

***The following are the tailormade terms and conditions for TOP UP GMC policy of Insured :
M/s. Garware Club***

Plan 'B' (TOP UP POLICY)

1) **Sum Insured** : FLOATER from Rs. 5 Lacs TO Rs 30 Lacs in multiples of 5 lacs as opted by Insured Person

2) CAPPING ON ROOM RENT & ICU

For S.I. Rs. 5 lacs : Rs. 5000/- & Rs. 7500/- for Room Rent & ICU respectively

S.I. Rs. 10 lacs: Rs. 10000/-& Rs.12500/- for Room Rent & ICU respectively

Above S.I. Rs. 10 lacs : Rs. 12000/- & Rs.14500/- for Room Rent & ICU respectively

3) Family Size :

For Members : For Member upto the age of 65years (1+4 = Member of the Club + Spouse + first 3 Dependent Children upto the age of 25years,)

Unmarried daughter will be covered without age limit for Existing Members(Not applicable for parent Policy)

For Members above 65 years onwards(i.e. Date of Birth earlier than 30.06.1958) it is 1+1 i.e.

Self & Spouse only (for existing members in the currunt policy)

For Parents : 1+ 1 (Self & Spouse) Parents/Parents- In- Laws covered .No cross selection allowed. Age restriction for new parents/enrollment is upto 65 years.

However, for new members and dependents enrolling for the first time the age restriction is 65 years(age to be considered as on 1st July 2023)

4) If the Insured occupies a room with a room rent limit over his eligibility as per the Insurance policy, then all the other charges shall be limited to the charges applicable for the eligible room rent or actual, whichever is lower accordingly enhanced difference in room rent and all expenses shall be borne by the Insured/member only,in same proportion except medicine.

5) GIPSA PPN Rate applicable for network hospital.

6) 30% Co-pay on each and every claim

7) Capping on cataract Rs.50,000/- per eye.

8) All benefits will be as per standard GMC policy based on sum Insured opted.

9) No Maternity Benefits.

10) New Born Baby covered from Day One. This is subject to declaration of baby details within 30 days from the date of birth or at the time of renewal (Not applicable for parent Policy).

11) For new joinees, Chemotherapy or any other therapy/Immunotherapy for cancer and Dialysis are not covered . Any pre-existing disease also not covered for the 1st year of enrollment.

12) Only in case of Cardiac Arrest and Cardiac Ambulance being used.Ambulance charges payable shall be actual expenses incurred subje to maximum of Rs.12500/- .In all other cases Ambulance charges will be restricted to Rs. 2500/-.

13) Angioplasty and Oral Chemotherapy will be included in day care procedures in this Medclaim Policy.

14) No addition/deletion of members are allowed under the policy.

15) For new Joinee.Top Up will be with a deductible of 10 lacs. Deductible of Rs.10 lacs will be applicable per person per year.

16) Warranted that in case the person covered under the policy has lodged any claim under the previous policy and the sum insured is enhanced under the current policy,for a further claim for the same disease during the current policy, the earlier limit of Sum Insured shall be applicable and not the enhanced sum insured. Increase Sum Insured will not be used for Pre-existing disease.

17) Any claim/s in respect of covered expenses specified shall be payable by the company only,if the aggregate of covered expenses in respect of hospitalisation/s of **each** person exceeds the Threshold Level of Rs. 5 lacs for existing members and Rs. 10 lacs for new Joinees and all limits of reimbursement under any other Health Insurance Policy/Reimbursement Scheme available to the Insured person have been exhausted.

18) The claim payable under this Policy will be the amount by which the aggregate of such covered expenses in respect of hospitalisations with dates of admission falling within the policy period exceeds the higher of the following :

a) The Threshold Limit shall be applicable **per person in the family per policy period** and stated in the schedule &

b) The amount received/receivable under any/ all Health Insurance Policies (Whether or not issued by the Company)/Reimbursement Scheme and including any amount paid earlier under this policy covering the insured person/family as applicable for such Covered Expenses.

II) In no case shall the Company be liable to pay any sum in excess of the Sum Insured in aggregate of all claims during the period of this policy.

18) In case of claim for critical illness (11 critical illnesses as per IRDAI) additional sum insured for critical illness will come into force only when basic Sum Insured under Base Policy and Top Up policy gets exhausted. Additional sum insured will be equivalent to the base plan sum insured of the member. Additional Sum Insured for Critical illness will be available only

to members already covered in 2020-21 & 2021-22 in continuation. New members/Joinees will not have this benefit under policy.

19) If the claim event falls within two Policy Periods, the claims WILL NOT BE PAID taking into consideration the available Sum Insured in the two Policy Periods. Claims are admissible ONLY in the policy period wherein date of loss/date of admission falls

20) All the following procedures, will be covered in the policy, if treated as in-patient care or as a part of domiciliary hospitalization or as day care treatment in the hospital, within the sub-limits in the complete policy period which is as defined below:

Name of the Procedure	Sub limits for suminsured slab from Rs.1.0 lac to Rs. 10.0 lacs	Sub limits for sum insured slab from Rs.12.0 lac to Rs. 50.0 lacs
A. Uterine Artery Embolization and HIFU	Per policy period: Up to INR 50,000.	
B. Balloon Sinuplasty	Per policy period: Up to INR 50,000.	
C. Deep Brain stimulation	Per policy period 10% of SI, subject to maximum INR 50,000.	Per policy period 10% of SI, subject to maximum INR 1,50,000.
D. Oral chemotherapy	Per policy period 25% of SI, subject to maximum INR 50,000.	Per policy period: Up to INR 1,50,000.
E. Immunotherapy-Monoclonal Antibody to be given as injection	Per policy period 10% of SI, subject to maximum INR 50,000.	Per policy period 10% of SI, subject to maximum INR 1,50,000.
F. Intra vitreal injections	Per policy period 10% of SI, subject to maximum INR 50,000.	Per policy period 10% of SI, subject to maximum INR 1,50,000.
G. Robotic surgeries	Per policy period 10% of SI, subject to maximum INR 1,00,000.*	Per policy period 10% of SI, subject to maximum INR 2,00,000.*
	*(The sub limit is on the cost incurred due to modern treatment methods of robotics and associated expenses and this amount is over and above the limit for conventional surgery for that ailment).	
H. Stereotactic radio surgeries	Per policy period 10% of SI, subject to maximum INR 1,00,000.	Per policy period 10% of SI, subject to maximum INR 2,00,000.
I. Bronchial Thermoplasty	Per policy period 10% of SI, subject to maximum INR 1,00,000.	Per policy period 10% of SI, subject to maximum INR 2,00,000.
J. Vaporization of the prostate (Green laser treatment or holmium)	Per policy period 10% of SI, subject to maximum INR 50,000.	Per policy period 10% of SI, subject to maximum INR 1,50,000.

laser treatment)		
K. IONM - (Intra Operative Neuro Monitoring)	Per policy period 10% of SI, subject to maximum INR 50,000.	Per policy period 10% of SI, subject to maximum INR 1,50,000.
L. Stem cell therapy: Hematopoietic stem Cell	Per policy period 10% of SI, subject to maximum INR 50,000.	Per policy period 10% of SI, subject to maximum INR 1,50,000.

21) All other Terms and conditions as per Standard GMC policy.

IRDA REGULATION NO.5: This policy is subject to regulation 5 of IRDA (Protection of Policy Holder interest) regulation.
