

Federation Of Indian Pilots – Group Mediclaim Policy

1. Family Definition – 1 + 5 (Self + Spouse + Dependent Children + 2 Dependent Parents / Parent-in-laws); Option to cover either of 2 Parents or Parent-in-laws i.e. family definition will not exceed 1 + 5 with maximum 2 parents
2. Child coverage applicable for maximum 4 children
3. Only Dependent and unmarried children upto age 30 years can be covered under the policy. Rest of the family Members are covered upto age of 90 years.
4. Sum Insured – Option to choose from either INR 5 lacs, INR 10 lacs or INR 25 lacs per family on floater basis. **Limit on Single Hospitalization is INR 10 lacs.**
5. Daily Room rent restricted as per following slabs:

For SI of 5 lacs

Normal Room – Upto INR 5000 per day

ICU - upto INR 10,000 per day

For SI of 10 lacs

Normal Room – Upto INR 6000 per day

ICU - upto INR 10000 per day

For SI of 25 lacs

Normal Room – Upto INR 7500 per day

ICU – upto INR 10000 per day

For people who have opted for higher room rent option –

Normal Room – Upto INR 10,000 per day

ICU – Upto INR 15000 per day

All other charges will be payable in accordance with Room Rent restriction. If a member opts for a room with higher room rent per day than prescribed, he will have to pay all the expenses included in the bill in the same proportion.

:2:

6. Emergency Ambulance charges or Air fare restricted to maximum of INR 10,000 in case of emergency. Air Ambulance charges restricted to max INR 2 lacs. This covers Stretcher cases where Air Ambulance is not available but commercial air services are available to transport the patient for a life threatening condition.
7. Pre and Post Hospitalization – 30 and 60 days respectively.
8. Pre-existing disease covered from day One.
9. Maternity Benefit (Normal Delivery or Caesarian delivery) – INR 90,000. Applicable for first two children only. Nine Months Waiting Period – Not applicable for existing members. Co-pay will not be applicable on maternity claims.
10. Pre and Post-natal expenses will be covered in case of hospitalization only, within maternity limit. Full Policy Sum Insured shall apply in case of post-natal emergencies.
11. Surgical treatments for external congenital conditions, which are necessary for survival, are covered under the policy.
12. New born Child is covered under full policy sum insured from Day One.
13. Following Ailments would be capped under the policy: Cataract-INR 50000 per eye, Joint replacement - INR 250000 per joint, Coronary Artery Bypass Surgery (CABG) - INR 250000. Capping shall be applicable on total amount of hospitalization as well as pre and post hospitalization claims related to the same treatment.
14. 40% Co-pay for cyber knife treatment and Stem cell transplantation.
15. Cochlear Implant treatment shall be restricted to 40% of Sum Insured.

...3/-

:3:

- 16.20% co-pay is applicable on each and every claim of parents/Parents in law and 10% Co-pay is applicable on each and every claim of member pilot, spouse and kids. **Co-pay shall not be applicable on capped ailments like Cataract, Joint replacement and CABG.**
- 17.Laparoscopy, Neuro Surgery and Prostate Cancer treatment will be payable under the policy without any capping.
- 18.Oral Chemotherapy, Hormonal Therapy is covered.
- 19.For members/dependents enrolling first time under the policy, following conditions are applicable from the date of joining the policy :
- Waiting period of 3 months for all planned surgeries/treatments.
 - 9 months waiting period for maternity
- 20.Reduction in Sum Insured is not allowed from last year policy **for members who have claimed**. Policy shall be null and Void if found by the insurer.
- 21.If an existing member already covered under the policy decides to opt out of the policy, he would not be allowed to enroll for next 2 years.
- 22.Deletion or replacement of a family member is allowed only in case of demise/divorce and necessary proof will have to be furnished for the same.
- 23.Cross Selection of parents and in-laws is not allowed, either set of parents have to be covered unless in case of demise. Necessary proof will need to be furnished for the same.
- 24.Portability: If member wants to move to a retail policy from this Group Policy, a “portability benefit” will be provided with waiver of waiting periods.

...4/-

25.FIP members having a personal medicaid policy due for renewal during the year can be allowed to shift to FIP policy even after closure of window period and enjoy continuity benefit (no waiting period shall apply to them in FIP policy and their cover will start from day one)on below terms:

- Member informs FIP office one week before the expiry of his policy and shares his current policy copy/renewal notice.
- FIP office provides confirmation to member with premium payable amount and opens the enrollment window on the FIP website
- Member enrolls his family on FIP website and makes payment.
- Member receives e-cards for self and family members.
