) Stenting of restenotic lesions after previous angioplasty.

It is essential for the hospital to quote the batch number when a Coronary Stent of any type (ordinary metal/Drug Eluting Stent) is implanted in the case of a beneficiary. In addition to this, the outer pouch of the Stent packet alongwith the sticker on it on which the details of the stent are printed shall also be enclosed with the medical bill for claiming reimbursement. In case hospital has not given the batch number and / or outer pouch of the stents in a particular case, the claim with regards to the implant, may be rejected.

e) Ceiling rates for different types of Knee and Hips implants, to be as per the actual rates or the rates as mentioned below, whichever is lower.

- i) Maximum ceiling for Knee implant to be Rs 75000/- (including cost of Bone cement)
- ii) Maximum ceiling for Hip implant to be Rs 75000/- (including cost of Bone cement)

**9.0 IMPORTANT EXCLUSIONS:** Under SAIL Mediclaim Scheme, the Insurance Company shall not be liable to make any payment in respect of any expenses whatsoever incurred by the insured person in connection with:

- i) Any Disease/ complication caused due to alcohol intake.
- ii) Any disease/ injury caused by War/Nuclear Weapons/Radiations / Breach of Criminal law.
- iii) Circumcision, cosmetic or Plastic Surgery unless necessitated by an accident or as a part of any disease/ illness.
- iv) All health check - ups, routine eye examinations and cost of glasses and contact lenses.
- v) Cost of dentures.
- vi) Convalescence, general debility, "Run-down" condition or rest cure, congenital diseases or defects, sterility, venereal diseases, intentional self injury and use of intoxicating drugs.
- vii) The Hospitalization charges in which Radiological/ Laboratory investigations/ other diagnostic studies have been carried out which are not consistent with or incidental to the diagnosis of treatment of positive existence or presence of any ailment, sickness or injury for which confinement at any Hospital/ Nursing Home, has taken place.
- viii) Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- ix) Treatment traceable to pregnancy/ child birth, voluntary medical termination of pregnancy during first 12 weeks of conception.
- x) Naturopathy Treatment.
- xi) 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 subsequently used at home etc.
- xii) Any kind of service charges, attendant food charges, surcharges, admission fees/ registration charges & Non-Medical expenses levied by the Hospital.
- xiii) Treatment for age related Macular degeneration with Injection Avastin/ Lucentis/ Macugen.
- xiv) Cytotron Therapy
- xv) Ozone Therapy
- xvi) Rejuvenation Therapy
- xvii) Enhanced External Counter Pulsation Therapy (EECP)
- xviii) Any unproven therapy

**10.0 Misuse of Scheme:** Stringent action to be taken against individuals found to be misusing the system/guilty of any fraudulent activity, viz. debarring member from Mediclaim membership, blacklisting hospitals, initiating suitable legal action etc., as deemed fit by SAIL Management.

**Indicative Table on SAIL Mediclaim Scheme – 2012**

Age Category	Benefit		Premium per member (Rs.)	Remarks
	IPD with clubbing (Rs. Lakhs)	OPD (Rs.)		
Below 70 years of age	2.00	4000	1721	<ul style="list-style-type: none"> <li>• In case both the members i.e. Self and Spouse have attained the age of 70 yrs. the Premium shall amount to <b>Rs.4996/-</b></li> <li>• In case member has attained 70 yrs. of age and the spouse is below 70 yrs. of age, or vice-versa, the Premium amount shall be <b>Rs.4219/-</b></li> <li>• In case both member and spouse are below 70 years of age, Premium amount shall be <b>Rs.3442/-</b></li> </ul>
70 yrs. & above (as 31.12.2011)	2.00	8000	2498	

**NOTICE:** The renewal of membership as per the format to be submitted at respective Plants/Units positively by 31st January.