

NFL POST RETIREMENT MEDICAL SCHEME

1.0 Title of the Scheme: The Scheme shall be called “NFL POST RETIREMENT MEDICAL SCHEME (NFL PRMS)”.

2.0 Objectives: To extend the medical benefits to the retired employees of NFL and their spouses.

3.0 Applicability of the Scheme:

The Scheme will be applicable to ex-employees-

- a) Who retired/availed VRS after rendering not less than 15 years of continuous service in NFL / other PSUs.
- b) The service rendered in the Government shall not be counted for the purpose of computation of total service in a CPSE(s).
- c) The spouse of ex-employees, who expired while in service, irrespective of the length of service.
- d) Board level appointees retired / retiring from the services of NFL on attaining the age of superannuation / completion of tenure, irrespective of number of years of service, put in NFL.
- e) Ex-employees who have not put in 15 years of service prior to superannuation can become member provided that full premium payable by the Company to Insurance Company shall be borne by them. However, they will not be eligible for reimbursement of OPD expenditure under NFL Scheme.

4.0 Non-Applicability of the Scheme:

The Scheme will not be applicable to ex-employees:-

- a) Who were dismissed / discharged or resigned from the services of NFL irrespective of the length of service.
- b) The ex-employees and their spouse who are availing medical facilities from any other organization after cessation of service from NFL.

5.0 REVIEW OF THE SCHEME:

The company reserves the right to amend or modify the Scheme, in part or full at any time and without assigning any reasons. The retired employee will have no right whatsoever to force the Company to the continuity of the scheme or to enhance/extend any other facility than those provided in this scheme

6.0 Management reserves the right to withdraw the Scheme at any stage, if considered necessary. Membership of the Scheme does not confer any right of continued membership or any benefit/compensation on discontinuation of NFL PRMS.

7.0 BENEFITS :

The family floater, per family unit, consisting of self and spouse only shall be available for a sum insured taking family as one Unit. Ex-employees and their spouse, who fulfill the requisite conditions for membership, should remit contribution as under towards premium for the relevant year and the balance amount will be contributed by the company. Room rent for each category is also given here under :-

GROUP	LEVEL	Insurance Cover (Rs.)	Premium borne by Member (Rs.)	Room Entitlement
A	Non-Executives (W0-W12)	5 Lakhs	500/-	Semi Pvt/Twin Sharing
B	E0 - E5	7.5 Lakhs	1,000/-	Single Pvt.
C	E6 – E9	10 Lakhs	1,500/-	Single Deluxe
D	Functional C&MD / Director	12.50 Lakhs	2,000/-	Actual/Super Deluxe

- Contract period of the scheme will be valid for one year.
- The Policy will cover hospitalization as indoor patient (IPD) only excluding domiciliary treatment.
- The Scheme shall include all pre-existing diseases of ex-employees and their spouses.
- A floater of amount of Rs. 1.00 Crore over and above the sum insured. This will be utilized for all categories of employees and expenditure of treatment to be incurred from this floater shall be limited to Rs. 1.00 Lakh per member (this includes self and spouse) on first come first serve basis.

8.0 Mode of payment:

The facility of **on-line payment** will be available to the ex-employees to pay the premium amount through Internet Banking, ATM card, Debit Card to NFL's account of concerned Unit/Office (**Details are given in Annexure**). The transaction charges will be borne by the ex-employees.

9.0 APPLICATION PROCEDURE

Members have to submit application form duly filled in all respect along with requisite premium.

10.0 Medi-claim cards:

On admittance as a member of NFL PRMS, the Insurance Company will mail the physical cards within one month from the date of issue of policy directly to the member at the address mentioned in the application form submitted. Till the time, members receive the physical membership cards, treatment can be taken by them based on the e-cards uploaded by Insurance Company on the relevant website for convenience of members.

11.0 GENERAL

- The company does not take upon itself any liability arising out of admission / non-admission of any claim or any deficiency in service by the insurance company. However needful support, whenever deemed necessary shall be provided by NFL.
- The ex-employee shall be entitled for membership of the NFL PRMS only on payment of the requisite contribution, as mentioned above.
- Any claim for reimbursement of expenses should be submitted to Insurance Co. within 30 days of discharge from the hospital along with all requisite documents, failing which the same may not be entertained by Insurance Company.
- The policy shall cover reimbursement of Hospitalization and also cashless facility. Cash less treatment will be given to ex-employees from the network Hospitals of Insurance Company.
- In case ex-employees obtain treatment from non-network hospital during emergency, the claim shall be admitted by the Insurance Co. and payment will be made directly to the ex-employee for which they have to provide their bank account details / cancelled cheque etc. to Insurance Company.

12.0 Misuse of scheme

Stringent action shall be taken against individuals found to be misusing the system / guilty of any fraudulent activity, debarring membership from NFL PRMS, blacklisting hospitals, suitable legal action etc. as deemed fit by NFL Management.

13.0 Interpretation of Scheme

The power to interpret the Scheme, in case of doubt, vests with the Chairman & Managing Director the Company, whose decision shall be final and binding.

SALIENT FEATURES FOR NFL POST RETIREMENT MEDICAL SCHEME

1. The Policy will cover hospitalization as **indoor patient (IPD)** only excluding domiciliary treatment and Maternity. **The policy shall not cover OPD treatment**
2. **The Scheme shall include all pre-existing diseases of ex-employees and their spouses.**
3. Any claim for reimbursement of expenses should be submitted to Insurance Co. within 30 days of discharge from the hospital along with all requisite documents, failing which the same may not be entertained by Insurance Company.
4. Cash less treatment will be given to ex-employees from the network Hospitals. In case ex-employees obtain treatment from non-network hospital during emergency the claim shall be admitted in full. The said claim will be settled in 15 days of submission and payment will be made directly to the ex-employee.
5. **Amount payable for admissible claims:**
In the event of any claim becoming admissible under this policy, the Insurance Company will pay the amount of such expenses as would fall under different heads mentioned below, and are reasonably and necessarily incurred thereof by or on behalf of such insured person.
 - a) Room Boarding expenses as provided by the Hospital / Nursing home.
 - b) Nursing Expenses.
 - c) Surgeon, anesthetist, Medical Practitioner, consultants, specialist fees.
 - d) Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medical, Drugs, Diagnostic Material and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker Artificial Limbs & Cost of Organs and similar expenses.
6. **The pre and post hospitalization reimbursement shall be for 30 and 60 days respectively.**
7. **Membership Card:** The physical cards shall be sent directly by post / courier within one month from the date of issue of policy directly to the member at the address mentioned in the application form submitted.
8. **HOSPITALIZATION PERIOD:** Expenses on Hospitalization will be admissible only if hospitalization is for a minimum period of 24 hours.
 - 8(A) However, this time limit will not apply to following specific treatments taken in the Network Hospital / Nursing Home where the Insured is discharged on the same day. Such treatment will be considered to be taken under Hospitalization Benefit.
 1. Haemo Dialysis
 2. Parenteral Chemotherapy
 3. Radiotherapy
 4. Eye Surgery
 5. Lithotripsy (kidney stone removal)
 6. Tonsillectomy
 7. D&C
 8. Dental surgery following an accident
 9. Hysterectomy
 10. Coronary Angioplasty
 11. Coronary Angiography
 12. Surgery of Gall bladder, Pancreas and bile duct
 13. Surgery of Hernia
 14. Surgery of Hydrocele
 15. Surgery of Prostrate

16. Gastrointestinal Surgery
17. Genital Surgery
18. Surgery of Nose
19. Surgery of throat
20. Surgery of Appendix
21. Surgery of Urinary System
22. Treatment of Fractures / dislocation excluding hair line fracture, contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization
23. Arthroscopic Knee surgery
24. Any surgery under General Anesthesia
25. Or any such disease / procedure agreed by Insurance Company before treatment

8(B) Further if the treatment / procedure / surgeries of above diseases are carried out, in Networked specialized Day Care Centre which is fully equipped with advanced technology and specialized infrastructure where the insured is discharged on the same day, the requirement of minimum beds will be overlooked provided following conditions are met.

- i) The operation theatre is fully equipped for the surgical operation required in respect of sickness / ailment / injury covered under the policy.
- ii) Day Care nursing staff is fully qualified
- iii) The doctors performing the surgery or procedure as well as post-operative attending doctors are also fully qualified for the specific surgery / procedure.

8(C) The condition of minimum 24 hours hospitalization will also not apply provided -

This treatment is such that it necessitates hospitalization and the procedure involves specialized infrastructural facilities available only in hospitals

BUT

Due to technological advances hospitalization is required for less than 24 hours

AND/OR

Surgical procedure involved has to be done under General Anaesthesia

9. Exclusions:

- i) Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.
- ii) Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- iii) Surgery for correction of eye sight cost of spectacles, contact lenses, hearing aids etc.
- iv) Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from disease or injury and which requires hospitalization for treatment.
- v) Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self – injury / suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- vi) All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic virus Type – III (HTLD – III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- vii) Expenses incurred at Hospital or Nursing Home primarily for evaluation/diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period.
- viii) Expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.

- ix) Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- x) Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, out station consultants / surgeons fees etc.
- xi) Genetical disorders and stem cell implantation / surgery.
- xii) 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 is subsequently used at home etc.
- xiii) All non-medical expenses including personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet chart, baby food, cosmetic, napkins, toiletry items, etc. guest services and similar incidental expenses or service etc.
- xiv) Change of treatment from one pathy to other pathy unless being agreed / allowed an recommended by the consultant under whom the treatment is taken.
- xv) Treatment of obesity or condition arising there from (including morbid obesity) and any other weight control programme, services or supplies etc.
- xvi) Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.
- xvii) Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- xviii) Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- xix) Outpatient diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which result from or is in any way related to sex change.
- xx) Massages, steams bathing, shirodhara and alike treatment under ayurvedic treatment.
- xxi) Any kind of service charges, surcharges, admission fees / registration charges etc. levied by the hospital
- xxii) Doctor's home visit charges, attendant / nursing charges during pre and post hospitalization period.
- xxiii) Treatment which is continued before hospitalization and continued even after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.

10. **HOSPITAL / NURSING HOME:** means any institution in India established for indoor care and treatment of sickness and injuries and which either

- a) Is duly licensed and registered as a Hospital or Nursing Home with the appropriate authorities and is under the supervision of a registered and qualified medical Practitioner. OR
- b) In areas where licensing and registration facilities with appropriate authorities are not available, the institution must be one recognized in locality as Hospital / Nursing Home and should comply with minimum criteria as under:
 - i) It should have at least 15 in - patient medical beds in case of Metro cities, A Class cities & B class cities or 10 in-patient medical beds in case of C class cities. Classification of cities shall be as per Govt. of India Notification issued in this respect from time to time.
 - ii) Fully equipped and engaged in providing Medical and Surgical facilities along with Diagnostic facilities i.e. Pathological test and X-ray, ECG etc. for the care and treatment of injured or sick persons as in - patient.
 - iii) Fully equipped operation theatre of it's own, wherever surgical operations are carried out.
 - iv) Fully qualified nursing staff under its employment round the clock.
 - v) Fully qualified Doctor (s) should be physical in-charge round the clock.
