TERMS AND CONDITIONS AND SALIENT FEATURES OF GHIP 2025-26

INSURER: ORIENTAL INSURANCE CO.LTD.

TPA: HEALTH INDIA INSURANCE TPA SERVICES

PVT. LTD.

BROKER: PREMIUM INSURANCE BROKERS PVT. LTD..

ELIGIBILITY:GHIP IS ONLY AVAILABLE FOR AILREA MEMBERS, NO MEMBER CAN BE COVERED TWICE

VALIDITY:08 Sep 2025 till 07 Sep 2026

ENTRY AGE/MEDICAL TESTS: NO AGE LIMIT AND NO TESTS

CONDITIONS FOR REJOINING AFTER TAKING A BREAK IN YEAR 2024-25

- 1.All members who join back after a break for any reason whatsoever will be considered as new members.
- 2.Members who do not continue their membership the following year after making a claim are not permitted to re-join for one additional year. Hence if you made a claim in 2023-24 and failed to renew your policy in 2024-25, then you cannot join this policy now in 2025-26. You will have to wait one more year, to be eligible to re-join the GHIP Policy in 2026-2027.
- 3. However members who took a break in 2024-25 but had not made any claims in 2023-24 are welcome to re-join this year.

COVER FOR PRE EXISTING DISEASES

For existing members who continue their policy without a break with effect from 08 Sep 2025, all pre existing disease are covered from day one.

COOLING PERIOD: **New members**, joining GHIP for the first time, as well as those joining after a break, are subject to a cooling period of 60days beforeany claim can be entertained.

New members also cannot make any claim with respect to Cancer or Joint replacement treatment in the first year of joining.

LEVELS OF COVERAGE:

Scheme offers cover for individual and floater (individual plus spouse) for Rs.5, 7.5 and

10 lakhs.

HOSPITAL LISTS and CASHLESS COVERAGE:

Extensive list of network hospitals Pan India is available which can be checked on TPA website or by using help lines of HealthIndia Insurance TPA Services Pvt. Ltd. (healthIndiatpa.com)

Important PolicyTerms and Conditions listed below.

Important Policy Termsand Conditions		
Particulars	Coverage.	
Eligibility	Members of AIR INDIA LTD RETIRED EMPLOYEES ASSOCIATION	
FamilySize	Self& Spouse	
Sum Insured		
	Rs.5,00,000/- or Rs.7,50,000/- or Rs.10,00,000/-	
Room Rent Capping (Perday)	1% of Sum Insured for Normal Room and 2% ofSum Insured for ICU	
Day Care Treatment	Covered as per Oriental Insurance Co. Ltd.list of day care procedures	
Pre-hospitalization Medical Expenses	30 days prior to the date of admission	
Post-hospitalization Medical Expenses	60 days from the date of discharge	
Ailment Capping	Cataract Rs.35,000 per eye,Knee Replacement and Hip replacement Rs2 lacs per knee and per Hip, If due to accident or fall where Kneejoint or Hip Joint is damaged then the above capping will not be applied.(Or applicable for planned surgery only) AngioplastyRs.2lacs,AngiographyRs.35,000. FOR CHEMOTHERAPY, RADIOLOGY AND KIDNEY DIALYSISAS FOLLOWS: SumInsured Capping for chemotherapy, radiology, dialysis 5lakh 1lakh 7.5lakh 1.5lakh 10lakh 2lakh	
Co-pay	15% co-pay on all claims.Pre-post hospitalistion claims will also attract15% co-pay.No co-pay on capped ailments	

	mentioned above.
Congenital Internal Diseases	Internal congenital disease or defects Covered. External congenital disease or defects not Covered.
Terrorism	Terrorism related hospitalization covered.

SpecialConditions	Immunotherapy-Monoclonal Antibody to be given as injection - Up to20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period / per family. Lucentis, Avestin, macugen, accentrix, remicade and similar such medicines which can be administered in OPD are paid.
	Cyberknife Surgery is restricted to reasonable charges or max.upto 50% of Sum Insured.
	Cochlear Implant / Bionic Ear, Circumcision, Laser surgery for vision correction, Botox injection for treatment other than for cosmetic use. For Eye Surgery, all types of lens are allowed . Surgery for eyesight correction is covered if the number is +7/-7.
Domiciliary Hospitalization	Covid Home CareTreatment covered upto10% of Sum Insured

Home Care Treatment means Treatment availed by the Insured Personat home for Covid-19 on positive diagnosis of Covid-19 in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum upto 14days per incident provided that:

ØtheMedical Practitioner advises the Insured Person to undergo treatment at home

Øthere is a continuous active line of treatment with monitoring of the health status by a medical

Practitioner for each day through the duration of the home care treatment

Ødailymonitoring chart including records of treatment administered duly signed by the treating doctor is maintained Øinsured shall bepermitted to avail the services as prescribed by the Medical Practitioner. Cashless facility shall be offered under home care expenses if the treatment is through a network provider

Ø In case the insured intends to avail the services of nonnetwork provider claims shall be subject to reimbursement, a prior approval from the Insurer/TPA needs to be taken before availing such services.

ØtheHomeCare treatments shall include the following, if prescribed by the treating Medical Practitioner and is related to treatment of COVID:

- i. Diagnostic tests undergone at home or at diagnostics center
- ii. Medicines prescribed in writing
- iii. Consultation charges of the medical practitioner
- iv. Nursing charges related to medical staff
- v. Medical procedures limited to parenteral administration of medicines

	vi. Cost of Pulse Oximeter, Oxygen cylinder and Nebulizer
CashlessBenefit	Covered. Cashless will be provided in TPA and Insurance network hospitals.

- 1. Uterine ArteryEmbolization & High Intensity Focussed Ultrasound (HIFU) Up to 20% of Sum Insured subject to a maximum of Rs.2Lacs per policy period for claims involving Uterine Artery Embolization & HIFU
- **2. Balloon Sinuplasty -** Up to 10% of Sum Insured subject to a maximum of Rs.1Lac per policy period for claims involving Balloon Sinuplasty
- **3.Deep Brain Stimulation**-Upto70% of Sum Insured per policy period for claims involving Deep Brain Stimulation
- **4. Oral Chemotherapy** Up to 20% of Sum Insured subject to amaximum of Rs.2 Lacs per policy period for claims involving Oral Chemotherapy

5.Immunotherapy-

MonoclonalAntibodytobegivenasinjection - Up to 20% of Sum Insured subject to a maximum of Rs.2Lacs per policy period. Lucentis, Avestin, macugen, accentrix, remicade and similar such medicines which can be administered inOPD are paid

6. Intra vitreal Injections - Up to 10% of Sum Insured subject to amaximumofRs.1Lacperpolicyperiod.

7A.RoboticSurgeries (Including Robotic Assisted Surgeries)

.Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for(i)the treatment of any disease involving Central Nervous System irrespective of aetiology;(ii) Malignancies

7B.Upto50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases

AdditionalCoverages

	 8. Stereotactic Radio Surgeries - Up to 50% of Sum Insured per policy period for claims involving Stereotactic Radio Surgeries 9. Bronchial Thermoplasty - Up to 30% of Sum Insured subject to a maximum of Rs.3 Lacs per policy period for claims involving Bronchial Thermoplasty. 10. Vaporisation of the Prostate (Green laser treatment for holmium laser treatment) - Up to 30% of Sum Insured subject to a maximum of Rs.2Lacs per policy period.
	 11. Intra Operative Neuro Monitoring (IONM) - Up to 15% of Sum Insured per policy period for claims involving Intra Operative Neuro Monitoring subject to a maximum of Rs.1Lac per policy period. 12. Stem Cell Therapy: Hematopoietic Stem Cells for bonemarrow transplant for haematological conditions to be coveredonly-No additional sub-limit
Ambulancecharges	UptoRs.5,000/-per event subject to overall admissibility of the claim. Dr's prescription is compulsory fo rAmbulance charges claim
AyurvedicorHomeopathicTreatment	AYUSH treatment will be covered under policy subject to treatment under government registered hospitals
Claim Intimation Claim documents Submission	Within15days from date of admission Within 60 days from date of discharge

General Exclusions under the policy are listed below

- 1. Treatment directly or indirectly arising from or consequent upon war or any act of war,invasion,act of foreign enemy, civil war, public defense, rebellion, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.
- 2. Committing or attempting to commit a breach of law with criminal intent, intentional self-Injury or attempted suicide while Insured Person is sane or insane.
- 3. Non-adherence to Medica lAdvice, participation or involvement in naval, military or airforce operation, circus personnel, racing in wheels or horseback,
- 4. Abuse or the consequences of the abuse of intoxicants or hallucinogenic
- 5. Weight management programs or treatment in relation to the same includin gvitamins and tonics treatment of obesity (including morbid obesity).
- 7. All routine examinations and preventive health check-ups.
- 8. Cosmetic, aestheticandre-shaping treatments and Surgeries:
- 9. Circumcisions
- 10. Non-allopathic treatment, except as per coverage of AYUSH Treatment.
- 11. Conditions for which treatment could have been done on an out-patient basis without any Hospitalization.
- 12. Unproven/Experimental treatment,
- 13. Admission primarily for diagnostic purposes not related to Illnessf or which Hospitalization has occured.
- 14. Convalescence cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care.
- 15. Preventivecare vaccination including inoculation and immunizations
- 16. Hearin gaids, spectacles or contact lenses including optometric therapy, multifocallens.
- 17. Medical supplies including elastic stockings, diabetic test strips, and similar products.
- 18. Devices external durable medical equipment of any kind, like wheelchairs crutches ,instruments used in treatment of sleep apnea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.)
- 19. Parkinsons and Alzheimer's disease, general debility or exhaustion ("run down condition"), sleep-apnea, stress. 20. External Congenital Anomalies, diseases or defects, genetic disorders.

- 21. Venereal disease, all sexually transmitted disease or Illness
- 22. "AIDS" (Acquired Immune Deficiency Syndrome) and/orinfection with HIV (Human Immuno deficiency Virus)
- 23. Treatment for sterility, infertility, sub-fertility
- 24. Treatments such as Rotational Field Quantum Magnetic Resonance

(RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy, Herceptinetc.

- 25. Treatment taken from a person not falling within the scope of definition of Medical Practitioner.
- 26. Non-medicalexpenses
- 27. Treatment taken outside India.
- 28. Insured Person whilst flying or taking part in aerial activities except as a fare-paying passenger in a regular scheduled airline or air charter company.
- 29. Air Ambulance not payable

Note: The above list is indicative in nature.

Claim Procedure:

Claims Intimation-Intimate the claim within 48hours of hospitalisation through any of the following options:

Email:frd@healthindiatpa.com

Call:1800220102,022-40881000

Claims Submission: Within 30days from the date of Discharge on below address.

HEALTHINDIAINSURANCETPASERVICES

NeelkanthCorporateITPark,OfficeNo406to412,4thfloor,KiroIRd,VidyaviharWest,Mumbai400086

Servicing of the Policy: **PREMIUM INSURANCE BROKERS PVT.LTD. D-521, Neelkanth Business Park, 5thfloor,NathaniRd,VidyaviharWest,Mumbai400086**