

Medical Insurance Scheme- Advance against Critical Illnesses

With the implementation of Medical Insurance Scheme, hospitalisation claims are being processed and passed by TPA up to the amount of sum insured. Employee is required to pay the bills over and above the sum insured from his own resources in case of cashless and entire amount in case of reimbursement claim. Subsequently, claim(s), for amounts reimbursable from Corporate Buffer, are settled at H.O. after receipt of final Settlement Sheet from the TPA.

In order to fill the time gap in reimbursement for Claims in case of reimbursement cases and Corporate Buffer in case of cashless cases:-

- Circle/Divisional Heads may allow advance against estimate received from Hospitals for treatment including package charges.
- In exceptional circumstances, where it is not feasible to obtain prior permission from Circle/Divisional Heads, the Incumbent Incharge can allow such advance and move for confirmation.

The advance to the employee will be subject to the following stipulations:-

1. Advance shall be to the satisfaction of the sanctioning authority.

2. Advance will only be in following nine critical illnesses:-

- i) Cancer Including leukemia
- ii) Stroke
- iii) Paralysis
- iv) By Pass Surgery
- v) Major Organ Transplant/Bone marrow transplantation
- vi) End stage Liver Disease
- vii) Heart Attack
- viii) Kidney Failure
- ix. Heart Valve Replacement Surgery

3. Amount of advance shall be limited to the maximum permissible Corporate Buffer in case of cashless claims and sum assured plus permissible Corporate Buffer amount in case of reimbursement claims.