

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI



CONTRACT AGREEMENT

NIT. NO./Ref: IITG/MS/GMIS/5/2023-24Dt. 06th June 2023

NAME OF WORK

“Group Medical Insurance Scheme for Employees, Retirees and
Students of IIT Guwahati”

NAME OF INSURER

M/s National Insurance Company Limited

**CONTRACT AGREEMENT FOR PROVIDING
GROUP MEDICAL INSURANCE SCHEME**

**BETWEEN
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI (IITG)
AND
M/S NATIONAL INSURANCE COMPANY LIMITED, GUWAHATI**

This agreement is made on this 1st day of August 2023 between the Indian Institute of Technology Guwahati (IITG), an Institute of national importance incorporated under the Institutes of Technology Act 1961 and as amended thereof, hereafter referred to as '*the Insured*' and National Insurance Company Limited.,Guwahati Division I 2nd Floor, LohiaMansion,GS Road, Bhangagarh, Guwahati, - 781005hereafter referred to as '*the Insurer*'.

Whereas the Insured invited Tenders for providing Group Medical Insurance Scheme vide tender no. IITG/MS/GMIS/5/2023-24 Dt. 06th June 2023. And whereas in response to the Insured's tender referred to hereinabove, the Insurer submitted quotation, and after the subsequent discussion on modalities, terms and conditions, the Insured accepted the offer submitted by the Insurer. Accordingly, the contract was awarded to the Insurer for the period

from 01.08.2023 to 31.07.2024. The Insurer shall provide Group Medical Insurance Scheme to the Insured as per the following terms and conditions.

01. Type of Policy:

Group Medical Insurance Scheme for employees, retirees, students & Institute Fellow of the Insured, Indian Institute of Technology Guwahati, Guwahati -781 039.

02. Effective date and duration:

The policy shall be issued for a period of 1 (one) year. The policy shall be effective from 1st August 2023. From day one of the date of effect of the policy, all claims covered under the policy, including maternity claims (both cashless and non-cashless), will be taken care of without having any waiting period at all. Based on the performance of the Insurer, the Insured may decide whether to consider the renewal of the policy for a further period.

03. Scope of the Insurer:

The Insurer shall issue a single policy which includes (i) the students and (ii) the employees/retirees/employees on deputation and lien/ Institute Fellow and their eligible dependent family members of the insured, which provide reimbursements against every hospitalization and domiciliary treatment within India.

04. Terms of Policy Execution:

4.1. Third-Party Administrator (TPA): Third Party Administrator (TPA) is the organization that administrates group insurance policy for an employer/insured. This organization works with the employer/insured as well as the Insurer to communicate information between the two, as well as processing claims and determining eligibility.

4.2. Details of TPA for providing Cashless facility and or reimbursement of claims to insured persons under this policy:

*Medi Assist Insurance TPA Pvt. Ltd.
6th floor, F Fort Building,
Ulubari, Kachari Basti,
GS Road, Guwahati, Assam - 781 107.*

Mobile No: 8136025295 (Mr. Himanka Kakati), Email: himanka.kk@mediassist.in,

Mobile No: 9606073673 (Mr. Sarat Gohain), Email: sarat.gohain@mediassist.in

Mobile No: 7618727829 (Mr. Nilesh Bera), Email: niilesh.bera@mediassist.in

Website: www.mediassisttpa.in

4.3. Helpdesk at the Insured premises: For smooth processing of claims, a staff of TPA will be stationed at the Insured premises on a regular basis, at least thrice in a week on all Monday, Wednesday and Friday with fixed timing from 12 PM to 2 PM without any exception that either any Monday, Wednesday or Friday is a non-working day of the Institute. One back up person should be arranged by TPA in case one cannot make it due to leave or their work. For this purpose, unless otherwise decided by the Insured, a seating place/room with a table and chair shall be provided by the Insured.

05. Cashless Treatment:

5.1. From the day one of the date of the effect of the policy, the Insurer shall provide Cashless facility through its TPA, which will help the insured to avail hospitalization benefits without any advance payment. Cashless treatment means a facility whereby the TPA agrees, on the Insured's request, to settle the admissible claim directly to the network hospital. Any expense in excess of the admissible claim amount will, however, have to be borne by the individual insured himself/herself.

5.2. Network Hospitals: List of Network Hospitals is as given in **Annexure-I/** www.mediassisttpa.in

5.3 Mode of Cashless Treatment: Claims in respect of Cashless access services will be through the agreed list of the network of hospital/nursing home provided by the Insurer/TPA. The TPA shall, upon getting requisition in writing or verbal (by 24x7 toll-free number: 1800-180-1444), as applicable, from the individual insured under this policy, will issue a pre-authorization letter/guarantee of payment letter to the hospital /nursing home mentioning the sum guaranteed as payable and also the ailment for which the person is seeking to be admitted as a patient.

06. Non-Network Hospitals or Non-Cashless Treatment:

From the day one of the dates of effect of the policy, in case of non-cashless treatment, as per the conditions of the policy, reimbursement shall be made by the Insurer/TPA. In such cases, the insured individuals shall intimate to TPA prior to treatment. In case of emergency, the intimation in the form of email/SMS/phone shall be made within 24 hours of hospitalization. For reimbursement against such treatment, the following documents are to be submitted to the TPA within 30 (thirty) days from the date of discharge from the Hospital:

- a. *Claim form filled and signed by the insured.*
- b. *Copy of doctor's advice.*
- c. *Copy of a discharge certificate from the hospital.*
- d. *Bills/receipts/cash memos in originals from the hospitals supported by copies of doctor's prescriptions. Copies of diagnostic test reports supported by the advice of the attending medical practitioner/ surgeon justifying such diagnostics.*
- e. *Any other relevant documents as required for claim processing.*

07. ID Card:

The Insurer/TPA shall issue identity Cards to all the persons covered under the policy. In the case of employees, a separate ID card must be issued to each member of the family. If there is a delay in the issuance of the ID card by the Insurer/TPA, the ID card issued by the Insured as well as e-cards to its employees, institute fellow and students must be honored in all the Network hospitals. In case of family members of the employees, any ID card such as Driving License, Voter ID, PAN Card, Passport, Student ID Card, accompanied by the employee's ID card should be honored.

08. Customary & Reasonable Charge:

The rate of reimbursement under this policy shall be the rate which is consistent with the prevailing rate in an area or charged in a certain geographical area for identical or similar services without any upper cap in TPA's Network Hospitals.

09. Sum Insured:

9.1. Basic Sum Insured: Basic sum insured for regular employee is Rs. 2 lakh per family and Rs. 1 lakh per registered student under the policy.

9.2. Top-up Sum Insured: Under the policy, employees and students may opt for a top-up in the blocks of Rs. 1 lakh up to 20 lakhs per family over and above the basic sum insured.

9.3. In the case of the retiree, institute fellow, an employee under deputation and lien may opt for Basic Sum insured of Rs. 2 Lakhs per family and Top up Sum Insured in the blocks of Rs 1 Lakh to Rs. 20 Lakhs per family over and above the basic sum insured on self payment basis.

9.4 Floater Sum Insured: In the case of employee and retirees, the total sum insurance (basic + top-up) of an individual family shall be utilized on a family floater basis. This means the sum insured is available for anyone or all members of the employee's or retirees's family.

10. Corporate Buffer:

It is a special provision formulated under the policy which is meant to meet contingency expenditure which could not be met by an individual within the sum insured under the policy. The Corporate Buffer is to be provided by the Insurer as an incentive in lieu of the anticipated unutilized sum insured during the policy periods. The Corporate Buffer is fixed under this policy as Rs. **40 lakhs** (out of which Rs. 10 lakhs is primarily reserved for covering exceptional cases of critical illness such as Stroke resulting in permanent symptoms, Cancer of specified severity, kidney failure requiring regular dialysis, Major organ/ bone marrow transplant, Multiple sclerosis with persisting symptoms, and Open chest Coronary Artery Bypass Graft or CABG in short, Permanent paralysis of limbs and blindness), which shall float on the entire group subject to terms and condition of the policy issued.

10.1. Utilization of Corporate Buffer: The Corporate Buffer shall be at the discretion of the Director, IITG, the Insured. In case the sum insured of a member is exhausted, but the continuation of the treatment is found inevitable, on case to case basis, the Director, IITG, the Insured, may allot an amount (*equivalent to sum insured*) from the Corporate Buffer and recommend the same to the Insurer for utilization of this fund subject to the terms and conditions of the policy.

11. Coverage:

Subject to the terms/conditions, coverage, exclusions and definitions contained herein or endorsed, the Insurer shall undertake that if during the period of contract (starting from the day one of the date of effect of the policy) or during the continuance of the policy by renewal any Insured Person shall contract any disease or suffer from any illness or sustain any bodily injury through accident, the Insurer will pay for all such expenses as mentioned in the agreement to the hospital / nursing home or the insured person through the TPA.

12. Persons Covered:

12.1. Employee and Family: The policy is based on principle of Floater Sum Insured. Employee under this policy means both the current employees and the retirees and their respective families as recorded in the personal file of the employee of the Insured.

12.2. Inclusion of new employee: Subject to payment of pro-rata premium, coverage shall be provided to the newly appointed employees and their families. The terms and conditions for these members shall be the same with other members of the policy. The premium for a new employee shall be fixed at same rate on pro rata basis. *The details of GMIS beneficiaries sent by the Insured should be updated under the existing policy within a week from the date of receipt of intimation.* The Insurer should immediately inform the insured about the completion of task of updation. In the eventuality of any dispute arising out of non-compliance with this point, the matter should be resolved between Insurer and TPA without any interference by IIT Guwahati

12.3. Student: Student for the purpose of this policy shall mean registered student of the Insured from the date of their registration on pro-rata basis. The policy shall be extended to the students admitted during the policy period subject to the payment of pro-rata premium. The terms and conditions for these members shall be the same with other members of the policy. The premium for a new student shall be fixed at an same rate on pro rata basis.

12.4. Ex-Students and Ex-employees: In case an employee leaves the Institute before retirement or a student finishes his/her course of study with the Institute, the policy shall continue to be in force till the end of the current policy period or utilization of sum insured, whichever is earlier. In case, the policy is renewed for further periods, these members will not be included in the policy.

13. Expenses Covered:

Following reasonable, customary & necessary expenses are reimbursable under the policy:-

13.1. Treatment system covered: Allopathic treatment covered. In the case of other systems of treatment such as Homeopathy, Ayurvedic, Siddha, and Unani, it covered only when the treatment is taken as in in-patient in a Government Hospital/Medical College Hospital.

13.2 Upper limit on reimbursements: Unless it is stated otherwise in any of the following clauses, the reimbursements shall be made as per actual without any upper limit up to the sum insured of the individuals.

13.2.1. Pre-existing diseases: All pre-existing conditions must be included.

13.2.2. Doctors' fee: Surgeon, Anaesthetist, Medical Practitioner, Consultants' Specialist fees, and any such fee paid to the doctor shall be reimbursed as per actual.

13.2.3. Investigation, Treatment, Drugs, etc. charges: MRI, PET Scan, CTscan, Endoscopy, Ultrasound, Anesthesia, Dialysis, Chemotherapy, Radiotherapy, Blood, Oxygen, Operation

TheatreCharges,Surgical Appliances, Medicines & Drugs, Diagnostic Materials, X-ray, Cost of Prosthetic devices implanted during the surgical procedure, relevant Laboratory/Diagnostic test, X-Ray and any such medical expenses related to the treatment shall be reimbursed as per actual.

13.2.4. Cost of artificial appliances: Cost of artificial appliances including artificial joints, pace maker, artificial limbs, etc. shall be reimbursed as per actual. The maximum admissible limit for cost of hearing aid is Rs. 60,000/- (on an OPD basis following hospitalization within policy period) for this year's policy period.

13.2.5. Room and other charges:

- a) Room: Room expenses as provided by the Hospital/nursing home not exceeding 2.0 % of the sum insured per day or Rs. 15000/- per day or actual, whichever is less.
- b) Nursing: 10% of room rent or actual whichever is less.
- c) Dressing: 10% of room rent or actual whichever is less.
- d) Service Fee: 10% of room rent or actual whichever is less.

13.2.6. Intensive Care Unit (ICU): Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses not exceeding 4.0 % of the sum insured per day, or actual, whichever is less.

13.2.7. Pre-hospitalization: Pre-hospitalization medical charges up to 30 days period immediately before the insured's admission to hospital for that illness shall be covered.

13.2.8. Post hospitalization: Post hospitalization medical charges up to 60 days period immediately after the insured's discharge from a hospital shall be covered.

13.2.9. Day Care Treatment: Coverage of daycare must include the treatment or diseases mentioned in **Annexure II** from day one of the dates of the effect of the policy. In addition to the said list, the Insurer may also include other treatment under the Day Care treatment as per their standard list.

13.2.10. Ambulance service: Ambulance service @ 1% of the sum insured or Rs. 2500 per hospitalization or actual, whichever is less, for every shifting of a patient from residence to hospital vice-versa or from one Hospital/Nursing Home to another Hospital/Nursing Home in connection with hospitalization must be allowed.

13.2.11. Hospitalization of Organ donor: Hospitalization expenses incurred on the donor (not the cost of organ) during the course of organ transplant to the insured person shall be covered under corporate buffer.

13.2.12. Special cases: As a special case the following treatments/diseases/disorders also will be covered:

- a) Cataract: Operation cost as well as actual cost of intra ocular lens (not spectacle/contact lens) limited to Rs. 34,000/-(monofocal) per eye and additional Rs.10,000/- for every Rs. 1 lakh top-up.
- b) Maternity Benefit: Reimbursable maximum benefit upto Rs.75,000/- for both students and employees. Pre and post natal (up to 60 days) treatment (OPD basis)will be covered up to a maximum of Rs. 10,000/- which is in addition to the coverage of natal expenses. This will be applicable from day one of the dates of the effect of the policy.
- c) Domiciliary treatment: Any Domiciliary treatment upto 40% of Total Sum Insured.
- d) New born babies shall be covered under a cashless facility from day one(1).
- e) Congenital/Psychiatric cases: Disorders under this category also will be covered.
- f) Peritoneal Ambulatory dialysis up to Rs 3,500/- per day.
- g) Robotic Surgery: 50% of total cost will be covered.
- h) Intra vitreal injection for the eye: Reimbursable amount is Rs. 25000/- per injection upto a maximum of Rs. 75000/- per policy period.
- i) Chemotherapy: Oral Chemotherapy covered on an OPD basis (without hospitalization) upto a maximum of 50% Sum Insured opted by Insured. The benefit is subject to overall limit of Rs. 15 lakhs for the entire policy period.
- j) Stem cell therapy: 50% of total hospitalization cost shall be covered.
- k) Refractive error: Expenses related to the treatment for correction of eyesight due to refractive error of more than 6.5d subject to a maximum of Rs. 30,000/- per eye per family member of the employee.
- l) Reimbursement of serology test (HIV, HbsAg, HCV).
- m) Dental treatment like Root Canal Treatment (RCT) on OPD basis (without hospitalization), maximum upto Rs. 20,000/- in a policy period.Only RCT is covered. Charges for the crown and other aesthetic treatment are not covered. No referral is required for availing this facility in Government Dental Hospitals. Treatment must be done in a GMIS Network Hospital. Referral from IITG Medical Officer is required for availing this service in a GIMS Network Hospital.
- n) Reimbursement of Cyberknife surgery upto Rs. 2,00,000/- in a policy period.
- o) OPD reimbursement of hearing aid, maximum upto Rs. 60,000/- in a policy period.
- p) Reimbursement of RT-PCR test and Rapid Antigen test for Covid-19 in respect of any treatment as the current situations demand that before admitting in-patients, hospitals take the COVID test for the patients and their assistant(s).
- q) Reimbursements of Injections for autoimmune disorders/arthritis and spondylosis in both OPD and IPD cases at a maximum rate of Rs.25,000/- per injection and upto a maximum of Rs. 75,000/- in the policy period.

13.2.13. Hospitalised treatment arising out of complications from an earlier surgery shall be covered.

13.2.14. Insurer's Liability: The Insurer's liability in respect of all claims admitted during the period of insurance shall not exceed the sum insured unless otherwise decided by the competent authority for utilization of Corporate Buffer.

14. Exclusions

Permanent Exclusions: Any medical expenses incurred for or arising out of the following –

14.1. War invasion etc.: War invasion, Act of foreign enemy, War like operations, Nuclear weapons, ionizing radiation, contamination by radio activity, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.

14.2. Cosmetic etc.: Cosmetic or aesthetic treatment devices, circumcision without disease or emergency e.g. in paediatric patient, plastic surgery unless required to treat injury, illness or burnt.

14.3. Vaccination & Inoculation

14.4. Cost of braces etc.: Cost of braces, equipment or external prosthetic, non-durable implants, eyeglasses, cost of spectacles and contact lenses, and durable medical equipment.

14.5. Deliberate exposure to danger etc.: Bodily injury or sickness due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide, arising out of non-adherence to medical advice. This condition, however, shall not be applicable to patient undergoing psychiatric treatment.

14.6. Injury due to hazardous sports: Treatment of any bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind excluding normal sports activities of the Insured.

14.7. Sexually transmitted diseases: Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or Lymphopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

14.8. Vitamins etc.: Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.

14.9. Instrument used in treatment of Sleep Apnea Syndrome (CPAP) and Oxygen Concentrator for Bronchial Asthmatic condition.

14.10. Genetic disorders and stem cell implantation/surgery.

14.11. Outside India: Treatment undertaken outside India.

14.12. Experimental treatment: Unproven treatment (not recognized by Indian Medical Council).

14.13. Anti obesity treatment: Unless forming part of treatment for disease as certified by the attending physician, treatment of obesity or condition arising therefrom(including morbid obesity) and any other weight control programme, services or supplies etc.

14.14. Convenience items: All non-medical expenses including personal comfort and convenience items or services such as telephone, television, Ayah, Private Nursing / Barber or beauty services, diet charges, baby food, cosmetics, tissue paper, napkins, diapers, sanitary pads, toiletry items, etc., guest services and similar incidental expenses or services etc.

14.15. Expenses incurred at Hospital or Nursing Home primarily for evaluation/diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.

14.16. Convalescence/ General debility, except “run down” condition of elderly or rest cure, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, and diseases/accident due to and or use, misuse or abuse of drugs/alcohol or use of intoxicating substances or such abuse or addiction etc. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care or similar establishments.

14.17. Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.

14.18. Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission should be allowed since treating doctor admitted the patient. Private nursing charges, Referral fee to family doctors, out station consultants/surgeons fees etc.

14.19. External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment. Ambulatory devices i.e. walker, Crutches, Belts, Collars, Caps, splints, slings, braces, Stockings etc. of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items etc. and also any medical equipment which is subsequently used at home, etc.

14.20. Change of treatment from one type of system to another type of system unless being agreed / allowed and recommended by the consultant under whom the treatment is taken. For example change of treatment from homoeopathy to Allopathic.

14.21. Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.

14.22. Out patient Diagnostic, Medical and Surgical procedures or treatments are not covered unless it leads to a hospitalization or day care procedure.

14.23. Non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

14.24. Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.

14.25. Treatment which is continued before hospitalization and continued during and after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.

14.26 Admission fee/Registration fee. Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.

15. Definitions

15.1. Pre-existing Disease/Condition: It means any sickness/illness, which existed prior to the effective date of this insurance, whether or not the insured person had any knowledge of symptoms related to the sickness/illness. Complications arising from a pre-existing condition will also be considered as a part of that pre-existing condition.

15.2. Hospital/Nursing Home means any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner. For the purpose of this definition, the term Hospital/Nursing Home/Day Care Centre shall not include an establishment, which is a place of rest, a place for the aged, a place for drug addicts or place for alcoholics, a hotel or any other like the place.

15.3. Domiciliary hospitalization means Medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/nursing home as an in-patient but actually taken whilst confined at home in India under any of the following circumstances namely:

- i. The condition of the patient is such that he/she cannot be moved to the Hospital/Nursing Home OR
- ii. The patient cannot be moved to Hospital/Nursing home due to lack of accommodation in any hospital in that city / town / village.

15.4. Network Hospital and Non-Network Hospital: Network Hospital shall mean the hospital, daycarecenter, nursing home, or such other medical aid provider that has agreed with the TPA to provide cashless access services to policyholders. Non-network Hospital, on the other hand, means any other hospital/nursing home/daycarecenter, or such other medical aid provider, who has not agreed to provide cashless access services but gives treatment.

15.5. Doctor/Medical Practitioner means a person who holds a degree/diploma of a recognized institution and is registered by Medical Council of respective State of India.

15.6. Surgical Operation means manual and/or operative procedures for correction of deformities/defects, repair of injuries, cure of diseases, relief of suffering, and prolongation of life.

15.7. Hospitalization shall mean admission in any Hospital/Nursing Home in India upon the written advice of a Medical Practitioner for a minimum period of **24 consecutive hours**. (The time limit of 24 hours will not be applicable for surgeries which require less than 24 hours hospitalization due to advancement in Medical Technology- minor surgery & Daycare surgery)

The documents and bills related to the rejected claims should be returned in original to the concerned person within 15 (fifteen) days directly by TPA.

16. Premium payment terms

16.1. Payment terms: The Insured shall pay the total premium in advance against the total number of Insured person in reference to the basic premium chart as indicated in **Annexure-III**.

16.2. Premium rates: The Insurer shall provide the Group Medical Insurance Scheme (GMIS) to the Insured with same premium rates including the top-up premium as exist in the initial contract agreement.

17. Performance Monitoring:

The Insurer shall submit the monthly statement to the Insured with the following details: (i) the claims made by the individuals of the group (ii) the date-wise settlements (iii) the respective amounts, and (iv) details of grievances received, disposed and pending under the policy.

18. Grievance redresser and termination:

In case of grievances due to non-compliance with any of the provisions contained in this policy by the Insurer, The Insured may adopt one of the options given below.

- a) Grievance Machinery: Submit the matter to the Grievance Machinery of the Insurer by lodging the grievance on the portal of IRDA.
- b) Ombudsman: The Insured may approach the Insurance Ombudsman and get the grievance redressed.
- c) Consumer forum: The Insured may approach the Consumers' Forum.
- d) Premium refund: The premium refund guidelines will be governed by National Group Medclaim Policy, IRDAI regulations and GOI Guidelines.
- e) Any other action as deemed fit by the competent authority of the Insured.

19. Termination & Extension of the Contract:

- i. The Competent Authority of the Insured, in the interest of the Institute, reserves the right to terminate contract with three months advance notice without assigning any reason. In case of termination, the balance amount of premium on the date of termination must be refunded to the Insured by the Insurer within 30 days of issue of termination letter. The Competent Authority of the Insured also reserves the right to extend the contract.
- ii. Upon satisfactory performance of the Insurer, the policy may be extended for further period of 1 year at a time up to a maximum period of 5 years on mutually acceptable terms and conditions.

20. Applicable Law & Arbitration:

- i. The contract shall be governed by the laws and procedures established by Govt. of India and subject to exclusive jurisdiction of Competent Court and Forum in Guwahati, India only.
 - ii. Any dispute arising out of this contract shall be referred to the Competent Authority of the Insured, and if either of the parties hereto is dissatisfied with the decision, the dispute shall be referred to the decision of an Arbitrator, who should be acceptable to both the parties, to be appointed by the Competent Authority of the Insured. The decision of such Arbitrator shall be final and binding on both the parties.
21. Any terms, conditions, interpretations, definitions, clauses, exclusions, warranties and day care procedures not mentioned/defined/written/elaborated in this agreement shall be referred to/governed by National Group Mediclaim Policy, IRDAI guidelines and GOI regulations.

22. Copies of Contract:

Two copies of this contract are signed by the representatives of the parties and both copies are authentic. One copy is held by the Insured and the other by the Insurer. In witness thereof, the parties hereto have set their respective hands on 1st August, Two Thousand twenty three.

For and on behalf of the '*the Insured*'
Indian Institute of Technology Guwahati,
Guwahati-781039

For and on behalf of '*the Insurer*'
National Insurance Company
Limited.,Guwahati Division I 2nd Floor,
LohiaMansion,GS Road, Bhangagarh,
Guwahati, - 781005

In presence of:

In presence of:

ANNEXURE-I
(Network Hospital list)

ANNEXURE-II

Day Care procedures

Treatment or Diseases Covered in Day Care

Relaxation to 24 hours minimum duration of hospitalization is allowed in Specified Day Care procedures / Surgeries where such treatment is taken by an Insured Person in a Hospital / Day Care Centre (but not the Out-Patient department of a hospital), below are the list of the procedures which is not exhaustive and can include any other procedure done as Day Care procedure which does not fall under exclusion category.

A. Microsurgical Operations on the Middle Ear

1. Stapedotomy
 2. Stapedectomy
 3. Revision of a stapedectomy
 4. Myringoplasty (Type -I Tympanoplasty)
 5. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
 6. Revision of a tympanoplasty
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B. Other operations on the middle & internal ear

7. Myringotomy
 8. Removal of a tympanic drain
 9. Incision of the mastoid process and middle ear
 10. Mastoidectomy.
 11. Reconstruction of the middle ear
 12. Fenestration of the inner ear
 13. Revision of a fenestration of the inner ear
 14. Incision (opening) and destruction (elimination) of the inner ear
 15. Reconstruction and other procedure of the auditory ossicles
 16. Other microsurgical operations on the middle ear
 17. Other excisions of the middle & inner ear
 18. Other operations on the middle and inner ear
 19. Other operations of the auditory ossicles
 20. Removal of Keratosis Obturans
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C. Operations on the nose & the nasal sinuses

21. Excision and destruction of diseased tissue of the nose
 22. Operations on the turbinates (nasal concha)
 23. Nasal sinus aspiration
 24. Quinsy drainage
 25. Other operations on the nose
 26. Foreign body removal from nose
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D. Operations on the eyes

27. Incision of tear glands
28. Incision of diseased eyelids
29. Excision and destruction of diseased tissue of the eyelid
30. Operations on the canthus and epicanthus.

31. Corrective Surgery for entropion and ectropion
 32. Corrective Surgery for blepharoptosis
 33. Removal of a foreign body from the conjunctiva
 34. Removal of a foreign body from the cornea
 35. Incision of the cornea.
 36. Operations for pterygium
 37. Removal of a foreign body from the lens of the eye
 38. Removal of a foreign body from the posterior chamber of the eye
 39. Removal of a foreign body from the orbit and eyeball
 40. Operation of cataract
 41. Chalazion removal
 42. Glaucoma surgery
 43. Surgery for retinal detachment
 44. Other operations on the cornea
 45. Correction of Eyelids Ptosis by LevatorPalpebraeSuperioris Resection (bilateral)
 46. Correction of Eyelids Ptosis by Fascia Lata Graft (bilateral)
 47. Diathermy/ Cryotherapy to treat retinal tear
 48. Anterior chamber Pancentesis/ Cyclodiathermy/ Cyclocryotherapy/ goniotomy/ Trabeculotomy and Filtering and Allied operations to treat glaucoma
 49. Enucleation of the eye without implant
 50. Dacryocystorhinostomy for various lesions of Lacrimal Gland
 51. Laser photocoagulation to treat Retinal Tear
 52. Other operations on the tear ducts
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E. Operations on the skin & subcutaneous tissues

53. Incision of a pilonidal sinus
 54. Free skin transplantation, donor site
 55. Free skin transplantation, recipient site
 56. Revision of skin plasty
 57. Simple restoration of surface continuity of the skin and subcutaneous tissues
 58. Destruction of diseased tissue in the skin and subcutaneous tissues
 59. Local excision of diseased tissue of the skin and subcutaneous tissues
 60. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
 61. Chemo Surgery to the skin.
 62. Local excision or destruction of diseased tissue of the skin and subcutaneous tissues
 63. Simple restoration of surface continuity of the skin and subcutaneous tissues
 64. Excision of Granuloma
 65. Incision and drainage of abscess
 66. Other incisions of the skin and subcutaneous tissues
 67. Other excisions of the skin and subcutaneous tissues
 68. Reconstruction of deformity/ defect in Nail Bed
 69. Other restoration and reconstruction of the skin and subcutaneous tissues
-

F. Operations on the tongue

70. Incision, excision and destruction of diseased tissue of the tongue
 71. Partial glossectomy
 72. Glossectomy
 73. Reconstruction of the tongue
 74. Other operation on the tongue
-

G. Operations on the salivary glands & salivary ducts

75. Incision and lancing of a salivary gland and a salivary duct
76. Excision of diseased tissue of a salivary gland and a salivary duct
77. Resection of a salivary gland

78. Reconstruction of a salivary gland and a salivary duct
 79. Other operations on the salivary glands and salivary ducts
-

H. Other operations on the mouth & face

80. External incision and drainage in the region of the mouth, jaw and face
 81. Incision of the hard and soft palate
 82. Excision and destruction of diseased hard and soft palate
 83. Incision, excision and destruction in the mouth
 84. Plastic Surgery to the Floor of the mouth
 85. Palatoplasty
 86. Other operations in the mouth
-

I. Operations on the tonsils & adenoids

87. Transoral incision and drainage of a pharyngeal abscess
 88. Tonsillectomy without adenoidectomy
 89. Tonsillectomy with adenoidectomy
 90. Excision and destruction of a lingual tonsil
 91. Other operations on the tonsils and adenoids
-

J. Trauma Surgery and orthopedics

92. Incision on bone, septic and aseptic
 93. Closed reduction on fracture, luxation or epiphyseolysis withosteosynthesis
 94. Reduction of dislocation under GA
 95. Arthroscopic knee aspiration
 96. Suture and other procedures on tendons and tendon sheath
 97. Aspiration of hematoma
 98. Escisionofdupuytren's contracture
 99. Carpal tunnel decompression
 100. Surgery for ligament tear
 101. Surgery for meniscus tear
 102. Surgery for hemoarthrosis/ pyoarthrosis
 103. Removal of fracture pins/nails
 104. Removal of metal wire
 105. Other Operations on the tonsil and adenoids
 106. Adenoidectomy
-

K. Operations on the breast

107. Incision of the breast
 108. Operations on the nipple
 109. Excision of breast lump/fibro adenoma
-

L. Operations on the digestive tract

110. Incision and excision of tissue in the perianal region
111. Surgical treatment of anal fistulas
112. Surgical treatment of haemorrhoids
113. Division of the anal sphincter (sphincterotomy)
114. Ultrasound guided aspirations
115. Sclerotherapy
116. Therapeutic Ascitic Tapping
117. Endoscopic ligation/banding
118. Dilatation of digestive tract strictures
119. Endoscopic ultrasonography and biopsy
120. Other operations on the anus
121. Laprotomy for grading Lymphoma WITH Splenectomy/Liver/LymphNodeBiopsy
122. Therapeutic laproscopy with laser
123. Cholecystectomy and choledocho- jejunostomy/ Duodenostomy/ Gastrostomy/
Exploration Common Bile Duct

124. Esophagoscopy, gastroscopy, duodenoscopy with polypectomy/ removal of foreign body/ diathemy of bleeding lesions
 125. Lithotripsy/ Nephrolithotomy for renal calculus
 126. Excision of renal cyst
 127. Drainage of Pyonephrosis/ Perinephric Abscess
 128. Appendectomy with / without drainage
-

M. Replacement of Gastrostomy tube

129. Endoscopic decompression of colon
 130. Therapeutic ERCP
 131. Nissen fundoplication for Hiatus Hernia/Gastro esophageal reflux Disease
 132. Endoscopic Gastrostomy
 133. Laparoscopic procedures e.g. cholecystectomy, appendectomy etc.
 134. Endoscopic Drainage of Pseudopancreatic cyst
 135. Hernia Repair (herniotomy/hernioraphy/hernioplasty)
-

N. Operations on the female sexual organs

136. Incision of the ovary
 137. Insufflation of the Fallopian tubes
 138. Dilatation of the cervical canal
 139. Conisation of the uterine cervix
 140. Incision of the uterus (hysterotomy)
 141. Therapeutic curettage
 142. Culdotomy
 143. Incision of the vagina
 144. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
 145. Incision of the vulva
 146. Operations on Bartholin's glands (cyst)
 147. Endoscopic polypectomy
 148. Myomectomy, hysteroscopic or laparoscopic biopsy or removal
 149. Other operations on the Fallopian tube
 150. Other operations on the uterine cervix
 151. Laser therapy of cervix for various lesions of uterus
 152. Salpingo- Oophorectomy via laparoscopy
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O. Operations on the prostate & seminal vesicles

153. Incision of the prostate
 154. Transurethral excision and destruction of prostate tissue
 155. Transurethral and percutaneous destruction of prostate tissue
 156. Open surgical excision and destruction of prostate tissue
 157. Radical prostatovesiculectomy
 158. Incision and excision of peri prostatic tissue
 159. Operations on seminal vesicles
 160. Other excision and destruction of prostate tissue
 161. Other operation on the prostate
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P. Operations on the scrotum & tunica vaginalis testis

162. Incision of the scrotum and tunica vaginalis testis
 163. Operation on a testicular hydrocele
 164. Excision and destruction of diseased scrotal tissue
 165. Plastic reconstruction of the scrotum and tunica vaginalis testis
 166. Other operations on the scrotum and tunica vaginalis testis
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Q. Operations on the testes

167. Incision of the testes
168. Excision and destruction of diseased tissue of the testes

169. Unilateral orchidectomy
 170. Bilateral orchidectomy
 171. Orchidopexy
 172. Abdominal exploration in cryptorchidism
 173. Surgical repositioning of an abdominal testis
 174. Reconstruction of the testis
 175. Implantation, exchange and removal of a testicular prosthesis
 176. Other operations on the testis
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R. Operations on the spermatic cord, epididymis und ductus deferens

177. Surgical treatment of a varicocele and a hydrocele of the spermatic Cord
 178. Excision in the area of the epididymis
 179. Epididymectomy
 180. Reconstruction of the spermatic cord
 181. Reconstruction of the ductus deferens and epididymis.
 182. Other operations on the spermatic cord, epididymis and ductus deferens
 183. Reconstruction of the ductus deferens and epididymis
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S. Operations on the penis

184. Operations on the foreskin
 185. Local excision and destruction of diseased tissue of the penis
 186. Amputation of the penis
 187. Plastic reconstruction of the penis
 188. Other operation on the penis
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T. Operations on the urinary system

189. Cystoscopic removal of stones
 190. PCNS (percutaneous nephrostomy)
 191. PCNL (percutaneous Nephro Lithotomy)
 192. Tran urethral resection of bladder tumor
 193. Suprapubiccystostomy
 194. Catheterisation of bladder
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U. Respiratory system

195. Bronchoscopic treatment of bleeding lesion
 196. Bronchoscopic treatment of fistula/ stenting
 197. Bronchoalveolar lavage & biopsy
 198. Direct Laryngoscopy with biopsy
 199. Therapeutic Pleural Tapping
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V. Heart & Blood Vessels

200. Coronary angiography (CAG)
 201. Coronary angioplasty (PTCA)
 202. Insertion of filter in inferior vena cava
 203. TIPS procedure for portal hypertension
 204. Blood transfusion for recipient
 205. Therapeutic phlebotomy
 206. Pericardiocentesis
 207. Insertion of gel foam in artery or vein
 208. Carotid angioplasty
 209. Renal angioplasty
 210. Varicose vein stripping or ligation
-

W. Operation of bone & joints

211. Surgery for ligament tear
212. Surgery for meniscus tear
213. Surgery for hemoarthrosis/ pyoarthrosis
214. Removal of fracture pins/ nails

- 215. Removal of metal wire
 - 216. Closed reduction on fracture, luxation
 - 217. Reduction of dislocation under GA
 - 218. Epiphysealosteosynthesis
 - 219. Excision of Bursitis
 - 220. Tennis elbow release
 - 221. Excision of various lesions in Coccyx
 - 222. Arthroscopic knee aspiration
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X. Other Operations

- 223. Lithotripsy
 - 224. Coronary angiography
 - 225. Haemodialysis
 - 226. Radiotherapy for Cancer
 - 227. Cancer Chemotherapy
 - 228. True cut Biopsy
 - 229. Endoscopic foreign body removal
 - 230. Vaccination/Inoculation - post dog bite or snake bite
 - 231. Endoscopic placement/ removal of stents
 - 232. Tumourembolisation
 - 233. Aspiration of an internal abscess under ultrasound guidance
 - 234. Biopsy of temporal artery for various lesions
 - 235. External arterio-venous shunt
 - 236. Endoscopic polypectomy
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ANNEXURE III

Premium for employees for coverage of Rs. 2 Lacs
16039

Additional premium per family for top-up optional coverage in various blocks Including the Additional Specific Special cases as stated in 2.2.16.		
Sl. No.	Top-Up Coverage(over and above the basic coverage of Rs. 2 lakh)	Premium per family (INR) (exclusive of all applicable taxes)
1	Rs. 1 lakh	6643
2	Rs. 2 lakhs	7972
3	Rs. 3 lakhs	9565
4	Rs. 4 lakhs	11002
5	Rs. 5 lakhs	12653
6	Rs. 6 lakhs	13916
7	Rs. 7 lakhs	15308
8	Rs. 8 lakhs	16841
9	Rs. 9 lakhs	18524
10	Rs. 10 lakhs	20377
11	Rs. 11 lakhs	21695
12	Rs. 12 lakhs	24656
13	Rs. 13 lakhs	27120
14	Rs. 14 lakhs	29834
15	Rs. 15 lakhs	32816
16	Rs. 16 lakhs	36096
17	Rs. 17 lakhs	39708
18	Rs. 18 lakhs	43679
19	Rs. 19 lakhs	48046
20	Rs. 20 lakhs	52853

Premium for students for coverage of Rs. 1 Lacs	
Price for age group 25 years and below (excl GST)	Price for age group above 25 years (excl GST)
728	5710

D2.3 Additional premium per student for top-up optional coverage in various blocks			
Including the Additional Specific Special cases as stated in 2.2.16.			
Sl. No.	Top-Up Coverage (over and above the basic coverage of Rs. 1 lakh)	Premium per student for age group 25 years and below (excl GST)	Premium per student for age group above 25 years (excl GST)
1	Rs. 1 lakh	891	1857
2	Rs. 2 lakhs	1025	2083
3	Rs. 3 lakhs	1179	2449
4	Rs. 4 lakhs	1332	2746
5	Rs. 5 lakhs	1505	3002
6	Rs. 6 lakhs	1625	3229
7	Rs. 7 lakhs	1755	3433
8	Rs. 8 lakhs	1896	3621
9	Rs. 9 lakhs	2048	3795
10	Rs. 10 lakhs	2191	4044
11	Rs. 11 lakhs	2344	4128
12	Rs. 12 lakhs	2508	4287
13	Rs. 13 lakhs	2683	4439
14	Rs. 14 lakhs	2818	4654
15	Rs. 15 lakhs	3073	4790
16	Rs. 16 lakhs	3287	4921
17	Rs. 17 lakhs	3517	5047
18	Rs. 18 lakhs	3763	5170
19	Rs. 19 lakhs	4027	5346
20	Rs. 20 lakhs	4309	6355