Meridian Health Insurance

Group Health Shield — Corporate Floater · UIN MHIHLGP24012V022324
IRDAI Regn. No. 146 · Group Health Insurance Policy

POLICY SCHEDULE
MHI/GRP/2025/0074812

Policy Number	**MHI/GRP/2025/0074812**	Period of Insurance	01 Apr 2025 to 31 Mar 2026 (both days inclusive)
Master Policyholder	Northwind Technologies Pvt. Ltd.	Primary Insured	**Suresh Kumar R**
Sum Insured (family floater)	**Rs. 5,00,000.00**	Persons covered	Self, Spouse, 2 Children

TABLE OF BENEFITS

BENEFIT	LIMIT
1.1 In-patient hospitalisation	Up to Sum Insured
1.2 Room rent — normal ward	Rs. 5,000.00 per day
1.3 Intensive Care Unit	Rs. 10,000.00 per day
1.4 Pre-hospitalisation	30 days
1.5 Post-hospitalisation	60 days
1.6 Day-care procedures	Covered — 168 listed procedures
1.7 Ambulance (road)	Rs. 2,000 per hospitalisation
1.8 Modern treatment methods (robotic, oral chemo)	Up to 50% of Sum Insured
1.10 Organ donor expenses	Up to Rs. 1,00,000
1.9 Non-medical consumables	Not covered — refer Annexure II

PROCEDURE SUB-LIMITS

PROCEDURE	LIMIT PER EVENT
Cataract surgery — per eye	Rs. 40,000.00
Hernia repair — all types	Rs. 60,000.00
Appendicectomy — open or laparoscopic	Rs. 75,000.00
Total knee replacement — per knee	Rs. 2,00,000.00
Piles / fissure / fistula	Rs. 45,000.00

CO-PAYMENT & WAITING PERIODS

Co-payment on every admissible claim	**10%, capped at Rs. 25,000.00 per claim**
Initial waiting period	30 days (waived for group cover)
Named ailments — cataract, hernia, piles, sinusitis, joint replacement	24 months
Pre-existing diseases	36 months (waived for group cover)

PART II — TERMS AND CONDITIONS

2.1 Definition — Room Rent
Room rent means the charge levied by the Hospital for occupation of a bed, including nursing and ancillary hospital charges but excluding the cost of investigations, medicines and professional fees.

2.2 Proportionate Deduction
Where the Insured Person is admitted to a room whose rent exceeds the limit at 1.2, the Company shall be liable to pay only a proportionate share of the *associated medical expenses*, in the ratio of the eligible room rent to the room rent actually charged. Associated medical expenses exclude the cost of pharmacy and consumables, implants and medical devices, and diagnostics, and exclude charges incurred in an Intensive Care Unit, in accordance with IRDAI (Health Insurance) Regulations 2016 as amended 2024.

2.3 Co-payment
Every admissible claim shall be subject to a co-payment of 10% of the admissible amount, provided that the co-payment applied shall not exceed Rs. 25,000.00 in respect of any one claim. Co-payment is applied after all other deductions under this Policy.

2.4 Non-payable Items
Expenses on items listed in Annexure II (Non-Medical Expenses), issued by the Authority, are not payable. This includes but is not limited to registration and admission charges, medical record charges, attendant and visitor charges, toiletries, and comfort items.

2.5 Reasonable and Customary Charges
The Company shall pay only such charges as are reasonable and customary for the geography and class of hospital concerned. Charges materially in excess of the prevailing rate for comparable treatment in the same locality may be reduced to the customary rate.

2.6 Claim Intimation
Notice of admission must reach the Company or its administrator within **48 hours** of admission in the case of emergency hospitalisation, and **48 hours prior** to admission in the case of planned hospitalisation. Delay may be condoned where the Insured Person proves it was for reasons beyond their control.

2.7 Claim Documents
Complete documents must reach the Company within **30 days** of discharge. A claim shall be assessed on the documents submitted; where an investigation is referenced in the bill or the discharge summary, the corresponding report must be furnished. Where a consolidated charge is billed without an item-wise break-up, the Company may restrict payment to the itemised portion.

2.8 Cost-wise Break-up
Bills presenting a consolidated head — including but not limited to "Pharmacy", "Investigations", "Miscellaneous" or "Package" — without an item-wise break-up giving description, quantity and rate, are not admissible in respect of the unitemised portion. The Insured Person may furnish the break-up at any time before the claim is closed.

2.9 Duplicate and Overlapping Claims
No amount shall be payable twice in respect of the same expense. Where a bill or a part of a bill has been reimbursed under another claim, whether under this Policy or another policy, that amount shall be excluded.

PERMANENT EXCLUSIONS

1. Any treatment within the first 30 days of the commencement of cover, except accidental injury.
2. Cosmetic or plastic surgery, unless required to treat an accidental injury, burn or cancer.
3. Dental treatment or surgery of any kind unless requiring hospitalisation following an accident.
4. Expenses arising from any condition directly or indirectly caused by or associated with human T-cell lymphotropic virus or HIV.
5. Treatment taken outside India, and any treatment for which no active or specific treatment was given.
6. Vitamins, tonics and nutritional supplements unless forming part of the treatment for injury or disease as certified by the treating physician.
7. Weight-control services and treatment of obesity, save bariatric surgery meeting the Authority's criteria.
8. Any admission primarily for evaluation, diagnostics or observation where no active treatment is given.

This Schedule read with the Policy Wording and Annexure II constitutes the entire contract. In the event of conflict the Schedule prevails. Grievances: grievance@meridianhealthinsurance.co.in · IRDAI Bima Bharosa portal.

Authorised Signatory

POLICY ISSUED