



SAIL MEDICLAIM SCHEME (2023-24)

1.0 OBJECTIVE OF THE SCHEME:

To extend Medical Benefits to ex-employees of SAIL and their spouses

2.0 PERSONS COVERED:

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

Members: This scheme is optional and those Ex-employees and their spouses who opt for this scheme, are referred to as "Members". For the purpose of this Mediciclaim Scheme, the ex-employee and his/her spouse, are to be treated as two distinct members.

Apart from Fresh Enrolments (employees retiring & their spouses) during the Policy period (2023-24), only the persons who were members of SAIL Mediciclaim Scheme during the immediately preceding policy period, are eligible to renew membership under the Scheme for the concerned period.

3.0 VALIDITY OF THE SCHEME: SAIL Mediciclaim Scheme (2023-24) shall be valid for a period of one year. The Contract shall take effect from 11th July, 2023 (0000 Hrs IST) and Premium Offer shall remain valid up to 10th July, 2024 (2400 Hrs IST). SAIL, however, reserves the right to extend the Contract for a further period of 3-months from 11th July, 2024 to 10th October, 2024, on the same Terms and Conditions (including re-instatement of full benefits) & applicable (pro-rata) premium.

4.0 POLICY COVERAGE:

4.1 The policy covers the following:

- (i) **IPD (Hospitalization) Benefits:** Rs. 4.0 lakh per member per policy period with clubbing (floater) facility under hospitalization with his/her spouse which means that hospitalization benefit of Rs. 4.0 lakhs per member can be clubbed between the Mediciclaim members & their spouses (maximum clubbed limit Rs. 8.0 lakhs per policy period). The benefit would be in the form of reimbursement of hospitalization or cashless treatment within the prescribed limits under the policy for illness/diseases contracted/injury sustained by the member.
- (ii) **OPD Benefits:** Benefits under the policy for illness/diseases contracted/injury sustained by the member
 - a. Rs.4,000/- per member, for members below 70 years of age, as on the date of beginning of Policy period.
 - b. Rs.8,000/- per member, for members of 70 years and below 80 years age, as on the date of beginning of Policy period.
 - c. Rs.16,000/- per member, for members 80 years of age & above, as on the date of beginning of Policy period.

Note: Unlike IPD facility, the OPD facility cannot be clubbed between the member and his/her spouse.

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- (iii) In the event of any claim becoming admissible under the policy, the Insurance Company will pay to the member (Reimbursement)/Hospital (For Cashless Treatment), the amount of such expenses as reasonably and necessarily incurred anywhere in India.
- (iv) The retiring employees including their spouses who opt for Mediclaim membership will be assigned unique Identification numbers by the respective Plants/Units of SAIL. These unique Identification numbers are called Mediclaim Index Numbers (MIN). The system will continue to facilitate the smooth functioning of the scheme.

5.0 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.
- b. For the purpose of OPD treatment, "Hospital" shall mean:
 - i. A Government Hospital,
 - ii. Dispensaries/Clinics run by local Government Authorities/Municipalities,
 - iii. SAIL approved Hospitals/Nursing Homes
 - iv. Hospitals/Nursing Homes on the cashless panel of the Insurer/TPA prevailing during the insurance period
 - v. Branches/Franchisees of major renowned chains of Hospitals/Diagnostic centres namely Apollo, Max, Fortis, Sankara Nethralaya, Centre for Sight, etc.
 - vi. Ispat Cooperative Super Specialty Hospital, Sonarpur, Kolkata.
 - vii. Hospitals/Nursing homes approved under CGHS or those accredited by NABH

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

- c. **HOSPITALIZATION (IPD):** 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, including SAIL Hospitals.

However, this minimum Bed criteria of 50 Beds, shall not apply to SAIL Hospitals at its Mines and Single specialty Eye Care Hospitals, for empanelment of Hospitals for Cashless treatment for eye diseases, by the Insurance Company.

- d. **OPD TREATMENT:** OPD means treatment taken as an out-patient in any Hospital/Nursing Home/Diagnostic Centre as mentioned at Para 5b above. The Charges incurred for treatment taken from Registered Medical Practitioners or other than Hospitals/Nursing Homes/Diagnostic Centres as mentioned at Para 5b above, will not be reimbursed. The Medicine should be prescribed by the treating doctors on the letter heads of the hospitals covered under Para 5b above. The OPD Claim amount will not be reimbursed, if the treatment is taken from a medical practitioner privately even if he/she is attached to any of the approved hospitals for OPD treatment
- e. **Claim Settlement** – The insurer has to ensure that the claims under SAIL Mediclaim Scheme are settled and the recommended amount shall be paid within 15 days of submission of all claim documents by the members/their representatives.
- f. **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.
- g. **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.

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6.0 HOSPITALISATION BENEFIT:

6.1 Reimbursement: Reimbursement of actual charges upto Rs. 4,00,000/- (Rupees Four Lakhs only) per member per policy period (with clubbing facility between ex-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. However, when treatment/surgeries such as Dialysis, Chemotherapy, Radiotherapy, Ophthalmic Surgeries (Cataract/Glaucoma Surgeries etc.), Lithotripsy, Laproscopic surgeries, Microsurgery etc., 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 Hospitalisation Benefit. Indicative list of such approved Day Care procedures is also enclosed.

Hospitalization expenses for Ayurvedic/Homeopathic/Unani Treatment are admissible only when the treatment is taken in a Government Hospital/Medical College Hospital.

6.2 Pre-hospitalization: Relevant medical expenses incurred during the policy period, up to 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.

6.3 Post-hospitalization: Relevant medical expenses incurred during the policy period, up to 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. In case Hospitalization treatment is availed from a SAIL Hospital, post hospitalization treatment facility can only be availed from SAIL Hospitals or a Network Hospital/Hospitals empanelled by the Insurance Company and the TPA.

6.4 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. Insurance Company/ TPA to settle the hospital bills directly on behalf of Insured member.

7.0 OPD BENEFIT:

7.1 Under no circumstances, the clubbing (Floater basis) of individual OPD limits of Rs. 4,000/-, Rs. 8,000/- or Rs. 16,000/- (as the case may be) per head per policy period, will be permitted.

7.2 The members are not required to pay any expenses for OPD treatment availed in SAIL Plant Hospitals/Dispensaries.

7.3 Dental Treatment can also be availed of within the existing limit prescribed under OPD treatment. Cost of dentures will not be reimbursed.

7.4 Ophthalmic consultations for refractory error will be covered under OPD Benefits only.

7.5 Cost of spectacles/contact lenses shall not be reimbursed under the SAIL Mediclaim Scheme.

7.6 OPD Claims to be submitted by the Mediclaim member to the Insurance Company/TPA at any time but necessarily when the expenses exceed Rs. 2000 per person per policy period or within 90 days from the date of completion of the treatment, whichever is earlier.

7.7 In case of treatment of ear, cost of hearing aid is not reimbursable under the SAIL Mediclaim Scheme.

8.0 MANDATORY CLAIM INTIMATION/ SUBMISSION:

8.1 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 hours prior to any elective/planned Hospitalization/Admission.

ii) In case of Emergency Admission/Hospitalization, the Insurance Company/TPA, is 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/Online (Mediclaim Webpage)/ Whatsapp (universal no. to be provided by Insurer/ TPA)/Fax/Personally delivered at TPA offices.

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

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8.2 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), are 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.

8.3 SAIL Hospitals shall not lodge any claims with Insurance Company/TPA for the OPD and IPD treatment extended to Mediclaim members under the SAIL Mediclaim Scheme.

9.0 Cappings in Mediclaim Scheme:

9.1 Cappings in the area of room rent charges, associated procedure charges, investigation 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:
 - i. For Metro Cities (Hyderabad, NCR, Bangalore, Mumbai, Chennai, Kolkata) - (Ceiling of 1.5% i.e. Rs. 6000/-) of the sum insured per member or a single AC non-deluxe room per day, whichever is lower,
 - ii. For non-metro cities which are State capitals - (Ceiling of 1.25 % i.e. Rs. 5000/-) of the sum insured per member or a single AC non-deluxe room per day, whichever is lower,
 - iii. For rest of the country – (Ceiling of 1.0% i.e. Rs. 4000/-) of the sum insured per member or a single AC non-deluxe room per day, whichever is lower;
 - iv. There shall be no ceiling for the ICU and ICCU charges.
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) The rates for cataract surgery procedure would be limited to Rs 30,000/- and shall include the cost of IOL implant. However, there is no ceiling on the cost of different types of Intra-Ocular Lens (IOL). 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 in support of the type of IOL used along with its batch number. In case the same is not followed, the claim with regards to IOL implant may be rejected. In the case of Hospitals where IOL implant is part of the package rates for Cataract Surgery Procedure, the total package cost may be reimbursed subject to the limit of Rs. 30,000/- for one eye.
- c) The Prices of coronary stents as fixed by National Pharmaceutical Pricing Authority (NPPA), Government of India, from time to time shall be applicable. However, the following overall ceilings shall prevail:

S. No.	Name of Drug Eluting Stent / Bare Metal Stent	Ceiling Rate
1.	Cypher Stent	Rs. 95,000 + GST
2.	Taxus Stent	Rs. 67,300 + GST
3.	Element Stent	Rs. 95,000 + GST
4.	Endeavor	Rs. 85,000 + GST
5.	Xience V EECSS	Rs. 95,000 + GST
6.	Yukon choice	Rs. 55,000 + GST
7.	Pronova	Rs. 50,000 + GST
8.	Supralimus	Rs. 55,000 + GST
9.	Bare Metal Stent	Rs. 45,000 (all inclusive)

Ceiling rates for Coronary Stents other than the Stents mentioned above shall be as per actuals or Rs. 95,000/- plus GST, whichever is lower.

- d) A maximum of three Coronary Stents shall be permitted on the advice of the specialist, of which not more than two shall be Drug Eluting Stents (DES).

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 along with the sticker on it on which the details of the stent are printed shall also be enclosed with the Hospital bill for claiming reimbursement. In case the hospital has not given the batch number and/or outer pouch of the stents in a particular case, the claim of the implant may be rejected by the Insurance Company.

- e) The rates for Knee replacement procedure would be limited to Rs. 2,25,000/- and shall include the cost of Knee implant. However, there is no ceiling on the cost of different types of Knee implant.
- f) Hip implants shall be as per the actual rates or the rates as mentioned below, whichever is lower:
- i) Ceiling rate for different types of Hip implant to be Rs 1,00,000/- plus GST (including cost of Bone cement).
- g) In addition to the aforementioned cappings on Implants/Stents, the following cappings on procedures/ packages, as given below, shall also be applicable:

S. No.	Disease/ Treatment	Cappings*
1.	Hernia repair including Hernia Mesh	Rs. 80,000
2.	Cholecystectomy	Rs. 75,000
3.	Haemorrhoidectomy	Rs. 75,000
4.	Appendicetomy	Rs. 50,000
5.	Hysterectomy	Rs. 80,000
6.	Coronary Angiogram/ Angiography	Rs. 25,000
7.	Tonsillectomy	Rs. 15,000
8.	Procedure/ package rate for Cataract on one eye (including cost of IOL)	Rs. 30,000
9.	Knee Implantation-unilateral (including cost of implant)	Rs. 2,25,000
10.	Treatment for Macular Degeneration with Injection (generic name Avastin/Lucentis/Macugen/Eylea (generic name Aflibercept)/ Accentrix/ Razumab)	Rs. 1,00,000

**Plus GST, as applicable*

The above cappings/ ceilings are applicable on 'per Hospitalization' basis and shall be applicable only for cases where there are no complications/multiple diseases. Moreover, Pre-Hospitalization & Post-Hospitalization claims pertaining to the above treatments shall not come under the purview of the aforementioned cappings.

- h) The Medical Devices (Amendment) Rules, 2020, as notified by Ministry of Health & Family Welfare vide Gazette Notification vide GSR 102E dated 11.2.2020, along with amendments issued from time to time, with reference to implant have to be scrupulously followed. Reference is also invited to the order dated 30th March, 2022 issued by National Pharmaceutical Pricing Authority (NPPA) with respect to ceiling price of Coronary Stents along with amendments issued from time to time, have to be scrupulously followed.

10.0 IMPORTANT EXCLUSIONS: Under the 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 the following:

- 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) Cost of dentures, hearing aid, spectacles, cost of glasses/contact lenses etc.

total

- v) Convalescence, general debility, "Run-down" condition or rest cure, congenital diseases or defects, sterility, venereal diseases, intentional self injury and use of intoxicating drugs, except ARMD.
- vi) 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.
- vii) Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- viii) Voluntary medical termination of pregnancy during first 12 weeks of conception.
- ix) Naturopathy Treatment.
- x) 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.
- xi) Any kind of service charges, attendant food charges, surcharges, admission fees/ registration charges & Non-Medical expenses levied by the Hospital.
- xii) Cytotron Therapy & Ozone Therapy
- xiii) Preventive Health Check-ups from OPD as well as IPD benefit
- xiv) Enhanced External Counter Pulsation Therapy (EECP)
- xv) Robotic Surgery/Robotically assisted surgery (other than critical surgeries of Cancer/Neurological Procedures where precision is required)
- xvi) Any unproven therapy
- xvii) Ayurvedic treatment if it is not an active line of treatment.
- xviii) Rejuvenation therapy/Massage/Panchkarma
- xix) Stem cell Transplantation except Haemopoetic Stem Cell Transplant/Bone Marrow Transplant

11.0 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.


12.0 Premium Sharing Ratio (SAIL:Member):

- i. For members below 70 yrs of age: 70:30
- ii. For members between 70 yrs and below 80 yrs of age: 85:15
- iii. For member aged 80 yrs & above: Company shall bear the whole premium. However, Members under this category, shall be required to pay a token amount of Rs. 100/- per member as enrolment charges.

Member's share in the premium shall be collected on an annual basis. Employees desirous of enrolment under the scheme on superannuation during the year shall be required to pay a fixed percentage of the total premium (30% of annual premium applicable for members below 70 years of age) which shall be reduced proportionately based on the number of days they are covered during that year.

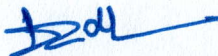
13.0 Fresh Enrolments: Though, a retiring employee can deposit the premium contribution within one month from the date of his/her retirement, the member would get coverage prospectively, from the date of payment of premium contribution.

14.0 Super Top-up Facility: Facility of super Top Up will be there for willing ex-employees on payment of full premium on the existing Terms & Conditions of enrolment in SAIL Mediclaim Scheme. The cost of such super Top-up facility will have to be borne by the respective member/spouse in case he/she wishes to opt for such facility



INDICATIVE LIST OF DAY CARE PROCEDURES

1. Suturing - CLW -under LA or GA
2. Surgical debridement of wound
3. Therapeutic Ascitic Tapping
4. Therapeutic Pleural Tapping
5. Therapeutic Joint Aspiration
6. Aspiration of an internal abscess under ultrasound guidance
7. Aspiration of hematoma
8. Incision and Drainage
9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus
10. Endoscopic Foreign Body Removal -Oesophagus/stomach /rectum.
11. True cut Biopsy - breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/-Nerve biopsy/-Synovial biopsy/-Bone/ trephine biopsy/ pericardial biopsy
12. Endoscopic ligation/banding
13. Sclerotherapy
14. Dilatation of digestive tract strictures
15. Endoscopic ultrasonography and biopsy
16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
17. Endoscopic placement/removal of stents
18. Endoscopic Gastrostomy
19. Replacement of Gastrostomy tube
20. Endoscopic polypectomy
21. Endoscopic decompression of colon
22. Therapeutic ERCP
23. Brochosopic treatment of bleeding lesion
24. Brochosopic treatment of fistula /stenting
25. Bronchoalveolar lavage & biopsy
26. Tonsillectomy without Adenoidectomy
27. Tonsillectomy with Adenoidectomy
28. Excision and destruction of lingual tonsil
29. Foreign body removal from nose
30. Myringotomy
31. Myringotomy with Grommet insertion
32. Myringoplasty /Tympanoplasty
33. Antral wash under LA
34. Quinsy drainage
35. Direct Laryngoscopy with or without biopsy
36. Reduction of nasal fracture
37. Mastoidectomy
38. Removal of tympanic drain
39. Reconstruction of middle ear
40. Incision of mastoid process & middle ear
41. Excision of nose granuloma
42. Blood transfusion for recipient
43. Therapeutic Phlebotomy
44. Haemodialysis/Peritoneal Dialysis
45. Chemotherapy (including Oral Chemotherapy)
46. Radiotherapy
47. Coronary Angioplasty (PTCA)
48. Pericardiocentesis
49. Insertion of filter in inferior vena cava
50. Insertion of gel foam in artery or vein
51. Carotid angioplasty
52. Renal angioplasty
53. Tumor embolisation
54. TIPS procedure for portal hypertension
55. Endoscopic Drainage of Pseudo-pancreatic cyst
56. Lithotripsy
57. PCNS (Percutaneous nephrostomy)

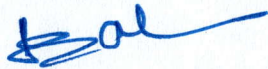


58. PCNL (percutaneous nephrolithotomy)
59. Suprapubic cystostomy
60. Tran urethral resection of bladder tumor
61. Hydrocele surgery
62. Epididymectomy
63. Orchidectomy
64. Herniorrhaphy
65. Hernioplasty
66. Incision and excision of tissue in the perianal region
67. Surgical treatment of anal fistula
68. Surgical treatment of hemorrhoids
69. Sphincterotomy/Fissurectomy
70. Laparoscopic appendicectomy
71. Laparoscopic cholecystectomy
72. TURP (Resection prostate)
73. Varicose vein stripping or ligation
74. Excision of dupuytren's contracture
75. Carpal tunnel decompression
76. Excision of granuloma
77. Arthroscopic therapy
78. Surgery for ligament tear
79. Surgery for meniscus tear
80. Surgery for hemoarthrosis/pyoarthrosis
81. Removal of fracture pins/nails
82. Removal of metal wire
83. Incision of bone, septic and aseptic
84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
85. Suture and other operations on tendons and tendon sheath
86. Reduction of dislocation under GA
87. Cataract surgery
88. Excision of lachrymal cyst
89. Excision of pterigium
90. Glaucoma Surgery
91. Surgery for retinal detachment
92. Chalazion removal (Eye)
93. Incision of lachrymal glands
94. Incision of diseased eye lids
95. Excision of eye lid granuloma
96. Operation on canthus & epicanthus
97. Corrective surgery for entropion & ectropion
98. Corrective surgery for blepharoptosis
99. Foreign body removal from conjunctiva
100. Foreign body removal from cornea
101. Incision of cornea
102. Foreign body removal from lens of the eye
103. Foreign body removal from posterior chamber of eye
104. Foreign body removal from orbit and eye ball
105. Excision of breast lump /Fibro adenoma
106. Operations on the nipple
107. Incision/Drainage of breast abscess
108. Incision of pilonidal sinus
109. Local excision of diseased tissue of skin and subcutaneous tissue
110. Simple restoration of surface continuity of the skin and subcutaneous tissue
111. Free skin transportation, donor site
112. Free skin transportation recipient site
113. Revision of skin plasty
114. Destruction of the diseases tissue of the skin and subcutaneous tissue
115. Incision, excision, destruction of the diseased tissue of the tongue
116. Glossectomy
117. Reconstruction of the tongue

total

118. Incision and lancing of the salivary gland and a salivary duct
119. Resection of a salivary duct
120. Reconstruction of a salivary gland and a salivary duct
121. External incision and drainage in the region of the mouth, jaw and face
122. Incision of hard and soft palate
123. Excision and destruction of the diseased hard and soft palate
124. Incision, excision and destruction in the mouth
125. Surgery to the floor of mouth
126. Palatoplasty
127. Transoral incision and drainage of pharyngeal abscess
128. Dilatation and curettage
129. Myomectomies
130. Simple Oophorectomies
131. Coronary Angiography
132. Dental Surgery (following Accident)
133. Hysterectomy
134. Laproscopic Therapeutic Surgeries
135. Use of Immunotherapy/ Hormone therapy/ Targeted therapy etc. for treatment of Cancer (capping of Rs. 1 lakh per member)

Any other surgeries/procedures agreed to by SAIL, Insurance Company and TPA, requiring less than 24 hours hospitalization will also be considered under Hospitalization.



ANNEXURE-II

The premium payable for renewal of membership and rates for the Super Top-up Policy under the SAIL Mediclaim Scheme (2023-24), for various age categories is as detailed below:

a. Premium for single member

Member Age-Group	Renewal Premium per member payable by the Member (in Rs.)
Below 70 yrs.	Rs. 7505/-
Between 70 to 80 yrs.	Rs. 5045/-
80 yrs. & above	Rs. 100/-

b. Premium for member with spouse

PREMIUM FOR BOTH MEMBERS AGE CATEGORY WISE		
(Figures in Rs.)		
AGE OF MEDICLAIM MEMBER	AGE OF SPOUSE	TOTAL PREMIUM FOR BOTH MEMBERS
BELOW 70 YRS	BELOW 70 YRS	Rs. 15010/-
	B/W 70-80 YRS	Rs. 12550/-
	80 YRS & ABOVE	Rs. 7605/-
B/W 70-80 YRS	BELOW 70 YRS	Rs. 12550/-
	B/W 70-80 YRS	Rs. 10090/-
	80 YRS & ABOVE	Rs. 5145/-
80 YRS & ABOVE	BELOW 70 YRS	Rs. 7605/-
	B/W 70-80 YRS	Rs. 5145/-
	80 YRS & ABOVE	Rs. 200/-

The premium rates for the Super Top-up Policy offered by M/s NIA :

Age of member	Super Top up sum insured (Rs. In Lakhs)	Threshold (Rs. In Lakhs)	Self or Spouse	Both
Below 70 years	5	4	14843	NA
Above 70 years	5	4	17810	NA
Below 70 years	5	8	NA	22264
Above 70 years	5	8	NA	26717
Below 70 years	10	4	25231	NA
Above 70 years	10	4	30279	NA
Below 70 years	10	8	NA	37849
Above 70 years	10	8	NA	45418
Below 70 years	15	4	34857	NA
Above 70 years	15	4	41829	NA
Below 70 years	15	8	NA	52285
Above 70 years	15	8	NA	62742
Below 70 years	20	4	43747	NA
Above 70 years	20	4	52496	NA
Below 70 years	20	8	NA	65619
Above 70 years	20	8	NA	78744

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