

IREL (India) LIMITED

Group Mediclaim Policies for Retired Employees & Dependent spouse for the Financial Year 2026-27



Insurance Company:
Aditya Birla Health
Insurance Co Ltd



3rd Party Administrator:
Medi Assist Insurance
TPA India Pvt Ltd.

Policy Benefits – Base & Top-up Policy

Insurance Company

Aditya Birla
Health Insurance
Co Ltd



Policy Start Date

1st April 2026



Family Coverage

Self and / or Spouse of the
Retired / Voluntary
Retirement / Expired
Employees



Base Sum Insured (INR)*

2.25 Lakhs, 3.00 Lakhs,
5.25 Lakhs



Time Bound Waiting Periods

1st, 2nd & 4th Year policy
waiting period Exclusion



3rd Party Administrator

Medi Assist
Insurance TPA India
Pvt Ltd.



Policy End Date

31st March 2027



Cashless Claim

Paperless Benefit in
Network Hospital



Top up Sum Insured (INR)*

2.25 Lakhs, 3.00 Lakhs,
5.25 Lakhs

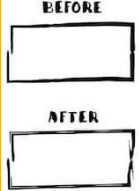


Time Bound Waiting Periods

1st 30 days policy waiting
period Exclusion




Coverages



Pre 30 & Post 90

Pre & Post Hospitalization **covered (30 days & 90 days)** respectively. Physiotherapy within post hospitalization up to 90 days



Room Rent Limit

A cap of 1% for normal room & **3%** for ICU/ICCU of the respective Base Sum Insured per day for all grades except, CMD and Functional Directors. For CMD & Functional Directors the room rent and ICU/ICCU charges shall be payable on actuals.




Ayush Treatment *

Covered in a government hospital or in any institute recognized by government and/or accredited by QCI or NABH in line with IRDAI guidelines. The limit shall be upto 25% of Family Base Sum Insured.




Pre-existing Diseases

All existing Ailments / on-going treatments are Covered from day 1




Expensive / Diagnostic tests *

In case of Emergency, upto Sub-Limit of **Rs.30,000** Per Family. Day care procedure list to include expensive diagnostic tests / Invasive investigation/procedures limited to colonoscopy, excise biopsy, CT Scan, USG MRI, PET Scan



Congenital Diseases

Internal Disease covered and External is covered only in life threatening situation



General or Local Anaesthesia *









If the surgery is undertaken under General or Local Anesthesia in a hospital / day care center in less than a day because of technological Advancement and which would have otherwise required hospitalization of more than a day.



Fracture on OPD *

Treatment of fracture on OPD basis limited to **INR 30,000** per case

Coverages

 <p>Psychiatric ailments *</p>	 <p>Cataract Treatment Limits *</p>	 <p>Chemotherapy</p>	 <p>Lasik Treatment</p>	 <p>Ambulance Charges*</p>	 <p>Hearing / Walking aid / Crutch*</p>	 <p>Genetic Diseases or Disorders*</p>	 <p>Co-payment</p>
<p>Treatment of mental illness, stress or psychological disorders, psychosomatic disorders and neurodegenerative disorders undertaken at a Hospital categorized as Mental Health</p>	<p>The charge of surgery and treatment of cataract (per incidence) Rs. 50,000/- subject to the overall sum insured limit Insured person can opt for any type of cataract surgery, (monofocal or multifocal) subject to his limit of insured amount.</p>	<p>Chemotherapy Including adjuvant including Adjuvant Chemo / Immune modular hormonal therapy monoclonal antibodies and / or Chemo in any form like OPD, day care, oral or through injection is covered.</p>	<p>Lasik treatments are covered for correction of Refractive error above +/- 7.5. Cosmetic treatments are not covered</p>	<p>Ambulance charges are payable up to Rs. 5,000/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised.</p>	<p>Cost of hearing aid/walking aid/crutch shall be payable subject to a maximum of Rs 20,000/- per family, once in 3 years, subject to production of supporting prescription from the treating Specialist Doctor</p>	<p>Cover for Genetic diseases or disorders are to be covered upto Family Floater Sum Insured per policy period</p>	<p>Co-payment is not applicable in Base as well as Top up policy</p>

Coverages



Cover modern treatment (details given below) methods. This shall be upto 100% of GMP SI **without any sublimit.**

- | | |
|---|--|
| 1. Uterine Artery Embolization and HIFU | 10. Vaporization of the prostate (Green laser treatment or holmium laser treatment) |
| 2. Balloon Sinuplasty | 11. IONM (Intra Operative Neuro Monitoring) |
| 3. Deep Brain Stimulation | 12. Stem cell therapy |
| 4. Oral Chemotherapy | 13. External Counter Pulsation (ECP/EECP) |
| 5. Immunotherapy - monoclonal antibody to be given as injection | 14. Treatment for osteoporosis via injection (Romosozumab (Evenity), Denosumab injection)- |
| 6. Intra vitreal injections | |
| 7. Robotic surgeries | |
| 8. Stereotactic radio surgeries | |
| 9. Bronchical Thermoplasty | |



Base Policy Sum Insured

- Non-Executives and staff covered under the Long Term Settlements (Cat.-I) **Rs. 225,000/-**
- Executives at E0 To E5 & Non-Unionised Supervisor (NUS) (Cat.-II) **Rs. 300,000/-**
- Executives at E6 To E8 (Cat.-III) **Rs. 525,000/-**

Top up Policy Sum Insured

- Non-Executives and staff covered under the Long Term Settlements (Cat.-I) **Rs. 225,000/-**
- Executives at E0 To E5 & Non-Unionised Supervisor (NUS) (Cat.-II) **Rs. 300,000/-**
- Executives at E6 To E8 (Cat.-III) **Rs. 525,000/-**

Annual (Comprehensive) Health Checkup: For all category of employees Per family limit - **Rs. 2,000/-** from within sum insured.

Coverages

1. The Base GMP & GTUP shall not have any separate caps or sub-limits under different heads, except those prescribed for room rents/ICU/ICCU, ambulance charges and cataract surgery expenses as mentioned above
2. The claims for hospitalization under the Group Medclaim Policy (GMP) & Group Top Up (GTUP) shall be intimated to Insurer/TPA by the insured person or by the hospital concerned immediately after admittance in the hospital and in any case not later than 7 days after admittance in the hospital failing which INSURER shall have the right to reject such claims
3. The medical benefits to the retired employees and their spouses under the Scheme will be admissible for the treatment taken only in India
4. LIMIT OF LIABILITY PER ANNUM AFTER RETIREMENT: The employee along with their spouses only will be covered under the Group Medclaim Policy (GMP) & Group Top Up (GTUP) Scheme and the limits of liability would be restricted to the maximum amount shown below on floater basis
5. Coverage on floater basis means the hospitalized treatment expenditure of retired employee individually and/or together with spouse shall not exceed the Sum Insured.
6. First, the Group Medclaim Policy (GMP) will be utilized and fully exhausted; thereafter Group Top Up (GTUP) will be utilized and fully exhausted, thereafter Corporate Buffer will be utilized.
7. In case of death during hospitalization, no deduction in the bill amount subject to sum insured limit (including IRDAI non payable)
8. Coverage for Operating theatre, OT Consumables and Recovery Room, including Prescribed medicines, drugs and dressings for in-patient.
9. Hospitalization Expenses incurred in connection with accident are covered.
10. Surgeons' - Surgeon / Team of Surgeons / Assistant Surgeon and Anesthetist's Fees in case of Hospitalization is covered.
11. Specialist Physician's Fees: This benefit is paid in full for regular visits by a specialist physician during stays in the hospital including intensive care by a specialist physician for as long as is required by medical necessity.
12. Surgical Procedures, Radiology and Pathology in case of Hospitalization is covered.
13. Hospitalization expenses (excluding cost of organ) incurred on donor in respect of organ transplant to the insured.
14. During hospitalization, charges for Surgeon, Anesthesia, blood, Oxygen, Operation theatre charges, Surgical Appliances, Resident medical officer (RMO), Medicines, and Drugs, Diagnostic material, X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pace maker, Cost of artificial limbs, and cost of organs and similar expenses are reimbursable.
15. Treatment of mental illness, stress or psychological disorders, psychosomatic disorders and neurodegenerative disorders, undertaken at a Hospital categorized as Mental, Health Establishment or at a Hospital with a specific department for Mental Illness, under a Medical Practitioner qualified as Mental Health Professional. This should include the following:
Mental disorders due to known, physiological conditions, Mental and behavioural disorders due to psychoactive substance use, Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders, Disorders of adult personality and behaviour, Intellectual disabilities
16. Medical Practitioner & Consultants in case of Hospitalization is covered
13. GIPSA PPN / Pre-negotiated package rates

Corporate Buffer *

Corporate Buffer of INR 50,00,000 shall be utilized for all ailments/treatments.

Corporate Buffer shall be available to members without any sublimit and maximum upto INR 50,00,000 per family subject to approval of IREL committee/management.

Corporate Buffer shall be available to members without any sublimit and maximum up to INR 50,00,000 per family for the lifetime subject to approval of IREL committee/management.

Scope of Insurance Cover



Includes

Only “in-patient” hospitalization expenses

Actual line of treatment with minimum 24 hours hospitalization

Pre-hospitalization expenses of 30 days before admission and post hospitalization expenses for 90 days post discharge for an eligible hospitalization

Day care treatments covered as listed in previous slides

Excludes

Non - Medical Expenses -
Registration/Admission fees, hospital surcharge, food bills for attendants, telephone charges, pharmacy charges for non-medical items etc.

Other standard exclusions

Domiciliary hospitalization not covered



General Exclusions

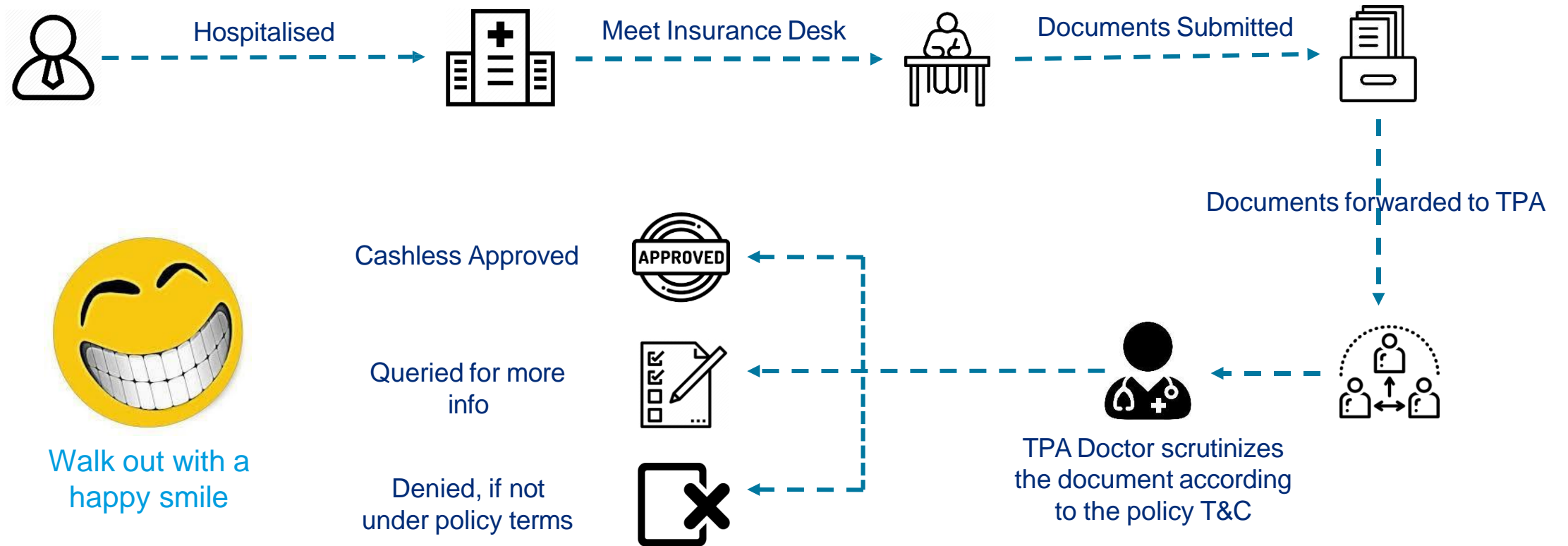
- Circumcision unless necessary for treatment of disease
- Dental treatment of any kind unless requiring hospitalization
- HIV and AIDS
- Hospitalization for convalescence, general debility, intentional self-injury, use of intoxication drugs/alcohol.
- Venereal diseases (Sexually Transmitted Diseases)
- Injury or disease caused directly or indirectly by nuclear weapons
- Injury or disease directly or indirectly caused by or arising from or attributable to war or war-like situation
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges external appliances, etc.
- Cost of spectacles, contact lenses, Instrument charges or rental appliances charged separately
- Any cosmetic or plastic surgery except for correction of injury
- Vitamins and tonics unless used for treatment of injury or disease



Non Medical Expenses (Example)

Administrative Expenses	Documentation Expenses	Services
<ul style="list-style-type: none">• Admission Charges• Registration Charges• Medical Records/Medico legal charges• Attendant Stay charges• Relative Stay charges• Additional Stay• Gate Pass/Attendant pass• Overhead charges• Establishment Charges• Tax• Surcharge• Incidental charge• Waste disposal Charge	<ul style="list-style-type: none">• Documentation charges• Medical records charges• Discharge summary• Birth Certificate• Death Certificate• Medical Certificate <p data-bbox="963 721 1205 756">Consumables</p> <ul style="list-style-type: none">• Antiseptic/disinfectant solutions• Soaps• Powder• Oil/Cream• Sanitary pads/Diapers• Cassette/CD/Film charges• Oxygen Cylinder• Health Foods	<ul style="list-style-type: none">• Private nurse charges• Telephone Charges• Fax Charges• Food/Beverages• Diet• Electricity Charges• Water Charges• T.V/Internet Charges• News Paper/Magazines Charges• Stationery Charges• Linen/Laundry Charges• Mortuary/Coffin Charges

Cashless Hospitalisation Process

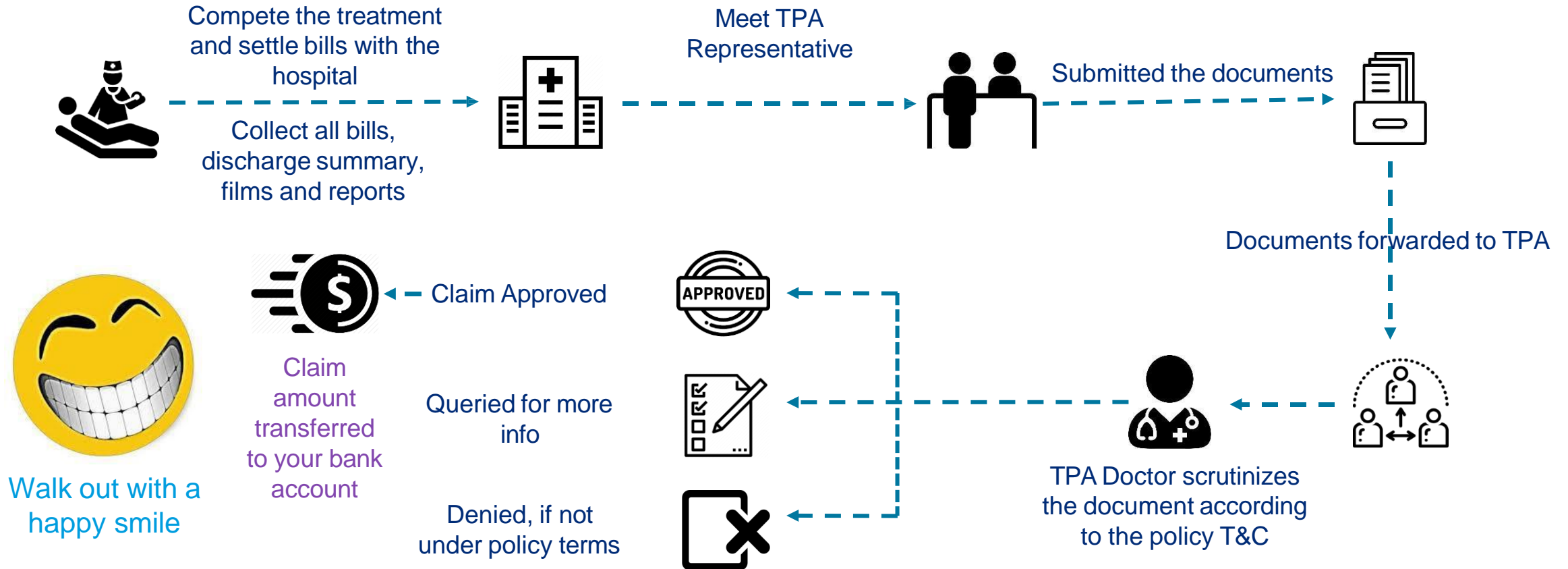


Possibility for Denial of Cashless

- Admission for investigations/observation/evaluation purpose only.
- Admission beyond a certain no. of days apart from the normal package stay.
- Treatment not matching with disease mentioned on cashless form.
- Any treatment which otherwise could have been taken on OPD basis.
- Hospital not sending proper query reply raised by TPA on time.
- Active line of treatment not mentioned in the cashless form.



Reimbursement Hospitalisation Process



- **Some Important Do's & Don'ts**

Submit the Reimbursement claim documents to Medi Assist TPA within 30 days from date of discharge

For availing cashless always carry photo ID proof along with your medical card of the patient. Photo ID proof can be Pan Card / Aadhar Card / Voters ID.

Planned hospitalization, take approval before 2-3 days before admit in hospital.

Initial deposit at hospitals (if taken) are refunded after settlement.

Original documents are retained for claim but photocopies can be taken if required.

For Reimbursement cases, always collect all originals from Hospital including final bill with break up and payment receipt.

Any issues in cashless approval, please contact the SPOC of MediAssist TPA.

What Happens When Submitted Documents Are Not Complete

When you submit your claim along with all relevant documents as explained above to PHS, the same will be scrutinized by a team of medical and claims and if found in order - PHS will issue a reimbursement completion intimation to insurance company & Payment will be done by Insurer.

- In case of discrepancies or deficiencies in the documents, PHS will issue a letter listing the deficiencies and deficient documents need to be submitted within 15 days.
- If the claim file is complete in all respects PHS will normally settle the claim .
- PHS may settle the claim, deducting the amount pertaining to deficient documents.
- When the deficient documents are submitted, PHS will reopen the file and pay for the same if admissible.

Access Links

E-Card Download

Click on the below link to access

(Link: <https://mediassistpa.in/download-ecard/>)

Network Hospital Locator

Click on the below link to access

(Link: <https://www.adityabirlacapital.com/healthinsurance/locate-care/hospital-listing>)

Contact Details: Medi Assist TPA

Dedicated email id for IREL PRMS members: irelprms@mediassist.in

Mumbai Head Office	Name	Contact No.	Email id
SPOC	Shivam Pandit	7400413906	Shivam.pandit@mediassist.in
1st Escalation	Suraj Balan	8433923195	suraj.balan@mediassist.in
2nd Escalation	Mahesh Joshi	7498944795	mahesh.joshi@mediassist.in
Final Escalation	Amitabh Naidu	9322882512	amitabh.naidu@mediassist.in
Odisha	Name	Contact No.	Email id
SPOC	Ashok Dash	7978509802	ashok.dash@mediassist.in
Escalation	Bibhuti Bhusan Dash	7735524227	bibhuti.dash@mediassist.in
Hyderabad	Name	Contact No.	Email id
SPOC	Madhuri Vedula	8689828037	vedula.madhuri@mediassist.in
Escalation	Dr Umamaheshwar Bolishetty	8097548520	umamaheshwar.bolishetty@mediassist.in
Kochi	Name	Contact No.	Email id
SPOC	Pranav P S	9380012347	pranav.pulikal@mediassist.in
Escalation	Rosemol Sajimon	7304589170	rosemol.sajimon@mediassist.in
Chennai	Name	Contact No.	Email id
SPOC	Surendran Durairaj	9382211621	surendran.durairaj@mediassist.in
1st Escalation	Rajesh Savarirajan	9003074098	rajesh.savarirajan@mediassist.in
Final Escalation	Sridevi Dhanasekar	9380302458	sridevi.dhanasekar@mediassist.in

Contact Details: IREL SPOCs & Nodal Officers (Unit-wise)

Dedicated email id for IREL PRMS members: prmsmedicclaim@irel.co.in

Unit/Location	Name of Nodal Officer & Contact details	Name of SPOC & Contact details
Head Office	Shri K Anil Kumar 8104997116 hrm9-ho@irel.co.in	Smt Deepti Singh 8104997119 deepti.s@irel.co.in
MK	Shri M Prasad 9790206375 madhav.prasad@irel.co.in	Shri K C Sahu 9937493896 kcsahu@irel.co.in
RED	Shri Ranajit Kr Panda 9437323866 hrm-red@irel.co.in	Smt. Jessy Stanly, 7012416717 jessystanly@irel.co.in
OSCOM	Shri Yogesh Sharma 7718817947 y.sharma@irel.co.in	Shri Sushanta Kumar Sahu 9237187457 hrm-os@irel.co.in
Chavara	Shri D Anil Kumar 7042522088 d.anilpillai@irel.co.in	Ms Sheeba 9995915120 hrm-ch@irel.co.in