

Name of the Member
Address

Sub: **Renewal under SAIL Mediclaim Scheme (2018-19)**

Ref: **Mediclaim Index Number (MIN) Self Spouse**

Dear Sir/Madam,

As you are aware, the existing Mediclaim Scheme (2017-18) shall expire on 10th April, 2018. For SAIL Mediclaim Scheme (2018-19), the benefits under the scheme are as under:

- Hospitalization coverage (IPD) up to **Rs. 2.00 lacs per member with clubbing facility** between the Mediclaim member and his/her spouse, for all members.
- The OPD coverage, for members **below 70 years of age as on 31.03.2018, is Rs. 4,000/- per member (no clubbing facility).**
- The OPD coverage, for members who have **completed 70 years of age as on 31.03.2018, will be Rs. 8,000/- per member (no clubbing facility).** Persons completing 70 years of age on 01.04.2018 will also be considered for enhanced OPD.

It is hereby informed, that SAIL Mediclaim Scheme (2018-19) has been renewed with M/s United India Insurance Co. Ltd. for a period of one year from 11th April, 2018 – 10th April, 2019. From 11.04.2018, a Mediclaim member can avail of the cashless/reimbursement facility under hospitalization, as was being done earlier. OPD facility will continue to be under reimbursement system. The administration of the Mediclaim 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/IPD treatment for Policy Period 2018-19 will have to be lodged with TPA. The TPA for SAIL Mediclaim Scheme (2018-19), is M/s MD India Health Insurance TPA Private Limited.

Cappings/Ceilings in the following areas will continue under SAIL Mediclaim Scheme (2018-19):

- Room Rent Charges / Procedural Charges / Investigation Charges
- Implants/ Stents for Coronary Angioplasty
- Lenses for Cataract Surgery
- Implants for Knee/ Hip joint replacement
- Cappings on certain Procedures/ Packages

The details shall be available in the Mediclaim Booklet issued by the TPA. The details are also available on the SAIL Website and members are requested to apprise themselves regarding the said Cappings/ Ceilings and exclusions before availing Mediclaim 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 for IPD.**
- iv) **Claim intimation to be sent via Letter/E-mail/Fax/Personally at TPA offices.**
- v) **Reimbursement claims with respect to IPD to be submitted to the TPA, within 30 days from the Date of Discharge from Hospital.**
- vi) **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.**
- vii) **OPD Claims to be submitted to the 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.**
- viii) **To facilitate payment of 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, as on 01.04.2018 is Rs.3666/- (Rupees Three thousand six hundred sixty six only) per member, for a member who is aged between 70-80 years as on 01.04.2018, premium payable is Rs.2563/- (Rupees Two thousand five hundred sixty three only) per member and for members aged 80 years or above as on 01.04.2018, the premium payable is Rs.1709/- (Rupees One thousand seven hundred nine only) per member.* You are requested to refer to 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 pay your premium for renewal of your Mediclaim membership for 2018-19 as per the procedure for premium payment, detailed in the enclosure.

You are requested to submit all your pending Mediclaim Bills pertaining to the Policy Period 2017-18 to M/s. MD India Health Insurance TPA Private Limited **latest by 30th April, 2018** positively.

Thanking you,

Yours sincerely,

Concerned IRP

PROCEDURE FOR PREMIUM PAYMENT
SAIL Mediclaim Scheme (2018-19)

I. Payment Options

- SAIL has a tie-up with SBI for facilitating the medical insurance payment.
- Premium can be paid online through Credit Card/ATM-cum-Debit Card/Internet Banking etc.
- Payment can also be made through cash, at any of the SBI Branches along-with pre-filled-in, computer generated, challans (having State Bank Collect Reference No. printed on the challan form). The payment may be made by the member or his/her representative for self/spouse/both, as the case may be.

II. State Bank of India – (SB Collect - Link: www.onlinesbi.com)

- a) On the first screen click on the tab “**State Bank Collect**”.
- b) Next Screen–check/click the box “**I have read and accepted the terms and conditions stated above**” and click on the **Proceed** Button.
- c) Next Screen - Select “**National Capital Territory of Delhi**” from the drop-down menu for “**State of Corporate/Institution**” and select “**Industry**” from the drop-down menu for “**Type of Corporate/Institution**” and then click the **Go** button.
- d) Next Screen –Select “**Steel Authority of India Limited**” from the drop-down menu for **Industry Name** and then click **Submit** button.
- e) Next Screen - From the drop-down menu, select either “**Mediclaim Self/ Mediclaim Spouse / Mediclaim Both**”, as the case may be.
- f) Next Screen - Enter MIN No. (Medical Index Number):-For option “**Mediclaim self**” or “**Mediclaim both**”, enter the MIN No. of the SAIL Ex-employee. For option “**spouse**” only, enter the MIN No. of the spouse.
- g) Click the “**Submit**” button. Next Screen displays member details. Fields marked with * (**asterix**) are mandatory/compulsory fields. Applicable amount will automatically be displayed in the **Amount field**. *{In case of discrepancy in applicable premium amount, pls. contact IRP(Internal Resource Person) of your concerned plant/unit}*
- h) In the second part of the same Screen- **The person making payment** may enter his/her **Name, Date of Birth & Mobile No. This is required to reprint the challan, if the need arises**. Once done, click on the **Submit** button.
- i) Next Screen - All details of the member are displayed. Please check/verify policy period the data on this screen and then proceed to the payment screen.
- j) The options for payment along with the applicable transaction charges are displayed on the next screen. The applicable transaction charges are also indicated in the table below.
- k) Members may choose to make payment directly through Credit Card/Debit Card/ATM card/Internet Banking;
- l) Apart from the above payment options, concerned member can also take a print out of the **computer generated challan** (having a pre-printed State Bank Collect Reference No.) and use the same for making payment through **cash, cheque, pay-order or demand draft** at any of the SBI Branches. Please note that for payment through **cash, cheque, pay-order or demand draft**, the member is required to submit the **computer generated challan** (mandatory) along with the payment.
- m) On successful payment, the member shall be prompted to print the **e-receipt-cum-renewal acknowledgement**. However, in case of ‘*challan*’, there will be an option to print the e-receipt **after 48 hrs from the time of making payment**.

IMPORTANT NOTES:

- SAIL shall bear no responsibility in case the member has filled incomplete/wrong data/details while proceeding for premium payment for renewal under SAIL Mediclaim Scheme (2018-19).
- In case both the eligible members (retired employees who along with their spouse) are willing to renew their membership under SAIL Mediclaim Scheme (2018-19), they must exercise the ‘**BOTH**’ option and not renew separately under ‘**SELF**’ & ‘**SPOUSE**’.

SAIL Mediclaim Scheme (11th April, 2018 – 10th April, 2019)

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. The employees who have taken voluntary retirement 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. Employee who resign from the Company at the age of 57 or above and their spouse

Apart from Fresh Enrolments (employees retiring & their spouse) during the Policy period (2018-19), only the persons who were members of SAIL Mediclaim Scheme (2017-18), are eligible to renew membership under SAIL Mediclaim Scheme (2018-19). This scheme is optional and those who opt for this scheme, are referred to as "members"

3.0 POLICY COVERAGE

- a. 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/ 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.
 - o **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 & their spouses (maximum clubbed limit Rs. 4 lakhs per policy period).
 - o **OPD Benefits:**
 - o Rs.4,000/- per member, for members below 70 yrs. of age as on 31.03.2018.
 - o Rs.8,000/- per member, for members 70 and above yrs. of age as on 31.03.2018.

Note: Persons completing 70 years of age on 01.04.2018 will also be considered for enhanced OPD. Unlike IPD facility, the OPD facility cannot be clubbed between the ex-employee and his/her spouse.
- b. 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 2018-19.

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.
- b. 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. Branches/Franchisees of major renowned chains of Hospitals/ Diagnostic centres namely Apollo, Max, Fortis, Sankara Nethralaya, Centre for sight.
 - vi. Ispat Cooperative Super Speciality Hospital, Sonarpur, Kolkata.
 - vii. Hospitals /Nursing homes approved under CGHS or those accredited by NABH.

Note: The terms "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):

- 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. a) 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 Section. Indicative List of such procedures is attached.

- d. **OPD TREATMENT:** OPD Means treatment taken as an out-patient in any Hospital/ Nursing Home/ Diagnostic Centre as mentioned at para a. above. The Charges incurred for treatment taken from Registered Medical Practitioners or other than Hospitals/Nursing Homes/ Diagnostic Centres as mentioned at para a. above, will not be reimbursed. The Medicine should be prescribed by the treating doctors on the letter heads of the hospitals covered under para a. above. Even though a medical practitioner is attached to any of the approved hospitals for OPD treatment and if the treatment is taken by him/her privately, the OPD Claim amount will not be reimbursed, under any circumstances.
- e. **Claim Settlement** - The claims under SAIL Mediclaim Scheme are to be settled and recommended amount to be paid within 15 days of submission of all claim documents.
- 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.

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

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. 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 with the Insurance Co. for any Treatment given to the member.
- 6.3 Dental Treatment can also be availed of within the existing limit prescribed under O.P.D. treatment. Cost of dentures will not be reimbursed.
- 6.4 Ophthalmic consultations for refractory error will be covered under OPD Benefits only.
- 6.5 Cost of spectacles/contact lenses shall not be reimbursed.
- 6.6 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.
- 6.7 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, 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:
- 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 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.
- c) Order dated 13th February 2017 (along with any subsequent amendments (if any) issued by National Pharmaceutical Pricing Authority (NPPA)/ Government of India (GOI) with respect to ceiling price of Coronary Stents, shall be applicable. However, on expiry of validity of the aforesaid Government order, the following ceilings shall prevail:

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.	Element Stent	Rs. 95000 + VAT
4.	Endeavor	Rs. 85000 + VAT
5.	Xiience V EECSS	Rs. 95000 + VAT
6.	Yukon choice	Rs. 55000 + VAT
7.	Pronova	Rs. 50000 + VAT
8.	Supralimus	Rs. 55000 + VAT
9.	Bare Metal Stent	Rs. 45000 (all inclusive)

Ceiling rates for Coronary Stents other than the Stents mentioned above, to be as per actuals or Rs. 95000/- plus VAT, 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 of 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 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)
- f) 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	Rs. 40,000
2.	Cholecystectomy	Rs. 45,000
3.	Haemorrhoidectomy	Rs. 25,000
4.	Appendicetomy	Rs. 35,000
5.	Hysterectomy	Rs. 45,000
6.	Coronary Angiogram/ Angiography	Rs. 16,000
7.	Tonsillectomy	Rs. 15,000

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

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) Cost of dentures, hearing aid, spectacles, cost of glasses/ contact lenses etc.
- 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.
- 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) Treatment for age related Macular degeneration with Injection Avastin/ Lucentis/ Macugen.
- xiii) Cytotron Therapy & Ozone Therapy
- xiv) Preventive Health Check-ups from OPD as well as IPD benefit
- xv) Enhanced External Counter Pulsation Therapy (EECP)
- xvi) Robotic Surgery/ Robotically assisted surgery
- xvii) Any unproven therapy
- xviii) Ayurvedic treatment if it is not an active line of treatment.
- xix) Rejuvenation therapy/ Massage/ Panchkarma
- xx) Stem cell Transplantation except Haemopoetic Stem Cell Transplant/ Bone Marrow Transplant

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 (2018-19)

Age Category (Age as on 01.04.2018)	Coverage/ Benefit		Premium per member (Rs.)	Remarks
	IPD with clubbing (Rs. Lakhs)	OPD (Rs.)		
Below 70 yrs	2.00	4,000	3,666	Total amount payable for Self & Spouse would be sum of the individual premium (per member) amounts, as per the age category & as specified in this table.
Between 70-80 yrs	2.00	8,000	2,563	
80 yrs & above	2.00	8,000	1,709	

NOTICE: The renewal of membership under SAIL Mediclaim Scheme (2018-19) by the member must be completed, positively by 10th May, 2018.

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. Bronchoscopic treatment of bleeding lesion
24. Bronchoscopic 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 w/o 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
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 Pseudopancreatic 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
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

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



Renewal Premium for SAIL Mediclaim Scheme (2018-19)
Policy period (11th April, 2018 to 10th April, 2019)

INDIVIDUAL PREMIUM AMOUNTS	
AGE OF MEDICLAIM MEMBER (AS ON 01.04.2018)	RENEWAL PREMIUM AMOUNT PER MEMBER (INCLUDING GST)
BELOW 70 YRS	3,666
B/W 70-80 YRS	2,563
80 YRS & ABOVE	1,709

**CALCULATION OF RENEWAL PREMIUM FOR
SAIL MEDICLAIM SCHEME (2018-19)**

AGE OF MEDICLAIM MEMBER (AS ON 01.04.2018)	AGE OF MEMBER SPOUSE (AS ON 01.04.2018)	TOTAL PREMIUM FOR BOTH MEMBERS (INCLUDING GST)
BELOW 70 YRS	BELOW 70 YRS	7,332
	B/W 70-80 YRS	6,229
	80 YRS & ABOVE	5,375
B/W 70-80 YRS	BELOW 70 YRS	6,229
	B/W 70-80 YRS	5,126
	80 YRS & ABOVE	4,272
80 YRS & ABOVE	BELOW 70 YRS	5,375
	B/W 70-80 YRS	4,272
	80 YRS & ABOVE	3,418

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