



THE SPIRIT OF BROTHERHOOD, CAMARADERIE AND
OUR COMMON DESIRE TO GIVE BACK DRIVES US

SSS BRIEFING – FEB/MAR 2022

MEMBERSHIP ORIENTATION

&

GROUP MEDICLAIM POLICY

a health & wellness initiative of SSS

WEBINAR ETIQUETTE

DURING PRESENTATION

- VIDEO OFF & MICS ON MUTE PLEASE
- PLEASE DO NOT SHARE SCREEN
- NO QUESTIONS DURING PRESENTATION
- PUT DOWN YOUR QUESTIONS AS IN-CALL MESSAGES

AFTER PRESENTATION

- SESSION FOR YOUR VIEWS/COMMENTS
- Q & A SESSION
- PLEASE SWITCH ON VIDEO & RAISE HAND TO ASK A QUESTION
- WAIT FOR YOUR TURN, YOU WILL BE CALLED, THEN UNMUTE MIC

SCOPE OF PRESENTATION

1. SSS – The Organisation.
2. Membership – Eligibility and Process.
3. Group Insurance – An Overview.
4. Policy Year 2021-22 – Critical Review.
5. Policy Year 2022-23 – Way Ahead.
6. Terms & Conditions of Group Medclaim Policy.
7. Family Definition, Options of Sum Insured & Premiums.
8. Understanding Hospital Billing & Selection of Sum Insured.
9. Enrolment Guidelines and General Info.
10. SSS Website and Online Processes.

ABOUT OUR ORGANISATION

- SSS FOUNDED BY 14 NAVAL VETERANS
- MEMBERS FROM ALL SERVICES ON THE BOARD OF DIRECTORS
- SSS IS AN ASSOCIATION OF PERSONS (AOP)
- GOVERNED BY AGREEMENT OF AOP & EXHAUSTIVE BYE- LAWS
- VISION TO 'SERVE BEYOND SERVICE'
- THE SPIRIT OF BROTHERHOOD, CAMARADERIE AND DESIRE '*TO GIVE BACK*' DRIVES US
- SUPPORT WELFARE, HEALTH & WELLNESS, QUALITY OF LIFE MEASURES FOR THE ARMED FORCES COMMUNITY

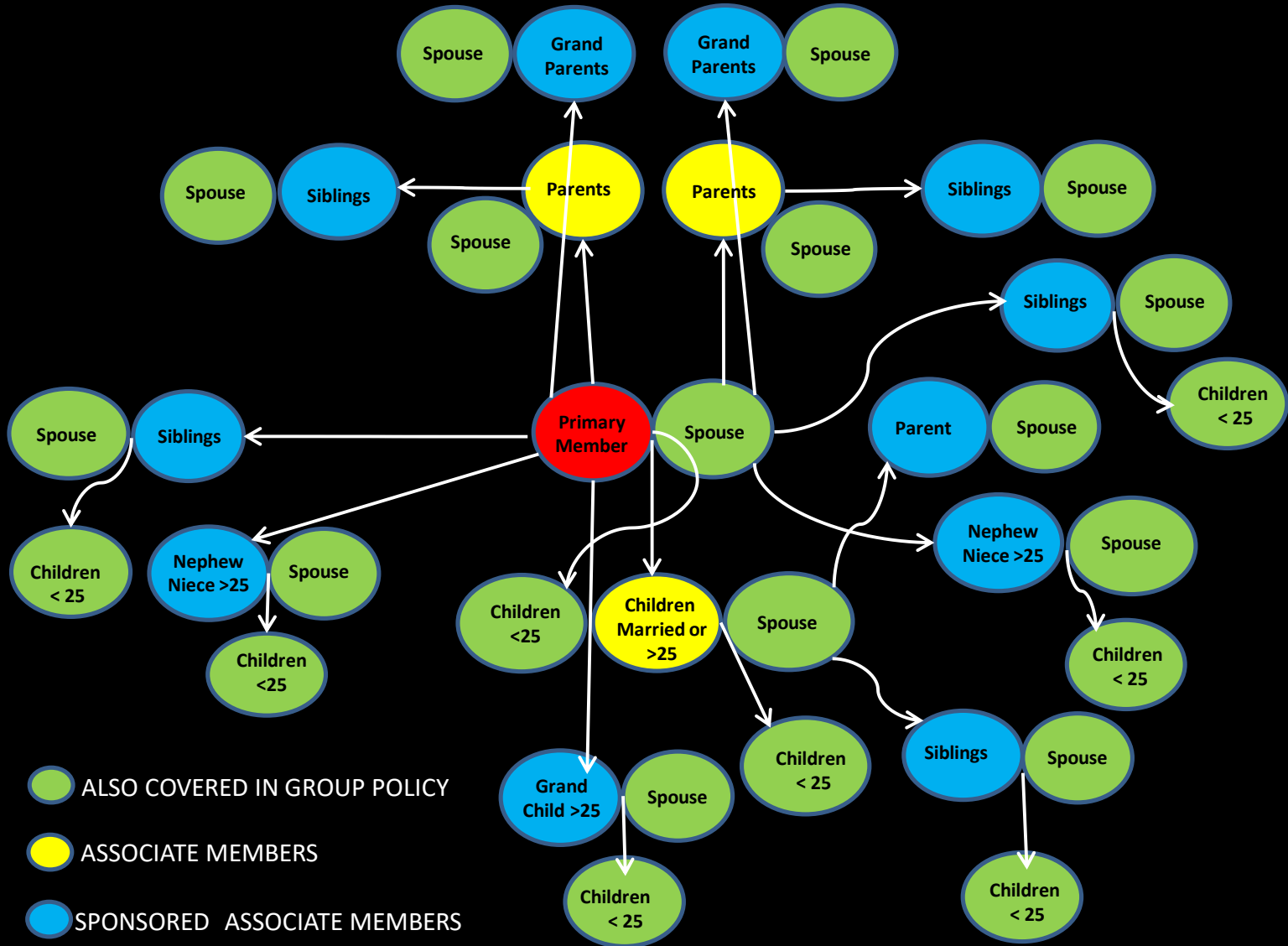
PRIMARY MEMBERS

- SERVING COMMISSIONED OFFICERS OF ARMY/NAVY/AIRFORCE/ COAST GUARD
- RETIRED COMMISSIONED OFFICERS OF ARMY/NAVY/AIRFORCE/ COAST GUARD
- VEER NARIS /SPOUSE OF SERVICE PERSON

ASSOCIATE MEMBERS

- PARENTS, PARENTS -IN-LAW OF SERVING / RETIRED OFFICERS
- +25 YRS / MARRIED CHILDREN OF SERVING / RETIRED OFFICERS
- SPONSORED FAMILY MEMBERS OF PRIMARY MEMBER (UP TO 65 YEARS OF AGE)

COVERAGE TREE





**LETTER OF SPONSORSHIP FOR ENROLMENT IN GROUP MEDICLAIM POLICY
AND GRANT OF ASSOCIATE MEMBERSHIP OF SAINIK SEVA SAMITI (SSS)**

To,
The Secretary
Sainik Seva Samiti, 3-A Siddhivinayak Chambers,
Opposite MIG Cricket Club, Bandra (East), Mumbai – 400051

Place: _____

Date: _____

PART 1 – DETAILS OF SPONSOR & SPONSORED

Dear Sir,
As a Primary Member of Sainik Seva Samiti, I wish to sponsor the below named person for enrolment in Group Mediclaim Policy and grant of Associate Membership of our organisation (*Each sponsorship must be accompanied by a separate form*).

1. RANK/TITLE & NAME OF PRIMARY MEMBER _____
2. MY GROUP POLICY DETAILS (*See Invoice/Receipt*) ORDER # _____ DATE _____
3. MY SAINIK SEVA SAMITI ID (*See Invoice/Receipt*) _____
4. TITLE & NAME OF PERSON BEING SPONSORED _____
5. AGE & DATE OF BIRTH OF SPONSORED (*Max 65 Years*) AGE (In Completed Years) _____ DOB_DD MM YYYY
6. PHOTO IDENTITY DOCUMENT OF SPONSORED (*With DOB*) TYPE _____ NUMBER _____
7. RELATIONSHIP TO ME (*Please tick only one*)
 BROTHER SISTER BROTHER-IN-LAW SISTER-IN-LAW UNCLE/AUNT NIECE/NEPHEW GRANDPARENT
 BROTHER/SISTER OF SON-IN-LAW BROTHER/SISTER OF DAUGHTER-IN-LAW PARENT OF SON-IN-LAW/DAUGHTER-IN-LAW

Signature of Sponsor (Primary Member of SSS)

PART 2 - JOINT DECLARATION

8. We hereby certify that the above particulars of the sponsored person are true and correct.
9. We value the ethos of the Indian Armed Forces and will not do or cause to be done anything that tarnishes the image of the Services or Sainik Seva Samiti. We expressly consent to abide by the bye-laws of the SSS in letter and spirit. We also accept that grant of Associate Membership will be entirely at the discretion of its Board of Directors without assigning any reason.
10. We understand that enrolment in a health insurance policy is to cover any unforeseen medical or accidental risk and not for mitigating medical expenses of existing chronic ailments or diseases. We undertake that the sponsored will not avail of the Group Mediclaim Policy cover for any treatment/procedures for already existing and known chronic ailments (e.g., dialysis / chemotherapy) or elective procedures (surgery for cataract, knee or hip replacement) for a period of one year after enrolment. We accept that breach of above accepted condition may result in termination of membership of SSS along with associated benefits of both the sponsor and sponsored.

(Name & Signature of Sponsor)

(Name & Signature of Sponsored)

INSTRUCTIONS

- a) THIS FORM MUST BE PRINTED, COMPLETED AND SIGNED BY BOTH THE SPONSOR AND SPONSORED IN SPACES PROVIDED.
- b) SPONSORED PERSON IS TO REGISTER ONLINE ON SSS WEBSITE <https://ssamiti.in> FOR ASSOCIATE MEMBERSHIP.
 - UPLOAD SCANNED SPONSORSHIP LETTER (PDF FILE) FOR "PROOF OF SERVICE IN INDIAN ARMED FORCES"
 - UPLOAD SCANNED PHOTO IDENTITY DOCUMENT (PDF FILE) FOR "PROOF OF RELATIONSHIP WITH INDIAN ARMED FORCES OFFICER"

SPONSORSHIP
OF EXTENDED
FAMILY
MEMBERS
LIBERALISED.

SPONSORSHIP
WILL BE OPEN
FROM
15-MAR-22
FOR A PERIOD
OF 03
MONTHS TILL
15-JUN-22.

INSTRUCTIONS
INCLUDED IN
THE FORM



ABOUT OUR GROUP INSURANCE

- FLEXI FLOATER GROUP MEDICLAIM POLICY OF NEW INDIA ASSURANCE
- FACILITATED BY KM DASTUR REINSURANCE BROKERS PVT LTD
- SERVICED BY - THIRD PARTY ADMINISTRATOR (RAKSHA / OR NEW)
- UNDERWRITING BASED ON GROUP SIZE, MEDIAN AGE & DEMOGRAPHICS
- EXPENSES FOR >24 HRS HOSPITALIZATION & DAY CARE PROCEDURES
- SUM INSURED (SI) AVAILABLE DURING POLICY YEAR AS FAMILY FLOATER
- NO OPD, NO ANNUAL MEDICAL , NO NCB, NO SI REFILL
- IRDAI PERMITTED EXCLUSIONS

HIGHLIGHTS OF POLICY

- NO MEDICAL, NO AGE RESTRICTION, NO CO-PAY
- ALL CRITICAL ILLNESSES & PRE-EXISTING DISEASES COVERED
- 30/60 DAYS PRE / POST HOSPITALIZATION EXPENSES
- CASHLESS IN 6860 NETWORK HOSPITALS, REST ON REIMBURSEMENT
- 150 DAY CARE PROCEDURES
- PAN-INDIA COVERAGE

POLICY EXCLUSIONS

- ADMISSION PRIMARILY FOR DIAGNOSTICS AND EVALUATION
- EXPENSES NOT RELATED TO CURRENT DIAGNOSIS & TREATMENT
- REST CURE, REHABILITATION AND RESPITE CARE
- OBESITY/WEIGHT CONTROL – IF STIPULATED CONDITIONS NOT MET
- CHANGE OF GENDER TREATMENT, CIRCUMCISION
- COSMETIC OR PLASTIC SURGERY
- HAZARDOUS OR ADVENTURE SPORTS
- BREACH OF LAW
- EXCLUDED HOSPITALS - EXCEPT IN LIFE THREATENING SITUATIONS
- TREATMENT FOR ALCOHOLISM, DRUG OR SUBSTANCE ABUSE
- NATURE CURE CLINICS
- DIETARY SUPPLEMENTS – UNLESS PART OF HOSPITALISATION/DAY CARE
- STERILITY & INFERTILITY

POLICY EXCLUSIONS

- WAR, NUCLEAR & BIOLOGICAL ATTACKS
- VACCINATIONS
- SPECTACLES AND HEARING AIDS
- DENTAL (EXCEPT DUE ACCIDENTS)
- CONVALESCENCE
- ATTEMPTED SUICIDE
- CRIMINAL ACTS
- NATUROPATHY
- ADVANCED MEDICAL INSTRUMENTS - CPAP/CPAD/O2 CONCENTRATOR
- ADVANCED MEDICAL TREATMENT – RFQMR/ECP/EECP/HYPERBARIC O2
- DOMICILIARY HOSPITALISATION AT HOME
- NON-MEDICAL EXPENSES

CRITICAL REVIEW OF POLICY YEAR 2021-22

POSITIVES

A PRICELESS POLICY, WITH BEST IN CLASS FEATURES & VERY REASONABLE PREMIUMS
POLICY CAME IN VERY HANDY FOR MANY MEMBERS IN REAL EMERGENCIES & COVID CASES
NO EXCLUSION OF PRE-EXISTING DISEASES (PED) WAS INDEED A GREAT BENEFIT
SATISFACTION WITH HIGH QUALITY OF NETWORKED HOSPITALS PAN INDIA
CASHLESS PROCEDURE & APPROVALS IN NETWORKED HOSPITALS OVERALL VERY SMOOTH
EXCELLENT SERVICE, QUERY RESOLUTION & TIMELY HELP PROVIDED BY TPA RAKSHA & BROKER KMD

NEGATIVES

ROOM RENT/ICU @ 1.5/2.5% OF BASE SI - MEMBERS TENDING TO OPT FOR DELUXE ROOMS
CHOICE OF TOP OF LIMIT ROOMS RESULTING IN HIGHER RENT & OTHER ASSOCIATED HOSPITAL COSTS
UNETHICAL USE OF POLICY BY SOME MEMBERS DRIVING UP GROUP CLAIM RATIO
PRIOR INTENT OF ELECTIVE SURGERY – CATARACT, KNEE/HIP REPLACEMENT
MANY CASES OF CATARACT & JOINT REPLACEMENT WITHIN 3M OF JOINING
RELUCTANCE TO USE ECHS AND KEEP POLICY AS PLAN 'B' AND FOR EMERGENCIES
MISUSE OF PRO-RATA PREMIUM – PAYING ONLY 50% PREMIUM & TAKING PRE-MEDITATED BENEFIT

CLAIM RATIO ANALYSIS – AS ON 11-FEB-22

- PREMIUMS ARE CALCULATED BY INSURER ON INCURRED CLAIM RATIO
- OTHER FACTORS – INFLATION, ADM CHARGES, MGMT EXPENSES
- **IN 334 DAYS, PAYOUT BY NIA IS 136% OF PREMIUM COLLECTED (LOSS)**
- UNFORSEEN SPIKE – 48 CLAIMS IN LAST 30 DAYS – 44 LAKHS PAYOUT
- HIGH PERCENTAGE OF CLAIM RATIO DUE COVID & ELECTIVE SURGERIES
- WITH CURRENT TREND, PAYOUT LIKELY TO TOUCH 3.80 CR FOR THIS YEAR

Policy Type	Start Date	End Date	Premium	No. of Claims	Incurred Amount	Average Claim Size	ICR	ECR	Policy Run Days	Report Date
Base Policy option 1	15-Mar-21	14-Mar-22	2,12,51,034	221	2,75,52,780	1,24,673	130%	142%	334	11-Feb-22
Base Policy option 2	15-Mar-21	14-Mar-22	30,60,789	26	26,92,078	1,03,541	88%	96%	334	11-Feb-22
Base Total	15-Mar-21	14-Mar-22	2,43,11,823	247	3,02,44,858	1,22,449	124%	136%	334	11-Feb-22

- $ICR - INCURRED CLAIM RATIO = (INCURRED AMOUNT \div PREMIUM) \times 100$
- $ECR - EARNED CLAIM RATIO = \{INCURRED AMOUNT \div (PREMIUM \times 334 \div 365)\} \times 100$



Review of



SAINIK SEVA SAMITI

Policy Period : 15.03.2021 To 14.03.2022

Report Date :11.02.2022

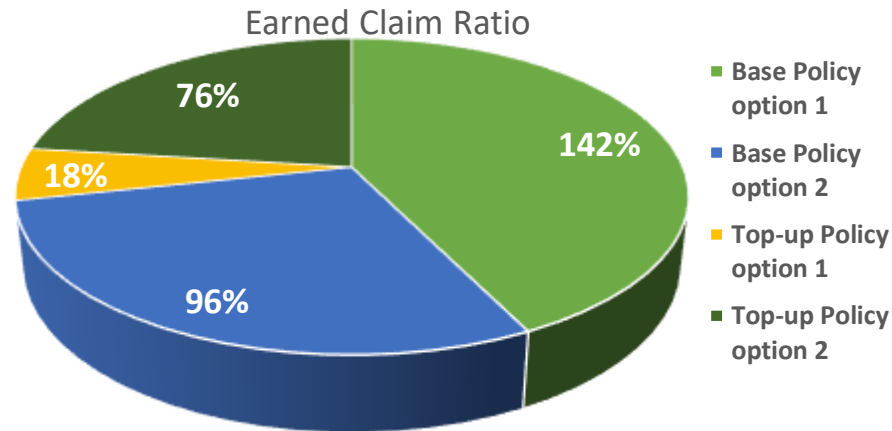


EXECUTIVE SUMMARY



Policy Type	Start Date	End Date	Premium	No. of Claims	Incurred Amount	Average Claim Size	ICR	ECR	Policy Run Days	Report Date
Base Policy option 1	15-Mar-21	14-Mar-22	2,12,51,034	221	2,75,52,780	1,24,673	130%	142%	334	11-Feb-22
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Base Total	15-Mar-21	14-Mar-22	2,43,11,823	247	3,02,44,858	1,22,449	124%	136%	334	11-Feb-22
Top-up Policy option 1	15-Mar-21	14-Mar-22	33,28,798	1	5,39,972	5,39,972	16%	18%	334	11-Feb-22
Top-up Policy option 2	15-Mar-21	14-Mar-22	3,66,303	5	2,56,360	51,272	70%	76%	334	11-Feb-22
Top up Total	15-Mar-21	14-Mar-22	36,95,101	6	7,96,332	1,32,722	22%	24%	334	11-Feb-22
Grand Total	15-Mar-21	14-Mar-22	2,80,06,924	253	3,10,41,190	1,22,692	111%	121%	334	11-Feb-22

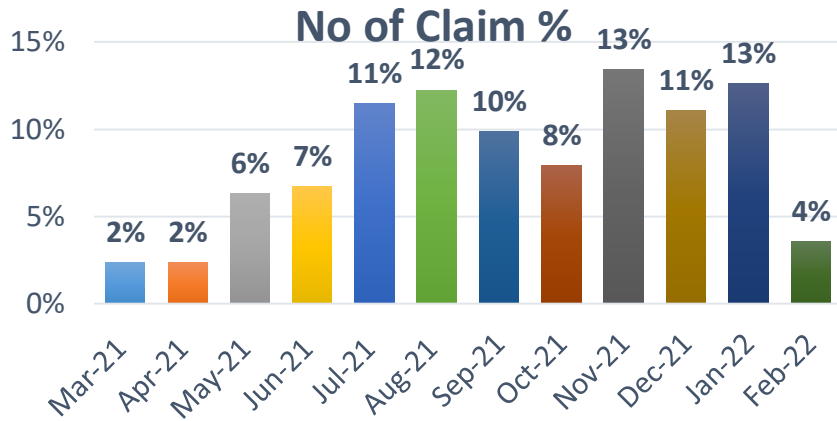
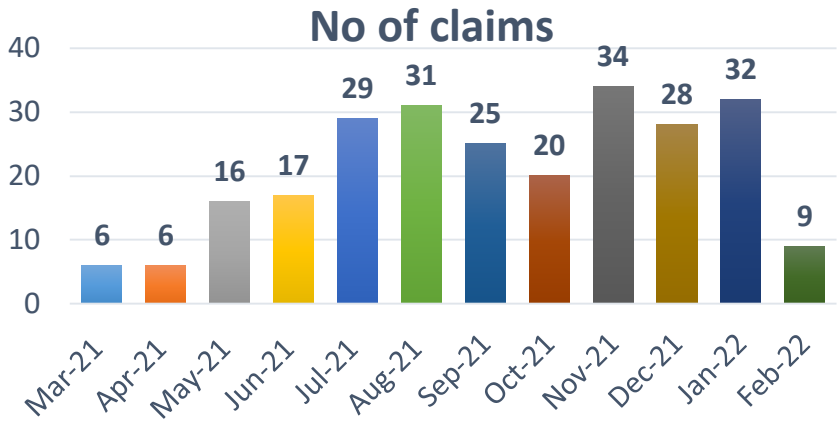
* Total No. of claims calculated on main claims





Month Wise No. of Claim

Months	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Grand Total
No of claims	6	6	16	17	29	31	25	20	34	28	32	9	253
No of Claim %	2%	2%	6%	7%	11%	12%	10%	8%	13%	11%	13%	4%	100%



Claim Reported Against Coverage Date

TAT Band	No of Employee	No of Claims	Incurred Amount
0-15	5	7	5,50,249
16-30	15	16	24,22,233
31-45	12	14	12,96,769
46-60	8	13	20,59,641
Above 61	130	203	2,47,12,298
Grand Total	170	253	3,10,41,190

➤ Total Outgo of Persons claiming within 60 days INR 63,28,892/-



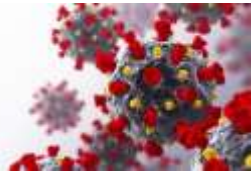
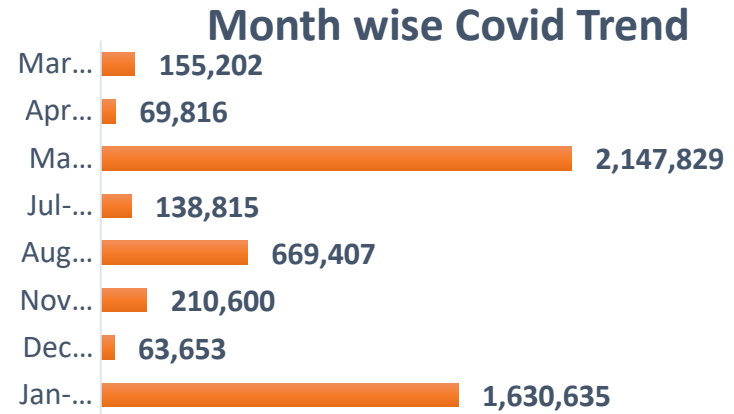
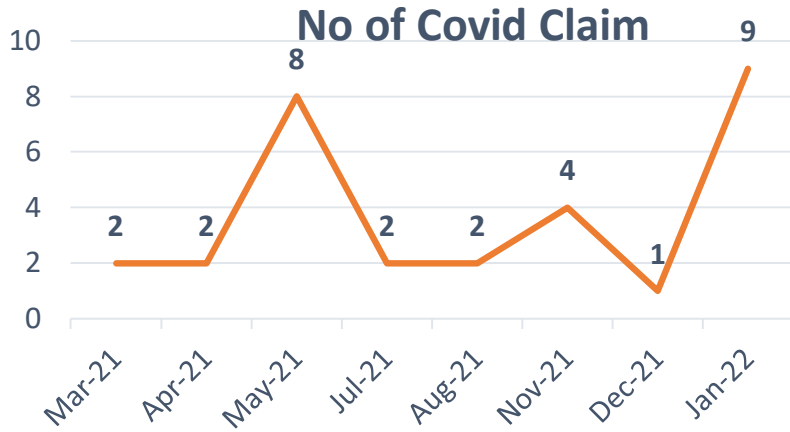
Ailment Wise Distribution of Claims - All

System Organ	No of Claims	Incurred Amount	% of Claims	Average Claims Size
Covid 19	30	50,85,957	12%	1,69,532
Diseases of the musculoskeletal system and connective tissue	19	46,51,365	8%	2,44,809
Diseases of the circulatory system	23	42,18,737	9%	1,83,423
Neoplasms	23	34,37,289	9%	1,49,447
Diseases of the genitourinary system	27	27,17,440	11%	1,00,646
Injury, poisoning and certain other consequences of external causes	15	25,96,695	6%	1,73,113
Diseases of the eye and adnexa	69	19,62,013	27%	28,435
Certain infectious and parasitic diseases	8	12,35,454	3%	1,54,432
Diseases of the digestive system	8	12,11,996	3%	1,51,500
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	8	10,67,180	3%	1,33,398
Diseases of the respiratory system	6	9,38,069	2%	1,56,345
Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	3	7,09,696	1%	2,36,565
Diseases of the skin and subcutaneous tissue	2	4,27,239	1%	2,13,620
Diseases of the nervous system	4	3,43,871	2%	85,968
Endocrine, nutritional and metabolic diseases	3	2,22,663	1%	74,221
Diseases of the ear and mastoid process	1	1,12,426	0%	1,12,426
Pregnancy, childbirth and the puerperium	2	1,03,100	1%	51,550
Mental and behavioural disorders	2	0	1%	-
Grand Total	253	3,10,41,190	100%	1,22,692

Covid -19 Claims



Option	No of Claims	Incurred Amount	% of Claims	Average Claim Size
Option 1	28	48,89,244	93%	1,74,616
Option 2	2	1,96,713	7%	98,357
Grand Total	30	50,85,957	100%	1,69,532



IN A LIGHTER VEIN



Maybe I can take
an insurance
now to cover
cost of repairs

NO, DEAR SIR
THAT WOULD BE UNETHICAL

INSURANCE IS TO COVER UNFORSEEN
RISKS, NOT TO MITIGATE MEDICAL
EXPENSES OF TREATMENT,
PROCEDURES AND ELECTIVE
SURGERIES WITH PRIOR INTENT

WAY AHEAD FOR POLICY YEAR 2022-23

- REST ASSURED DUE DILIGENCE EXERCISED BY SSS & KMD
- AS PER PREMIUM TABLE, ICR OF 126-150% PERMITS LOADING BY 90%
- 50% REBATE NEGOTIATED FOR COVID CLAIMS DURING NEGOTIATIONS
- FOR 10L SI, INCREASE CONTAINED AT 44% / 32% FOR EARLIER (1+1) / (1+3)
- MEASURES TO CONTROL ADVERSE CLAIM RATIO INEVITABLE
- GROUP POLICY NOW UNDER ONE SINGLE FAMILY OPTION OF 1+3
- ONLY BASE SI FROM 03-20 LAKHS, TOP-UP DISCARDED (35% DID NOT OPT)
- ROOM RENT/ICU REVISED TO 1%/2% TO REDUCE LINKED HOSP BILLING
- 1-YR WAITING PERIOD INTRODUCED FOR SPECIFIC AILMENTS.....
- THIS RELATES TO ELECTIVE SURGERY TO CURB PREMEDITATED USE OF POLICY
- SELECTIVE & REASONABLE LIMITS INTRODUCED FOR SOME DISEASES
- ABOVE MEASURES ESSENTIAL IN LARGER INTEREST OF GROUP
- T&C AND PREMIUMS CONTINUE TO BE FAR SUPERIOR TO RETAIL POLICIES
- RENEW EARLY. AFTER 15-MAR, NO COVER FOR INTERVENING PERIOD
- AFTER 15-APR, LOSS OF CONTINUITY & 1-YEAR WAITING PERIOD APPLIES



Renewal Terms – Sainik Seva Samiti – 2022-2023

Group Mediclaim Insurance Policy

Client Details	
Client Name:	Sainik Seva Samiti
Client Location:	Mumbai, India
Employer-Employee relationship (Yes/No)	No
If No, specify relationship	Members of Association
Fresh / Renewal:	Renewal Policy
Policy Period:	March 15, 2022 to March 14, 2023
Geographical Limit	Pan India

Insurer Details	
Insurer Name:	The New India Assurance Company Limited
Head Office:	Mumbai, India

Broker Details	
Broker Name:	K.M. Dastur Reinsurance Brokers Pvt Ltd.
Broker Location:	Mumbai, India

TPA Details	
TPA Name:	Raksha Health Insurance TPA Private Limited
TPA Location:	Mumbai, India

Coverage Details – Base Group Mediclaim Insurance Policy	
Policy Type:	Group Health Insurance Policy for the Members and their Dependents
Definition of Family:	1+ 3 - Self + Spouse + 2 Dependent Children up to the age of 25 years (Handicapped children to be covered without age limit.)
Base Sum Insured:	Option 1 – INR 3,00,000 per family Option 2 - INR 5,00,000 per family Option 3 - INR 7,50,000 per family Option 4 - INR 10,00,000 per family Option 5 - INR 15,00,000 per family Option 6 - INR 20,00,000 per family
Coverage Type:	Family Floater
Pre and Post Hospitalization	30 days Pre-hospitalization and 60 days Post hospitalization

TERMS & CONDITIONS



Room Rent:	1% of Sum Insured Per day subject to maximum INR 15,000/- whichever is less																											
ICU Rent:	2% of Sum Insured Per day subject to maximum INR 25,000/- whichever is less																											
Other Hospital Expenses:	All other expenses of hospitalization excluding medicines, drugs and implants shall be paid in proportion to the room rent.																											
Limits on Diseases:	<table border="1"> <thead> <tr> <th>Sr No</th> <th>Procedure</th> <th>Restriction</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Total Joints replacement</td> <td>SI up to 10 lacs: Rs. 175000/- per joint replacement SI above 10 lacs: Rs. 200000/- per joint replacement</td> </tr> <tr> <td>2</td> <td>Appendicectomy</td> <td>SI up to 10 lacs: Rs. 75000/- SI above 10 lacs: Rs. 100000/-</td> </tr> <tr> <td>3</td> <td>Hysterectomy</td> <td>SI up to 10 lacs: Rs. 100000/- SI above 10 lacs: Rs. 125000/-</td> </tr> <tr> <td>4</td> <td>Kidney Stones – Surgical Management</td> <td>SI up to 10 lacs: Rs. 75000/- SI above 10 lacs: Rs. 100000/-</td> </tr> <tr> <td>5</td> <td>Cholecystectomy</td> <td>SI up to 10 lacs: Rs. 75000/- SI above 10 lacs: Rs. 100000/-</td> </tr> <tr> <td>6</td> <td>Hemiorrhaphy</td> <td>SI up to 10 lacs: Rs. 60000/- SI above 10 lacs: Rs. 80000/-</td> </tr> <tr> <td>7</td> <td>Coronary Angiography</td> <td>Rs. 24000/-</td> </tr> <tr> <td>8</td> <td>Coronary Angioplasty</td> <td>SI up to 10 lacs: Rs. 185000/- SI above 10 lacs: Rs. 210000/-</td> </tr> </tbody> </table>	Sr No	Procedure	Restriction	1	Total Joints replacement	SI up to 10 lacs: Rs. 175000/- per joint replacement SI above 10 lacs: Rs. 200000/- per joint replacement	2	Appendicectomy	SI up to 10 lacs: Rs. 75000/- SI above 10 lacs: Rs. 100000/-	3	Hysterectomy	SI up to 10 lacs: Rs. 100000/- SI above 10 lacs: Rs. 125000/-	4	Kidney Stones – Surgical Management	SI up to 10 lacs: Rs. 75000/- SI above 10 lacs: Rs. 100000/-	5	Cholecystectomy	SI up to 10 lacs: Rs. 75000/- SI above 10 lacs: Rs. 100000/-	6	Hemiorrhaphy	SI up to 10 lacs: Rs. 60000/- SI above 10 lacs: Rs. 80000/-	7	Coronary Angiography	Rs. 24000/-	8	Coronary Angioplasty	SI up to 10 lacs: Rs. 185000/- SI above 10 lacs: Rs. 210000/-
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Limit on Cataract Surgery:	Cataract to be limited to INR 30,000/- per eye. (Only Monofocal Lens shall be covered under the policy)																											
Pre-existing Diseases:	Covered from day one																											
01 to 04 year Waiting Period for Specific ailment:	<p>Waived for existing members. One year Waiting Period for New Joiners on the following Diseases:-</p> <ol style="list-style-type: none"> All internal & external benign tumors, cysts, polyps of any kind, including benign breast lumps Benign Prostate Hypertrophy Cataract & age-related eye ailments Hernia of all types Hydrocele Hysterectomy for Menorrhagia/Fibromyoma, Myomectomy and Prolapse of uterus Non-Infective Arthritis Stone in Gall Bladder & Bile duct Stones in Urinary Systems 																											

TERMS & CONDITIONS



	10. Varicose Veins and Varicose Ulcers 11. Joint Replacement due to Degenerative Condition 12. Age-related Osteoarthritis & Osteoporosis 13. Age Related Macular Degeneration (ARMD) 14. Genetic diseases or disorders																				
30 Days Waiting Period:	Waived Off																				
Maternity:	For Normal Delivery & For C Section – INR 50,000/-																				
9 month waiting period for maternity:	Waived off																				
New Born Baby Day one Cover:	Covered from day one with family sum insured																				
Advanced Medical Treatment:	Robotic Surgeries shall be covered up to 50% of Sum Insured subject to maximum Rs. 5 Lakhs Stem Cell Therapy shall be covered up to 50% of Sum Insured subject to maximum Rs. 2.5 Lakhs Cyber Knife Treatment shall be covered up to 50% of Sum Insured subject to maximum Rs. 5 Lakhs with 15 % co-pay																				
	<table border="1"> <thead> <tr> <th>Treatment or Procedure</th> <th>Limit (Per Policy Period)</th> </tr> </thead> <tbody> <tr> <td>Uterine Artery Embolization and HIFU (High intensity focused ultrasound)</td> <td>Upto 20% of Sum Insured subject to Maximum Rs. 2 Lakh</td> </tr> <tr> <td>Balloon Sinuplasty.</td> <td>Upto 20% of Sum Insured subject to Maximum Rs. 2 Lakh</td> </tr> <tr> <td>Deep Brain stimulation.</td> <td>Upto 50% of Sum Insured subject to Maximum Rs. 5 Lakh</td> </tr> <tr> <td>Immunotherapy- Monoclonal Antibody to be given as injection.</td> <td>Upto 25% of Sum Insured subject to Maximum Rs 2 Lakh.</td> </tr> <tr> <td>Intravitreal injections.</td> <td>Upto 10% of Sum Insured subject to Maximum Rs.75,000.</td> </tr> <tr> <td>Stereotactic radio surgeries.</td> <td>Upto 50% of Sum Insured subject to Maximum Rs. 3 Lakh.</td> </tr> <tr> <td>Bronchial Thermoplasty.</td> <td>Upto 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.</td> </tr> <tr> <td>Vaporisation of the prostate (Green laser treatment or holmium laser treatment).</td> <td>Upto 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.</td> </tr> <tr> <td>IONM - (Intra Operative Neuro Monitoring).</td> <td>Upto 10% of Sum Insured subject to Maximum Rs. 50,000.</td> </tr> </tbody> </table>	Treatment or Procedure	Limit (Per Policy Period)	Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto 20% of Sum Insured subject to Maximum Rs. 2 Lakh	Balloon Sinuplasty.	Upto 20% of Sum Insured subject to Maximum Rs. 2 Lakh	Deep Brain stimulation.	Upto 50% of Sum Insured subject to Maximum Rs. 5 Lakh	Immunotherapy- Monoclonal Antibody to be given as injection.	Upto 25% of Sum Insured subject to Maximum Rs 2 Lakh.	Intravitreal injections.	Upto 10% of Sum Insured subject to Maximum Rs.75,000.	Stereotactic radio surgeries.	Upto 50% of Sum Insured subject to Maximum Rs. 3 Lakh.	Bronchial Thermoplasty.	Upto 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.	Vaporisation of the prostate (Green laser treatment or holmium laser treatment).	Upto 50% of Sum Insured subject to Maximum Rs. 2.5 Lakh.	IONM - (Intra Operative Neuro Monitoring).	Upto 10% of Sum Insured subject to Maximum Rs. 50,000.
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Oral Chemotherapy:	Covered up to 10% of Sum Insured subject to maximum Rs. 1 Lakh																				
Animal Bite:	Covered																				
Ambulance charges:	1% of Sum Insured or Rs. 2,500/- whichever is less.																				

TERMS & CONDITIONS



Day Care Cover:	As per Standard Cover
Congenital Diseases:	Congenital Internal Diseases to be covered. Congenital External Diseases to be covered if life threatening in nature.
Alternative Treatment:	Ayurveda, Unani, Homeopathy and Siddha treatments to be covered up to 25% of Sum Insured on Hospitalization.
Hospitalization arising out of Terrorism:	Covered
Lasik Surgery:	Covered if correction index is +/- 7.5 D
Remarks:	Rest all terms and conditions as per New India Flexi Floater Group Mediclaim Insurance Policy

Policy Operating Guidelines	
Member addition and deletion:	Addition & Deletion of New Members & their dependents will be done from Date of Joining & Date of Leaving respectively on pro-rata basis.
Mid-term Addition:	New Joinee's , Spouse on Marriage and New Born babies
Claim Intimation:	Within 30 days from date of admission, if claim intimation received after 30 days from the date of admission, 10% Co-pay shall be applicable
Claim submission:	Within 30 days from date of discharge.
Portability Clause:	If a person is presently covered and has been continuously covered without any lapses under any Group Health Insurance policy with an Indian General/Health Insurer, the proposed Insured person can avail Retail / Individual Policy as per Standard Individual policy terms and premium amount and as per IRDAI guidelines on portability.
Reasonable & Customary Clause:	REASONABLE AND CUSTOMARY CHARGES mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services; taking into account the nature of the Illness / Injury involved.
GIPSA PPN Clause:	For those hospitals where New India is having PPN network. Only PPN rates will be applicable. If any employees opt for any rate/ package which is other than what has been agreed in PPN shall not be indemnified. For the given procedure in PPN, only agreed rates will be approved, whether claim submitted through cashless or reimbursement mode.



Premium Rate Chart:-

Premium Rate Per Family - Base Policy						
Sum Insured	3 Lakhs	5 Lakhs	7.5 Lakhs	10 Lakhs	15 Lakhs	20 Lakhs
Premium without GST	20566	27792	31,266	38,214	47,802	66,145
GST (18%)	3,702	5,003	5,628	6,879	8,604	11,906
Premium with GST	24,268	32,795	36,894	45,093	56,406	78,051

Thanks and Regards,

Mr. Maneck Dastur
Senior Vice President and Chief Marketing Officer

WAITING PERIODS

WAITING PERIODS WAIVED OFF

- 4 YRS FOR PRE-EXISTING DISEASES
- 2 YRS FOR SPECIFIED ILLNESSES
- 9M FOR MATERNITY BENEFIT
- 30 DAYS FROM POLICY START

1-YEAR WAITING PERIOD

- FIRST POLICY YEAR OF MEMBER – FOR SPECIFIED DISEASES AND SURGERIES

1 – YEAR WAITING PERIOD

APPLICABLE IN FIRST POLICY YEAR OF CONTINUOUS COVERAGE

1	All Internal & External Benign Tumors, Cysts, Polyps of any kind, including Benign Breast Lumps
2	Benign Prostate Hypertrophy
3	Cataract & Age-Related Eye Ailments
4	Hernia of all Types
5	Hydrocele
6	Hysterectomy for Menorrhagia/Fibromyoma, Myomectomy and Prolapse of Uterus
7	Non-Infective Arthritis
8	Stone in Gall Bladder & Bile duct
9	Stones in Urinary Systems
10	Varicose Veins and Varicose Ulcers
11	Joint Replacement due to Degenerative Condition
12	Age-related Osteoarthritis & Osteoporosis
13	Age Related Macular Degeneration (ARMD)
14	Genetic Diseases or Disorders

COVERAGE & LIMITS

DETAILS WILL BE INCLUDED IN CERTIFICATE OF INSURANCE

AMBULANCE	- 1% of Sum Insured or Rs. 2,500/- whichever is less
MATERNITY	- For Normal Delivery & For C Section – Rs 50K, Newborn covered
CATARACT/LASIK	– Rs 30K per eye (mono-focal lens) / if correction is <7.5 D
ADVANCED MEDICAL TREATMENTS	Robotic Surgeries - 50% of SI subject to max Rs. 5 Lakhs Stem Cell Therapy - 50% of SI subject to max Rs. 2.5 Lakhs Cyber Knife Treatment - 50% of SI subject to max Rs. 5 Lakhs (15 % co-pay). Uterine Artery Embolization, High Intensity Focused Ultrasound, Balloon Sinuplasty, Deep Brain Stimulation, Immunotherapy, Intravitreal Injections, Stereotactic Radio Surgeries, Bronchial Thermoplasty, Vaporisation of the Prostate, Intra Operative Neuro Monitoring – Varies from 10 to 50% of SI with maximum of 75000 to 5L.
ORAL CHEMOTHERAPY	- 10% of Sum Insured subject to max Rs 1 Lakh
CONGENITAL DISEASES	- Internal Covered, External if Life Threatening
ALTERNATIVE MEDICINE - AYURVEDA, UNANI, HOMEOPATHY, SIDDHA	– Up to 25% of Sum Insured on Hospitalization

CAPPING ON SURGERIES

SI No.	PROCEDURE	MONETARY LIMITS	
		SI UP TO 10 LAKHS	SI ABOVE 10 LAKHS
1	Total Joints replacement	Rs. 175000/- per joint replacement	Rs. 200000/- per joint replacement
2	Appendicectomy	Rs. 75000/-	Rs. 100000/-
3	Hysterectomy	Rs. 100000/-	Rs. 125000/-
4	Kidney Stones – Surgical Management	Rs. 75000/-	Rs. 100000/-
5	Cholecystectomy	Rs. 75000/-	Rs. 100000/-
6	Herniorrhaphy	Rs. 60000/-	Rs. 80000/-
7	Coronary Angiography	Rs. 24000/-	Rs. 24000/-
8	Coronary Angioplasty	Rs. 185000/-	Rs. 210000/-

FAMILY DEFINITION

FAMILY FLOATER (1+3)

SELF + SPOUSE + 02 DEPENDANT CHILDREN <25YRS

- » SINGLE OFFICER
- » VEER NARI
- » OFFICER & SPOUSE
- » OFFICER & SPOUSE + 2 CHILDREN < 25 YRS (NO AGE LIMIT FOR HANDICAPPED CHILDREN)
- » CHILD > 25 YRS
- » MARRIED CHILD & SPOUSE
- » PARENTS
- » PARENTS-IN-LAW
- » SPONSORED ASSOCIATE MEMBERS & FAMILY AS IN 1+3

ONLY ONE POLICY OPTION – WHETHER SINGLE, WITH SPOUSE OR WITH SPOUSE & KIDS

VARIABLE SUM INSURED CAN BE SELECTED DEPENDING ON COVER/PERSONS

SUM INSURED OPTIONS

- ONLY BASE SUM INSURED IN POLICY
- NO TOP-UP
- SUM INSURED OF - 3 / 5 / 7.5 / 10 / 15 / 20 LAKHS
- COVERAGE FROM 03 -20 LAKHS IN ONE POLICY
- ADDITIONAL POLICY BY SPOUSE AS SEPARATE MEMBER TO GET COVER UPTO 40 LAKHS

PREMIUM TABULATION 2022-23

FAMILY DEFINITION (FOR ALL)	SUM INSURED (INR IN LAKHS)	PREMIUM (INR)	GST @ 18% (INR)	PAYABLE PREMIUM + GST (INR)	ELIGIBLE ROOM RENT PER DAY (INR)	ELIGIBLE ICU CHARGES PER DAY (INR)
(1+3) SELF + SPOUSE + 02 DEPENDANT CHILDREN < 25 YRS	3	20566	3702	24268	3000	6000
	5	27792	5003	32795	5000	10000
	7.5	31266	5628	36894	7500	15000
	10	38214	6879	45093	10000	20000
	15	47802	8604	56406	15000	25000
	20	66145	11906	78051	15000	25000
	ROOM RENT / ICU CHARGES @ 1.0 / 2.0 % OF SUM INSURED WITH MAX LIMIT OF INR 15000 / 25000					

HOSPITAL BILLING

- **DEPENDENT ON CATEGORY OF ROOM - ROOM RENT IS THE HOOK TO WHICH ALL HOSPITAL COSTS ARE ATTACHED**
- **HIGHER ROOM RENT – HIGHER ASSOCIATED MEDICAL COSTS FOR ALL TREATMENTS, PROCEDURES & SURGERY**
- **LOWER ROOM RENT – LESS DEPLETION OF SUM INSURED FOR YOU AND LOWER CLAIM RATIO FOR THE GROUP**
- **MEDICINES, DRUGS, IMPLANTS WILL BE AT MRP**
- **IN POLICY - ROOM RENT/ICU AT 1.0% / 2.0% OF SUM INSURED PER DAY WITH MONETARY CAPPING OF MAX INR 15,000/25,000**
- **IF EXCEEDED - PROPORTIONATE DEDUCTION OF MEDICAL COSTS (AS BILLED) IN CLAIM SETTLEMENT (DIFF TO BE PAID BY YOU)**

HOW TO SELECT SUM INSURED

- **PERCEIVED PER PERSON COVERAGE x NO. OF PERSONS IN POLICY**
- **FACTORS – COST OF MEDICAL TREATMENT IN YOUR PREFERRED HOSPITAL, AGE, PRE-EXISTING DISEASES, GENETICS, OTHER RISKS**
- **ON PREVAILING COST OF HOSPITAL ROOM IN YOUR TOWN/CITY/METRO**
- **1.0% x SI SHOULD GET YOU A ROOM OF YOUR CHOICE IN A GOOD HOSPITAL (PRIVATE, AIR-CONDITIONING, ATTENDANT, ATTACHED WC)**

SI (LAKHS)	03	05	7.5	10	15	20
ROOM RENT PER DAY (Rs)	3000	5000	7500	10000	15000	15000 (MAX)
ICU CHARGES PER DAY (Rs)	6000	10000	15000	20000	25000 (MAX)	25000 (MAX)

ENROLMENT & POLICY GUIDELINES

- SELF (POLICY HOLDER) MUST BE EITHER PRIMARY OR ASSOCIATE MEMBER
- ONLY ONE POLICY PER MEMBER
- SPOUSE AND 02 DEPENDANT CHILDREN CAN BE INCLUDED AS BENEFICIARIES
- NETWORK HOSPITALS – 6860 CASHLESS (DYNAMIC), REST REIMBURSEMENT
- GIPSA-PPN – GENERAL INSURERS PUBLIC SECTOR ASSOCIATION’S PREFERRED PARTNER NETWORK WITH CASHLESS DISCOUNTED PACKAGE PRICING
- CLAIM INTIMATION – WITHIN 30 DAYS OF ADMISSION, ELSE 10% CO-PAY
- PRE/HOSPITALISATION CLAIM - WITHIN 30 DAYS OF DISCHARGE
- POST HOSPITALISATION CLAIM - WITHIN 70 DAYS OF DISCHARGE
- MIGRATION/PORTABILITY - AS PER IRDAI NORMS

GENERAL INFO

- BACK UP TO ECHS, HOWEVER THEY ARE INDEPENDENT SCHEMES
- ADVISORY - USE ECHS WHEN CONVENIENT TO KEEP CLAIM RATIO LOW
- MEMBERSHIP REGISTRATION – OPEN ON SSS WEBSITE <https://ssamiti.in>
- FEES FOR NEW JOINERS – Rs 500 Regn + Rs 500 Admission + Rs 1000 Subscription = 2360 incl GST
- ANNUAL SUBSCRIPTION FOR OLD MEMBERS – Rs 1000 + GST = Rs 1180
- POLICY RENEWAL/NEW ENROLMENT – OPENING 28-FEB-22, TRANSFER OF PREMIUM TO NIA IN BATCHES
- CURRENT POLICY YEAR - COMMENCING ON 15-MAR-2022 , ENDS ON 14-MAR-2023
- JOIN/PAY EARLY – PAY BY 10-MAR-22 TO GET COVERAGE FROM 15-MAR-22.
- LOSS OF CONTINUITY/1-YR WAITING PERIOD – WILL APPLY TO OLD MEMBERS IF RENEWAL AFTER 1M
- 3M JOINING/SPONSORSHIP WINDOW - TILL 15-JUN-22
- PREMIUM FOR POLICY YEAR – NO PRO-RATA, 100% PREMIUM IRRESPECTIVE OF WHEN YOU JOIN
- RENEWAL FOR ALL – 1 YEAR FROM POLICY START DATE, DUE 15-MAR-2023
- BENEFICIARIES & SUM INSURED – CAN BE MODIFIED EVERY NEW POLICY YEAR

SSS WEBSITE

<https://ssamiti.in>

- ONLINE PROCESSES ON WEBSITE
 - REGISTRATION FOR MEMBERSHIP
 - PAYMENT OF MEMBERSHIP FEES & ANNUAL SUBSCRIPTION
(ON APPROVAL OF TY MEMBERSHIP)
 - SELECTION OF GROUP POLICY & PAYMENT OF PREMIUM
(ON CONFIRMATION OF MEMBERSHIP)
- FOR ASSISTANCE - PLEASE REFER STEP-BY-STEP GUIDES OR CALL SSS HELPLINE
(PROMULGATED ON TELEGRAM/WHATSAPP GROUPS)

*“Health Insurance is an Investment
for your & family’s
Peace of Mind”*

*..... Cdr Sudhir Dua (Retd)
Secretary, Sainik Seva Samiti*