

ANT- AAROGYA INSURANCE

1. Each member has to be a signed member of the scheme and must be an employee of the ant or aagor or one of members of the ant's Jagruti groups or an employee of aagor or a weaver of aagor. Any other person desirable to become a member can do so only with the explicit consent of the Insurance Committee.
2. The rules of the Scheme will be strictly followed as outlined below.
3. The insurance will settle claims of members against all provable expenses (with bills) of medical treatment during hospitalization and within 15 days of the claim being filed.
4. The insurance will allow claims of upto 50% of all expenses totalling upto 10,000 rupees, (i.e maximum Rs 5000 claim amount) and upto 75% of all expenses of the amount above 10000 rupees, (i.e., 5000 plus 75% of amount above 10000 rupees). Maximum claim admissible will be
 - a) Rs 15,000. per person per year and
 - b) Rs 30,000 for claims within one household per year.
5. Insurance if claimed from any other source like *Mukhya Mantri Swasthya Bima Aachoni* will be refunded to the ant – Aarogya Fund.
6. A 5 member INSURANCE COMMITTEE will be made with 2 serving staff members of the ant, 2 from the weavers of Aagor (preferably from their Executive Committee) and 1 from aagor staff with a President, Secretary & Treasurer. This team will work by rotation for a period of two years and 3 members may be replaced every two years. No member can remain on the Executive Committee for a period extending beyond 2 terms of two years each.
7. A bank account will be opened in Punjab National Bank under the name of ANT- Aarogya Fund and it will be the duty of the President and the Treasurer to maintain proper accounts and get them audited once a year and send a copy to Managing Trustee of the ant and of Aagor latest by the 30th of September of each year.
8. The Executive Committee will make rules for reimbursements of medical expenses in order to ensure earliest possible reimbursements.

RULES

The benefit of the insurance scheme will be available as under:

A. HOSPITALISATION EXPENSES:

The insurance will come into effect 3 months after the date of payment of the FIRST annual premium except for accidents and emergency operations.

The policy covers reimbursement of Hospitalisation expenses for illness / diseases suffered or injury sustained by the Insured Person. In the event of any claim becoming admissible under policy, the liability of ANT – AAROGYA FUND (henceforth called AAF) in respect of all claims including Maternity Benefit admitted during the period of Insurance shall not exceed the Sum Insured of **Rs.30,000/- per person or family** as mentioned at the time of booking the policy.

Total claims for any one illness is limited to	Rs.15000/- (other than Maternity Benefit)
--	---

The insurance will come into effect 3 months after the date of payment of the FIRST annual premium except for accidents and emergency operations

The Policy is extended to include one Maternity Benefit with liability under the Section being restricted to Rs.2,500/- for normal delivery and Rs.5,000/- for caesarean delivery. A waiting period of 12 months from inception of the policy is applicable. The above amount would also

cover the medical expenses incurred in respect of new born child upto 3 months. **However, this benefit is within the overall limit of Sum Insured of Rs.30,000/-.**

This benefit is available only once to an insured person during the currency of the policy or its subsequent renewals. ie. only once during the life time of insured person.

The insurance will allow claims of upto 50% of all expenses totalling upto 10,000 rupees, (i.e maximum Rs 5000 claim amount) and upto 75% of all expenses of the amount above 10000 rupees, (i.e., 5000 plus 75% of amount above 10000 rupees). Maximum claim admissible will be

- a) Rs 15,000. per person per year and
- b) Rs 30,000 for claims within one household per year.

The claims may be awarded for all illnesses as above with exceptions as below:

- Injury / disease directly or indirectly caused by or arising from or attributable to invasion, Act of Foreign enemy, War like operations (whether war be declared or not)
- Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as apart of any illness.
- Cost of spectacles and contact lenses, hearing aids.
- Dental treatment or surgery of any kind unless requiring hospitalisation.
- Convalescence, general debility; run-down condition or rest cure, Congenital external disease or defects or anomalies, Sterility, Venereal disease, intentional self injury and use of intoxication drugs / alcohol
- All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadenopathy
- 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.
- Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the
- diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home.
- Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon / materials
- Purchase of Blood unless the total blood requirement has been in excess of 5 units within a week of illness. However, legitimate expenses made on tests of donated blood may be permissible.
- any form of oral, oesophageal and gastric cancers for habitual smokers or those habituated to betelnut. Claims for lung cancers will not be admissible for expenses if any family member is a known smoker for more than a few years.
- Naturopathy Treatment

B. PERSONAL ACCIDENT COVER TO EARNING HEAD

If the Insured Person (earning head of the family) shall sustain any bodily injury resulting solely and directly from Accident caused by outward, violent and visible means, and if such injury shall within 6 calendar months (unless otherwise specified) of its occurrence lead to death then AAF shall pay to the Insured the sum as specified below :

Death of Insured Person (earning head of the family) solely due to accident

Rs.25,000/-

C. DISABILITY COMPENSATION FOR EARNING HEAD AND / OR SPOUSE OF THE FAMILY

If the Earning head of the family / spouse is hospitalized due to accident / disease / illness for which there is a valid claim admitted under Section I of the policy then after a waiting period of 3 days, the AAF shall pay to the earning head of the family or spouse a compensation of Rs.75/- per day from the fourth day of hospitalization upto a maximum of 10 days per policy period.

Note : The maximum liability of the AAF is limited to Rs.750/- in all during the policy period, EXCEPT FOR:

- i. Death directly or indirectly arising out of or contributed to by or traceable to any disability already existing on the date of commencement of this policy.
- ii. Death injury or disablements arising directly or indirectly from or traceable to:
 - a) Intentional self injury, suicide or attempted suicide if WITHIN 3 months of starting the policy
 - b) Whilst engaging in any risky sport.
 - c) Whilst under the influence of intoxication, liquor or drugs
 - d) Directly or indirectly caused by venereal diseases or insanity
 - e) Arising or resulting from the insured committing any breach of law with criminal intent
 - f) War and war like perils, nuclear perils, radioactivity etc.

DEFINITIONS:

AGE LIMIT

This insurance is available to persons between the age of 15 days to 65 years. Children between the age of 3 months and 5 years of age can be covered provided both parents (unless mother is separated/ divorced/ widowed) are covered concurrently.

HOSPITAL / NURSING HOME means any institution in India established for indoor care and treatment of sickness and injuries and which:

has been registered as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner.

Or

(a) Hospital /Nursing Home run by NGOs / Government

Or

(b) Should comply with minimum criteria as under:-

- (i) It should have at least 5 inpatient beds.
- (ii) Fully equipped operation theatre of its own wherever surgical operations are carried out.
- (iii) Fully qualified Nursing Staff under its employment round the clock.
- (iv) Fully qualified Doctor (s) should be in-charge round the clock.

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

Expenses on Hospitalisation for minimum period of 24 hours are admissible.

However, this time limit is not applied to specific treatments, i.e, Dialysis, Chemotherapy, Radiotherapy; Eye Surgery, Dental Surgery, Lithotripsy (Kidney Stone removal), D&C, Tonsillectomy taken in the Hospital / Nursing Home and the

Insured is discharged on the same day, such treatment will be considered to be taken under hospitalisation Benefit. This condition will also not apply in case of stay in Hospital of less than 24 hours provided:

The treatment is such that it necessitates hospitalisation and the procedure involves specialised infrastructural facilities available in hospitals.

Due to technological advances hospitalisation is required for less than 24 hours only.

Note: When treatment such as dialysis, Chemotherapy, Radiotherapy., etc is taken in the hospital / nursing home and the insured is discharged on the same day the treatment will be considered to be taken under hospitalisation benefit section. Liability of the AAF under this clause is restricted attached hereto.

REPORTING OF HOSPITALISATION/ ACCIDENTS: Upon the happening of any event which may give rise to a claim under this policy, notice with full particulars shall be sent to the ant immediately and in case of emergency within 24 hours of Hospitalisation.

All supporting documents relating to the claim must be filed with the ant within 7 days from the date of discharge from the hospital. Rarely, if ever, must the claim be allowed for any delay beyond this period.

DETAILS OF INSURED PERSON : The insured shall be required to furnish a complete list of insured persons in the following format. Any additions and deletions during the currency of the policy should be intimated to the AAF Exec Committee in the same format. However, such additions and deletions will be incorporated in the policy from the first day of the following months subject to pro-rata premium adjustment.

Sr. No.

S. No	Names of Insured persons	Relation with Insured	Age	Sex
1.				
2.				
3.				
4.				
5.				
6.				

NOTE: No refund of premium will be allowed for deletion of Insured person in the event of Insured Person having made / recovered a claim under the policy.

PAYMENT OF PREMIUM:

The yearly premium will be as follows:

Category	the ant / aagor contribution	Own contribution	Total
Individual	750.00	150.00	900.00
Family upto 4 members	1250.00	250.00	1500.00
Family upto 6 members	1500.00	300.00	1800.00

Family (*not exceeding 4*) consisting of Insured and/or parents below 55 years/ spouse and/or dependent children

Family (*not exceeding 6*) consisting of Insured, spouse, dependent children and/ or one or both parents.

POLICY COVERAGE

The policy covers medical expenses:

- Incurred as an inpatient during hospitalisation for more than 24 hours, including room charges, doctor/ surgeon's fee, medicines, etc.
- 30 days prior to hospitalisation.
- 60 days post hospitalisation.
- Day Care expenses incurred on advanced technological surgeries and procedures like Dialysis, Radiotherapy, and Chemotherapy, requiring less than 24 hours of hospitalisation.
- Pre-existing disease can be covered after the 4th year provided the policy is renewed with us for four consecutive years.

Family Floater Insurance - Eligibility

- The enrolment age (of the senior most family member) should be between 19 years to 60 years.
- Other members in the plan can be less than 19 years of age (i.e. up to 91 days)
- The insured child aged between 91 days to 5 years must be accompanied by at least 1 Adult Member.
- The policy cover is renewable till the age of 70 years.

Any pre-existing illness

The claims arising on account of or in connection with any Pre-existing illness as defined in policy shall be excluded from the scope of cover under the policy until 48 months of continuous coverage have elapsed, since inception of the first individual health policy with the Fund.

Medical charges incurred within 30 days of inception date of the policy except those that are incurred as a result of bodily injury caused by an accident. This exclusion doesn't apply for subsequent renewals with the Fund without a break.

Expenses incurred on treatment of following diseases *within the first two years from the commencement of the Policy, will not be payable:*

- Cataract
- Benign Prostatic Hypertrophy
- Myomectomy, Hysterectomy unless because of malignancy
- Hernia, Hydrocele
- Fistula in anus, piles

- Arthritis, gout, rheumatism
- Joint replacements unless due to accident
- Sinusitis and related disorders
- Stones in the urinary and biliary systems
- Dilatation and curettage
- Skin and all internal tumors/ cysts/nodules/ polyps of any kind including breast lumps unless malignant/adenoids and hemorrhoids
- Dialysis required for chronic renal failure
- Surgery on tonsils, adenoids and sinuses
- Gastric and Duodenal ulcers In case the above illnesses are not pre-existing at the commencement of this policy, then this exclusion shall cease to apply if the Insured has taken Healthcare Policy from the Fund and has been covered under the policy, without a break, for a period of 2 consecutive years immediately preceding the Period of Insurance.

In case the above illnesses are pre-existing at the commencement of this policy, then this exclusion shall cease to apply if the Insured has taken a Healthcare Policy from the Fund, without a break, for a period of 3 consecutive years immediately preceding the Period of Insurance.

Permanent Exclusions

- Any Physical, Medical or mental condition or treatment or service which is specifically excluded in the Policy in Part I of the Schedule under Special Conditions.
- Routine medical, eye and ear examinations, cost of spectacles, laser surgery, contact lenses or hearing aids, vaccinations, issue of medical certificates and examinations as to suitability for employment or travel.
- Internal congenital illness
- Suicide or self-inflicted injury
- Alcohol or Drug Abuse
- Illness or Injury whilst performing duties as a serving member of a military or police force.
- Treatment relating to birth defects and external congenital illnesses.
- All dental treatment unless due to accident.
- Treatment traceable to Pregnancy and Childbirth, abortion and its consequences, tests and treatment relating to infertility and invitro fertilization. This will not apply to Ectopic Pregnancy proved by diagnostic means and is certified to be life threatening by the Medical Practitioner.
- Birth control procedures and hormone replacement therapy.
- Prosthesis, corrective devices and medical appliances which are not required intra-operatively or for the illness for which the Insured was hospitalized.
- Treatment of mental illness, stress, psychiatric or psychological disorders, Aesthetic treatment, Cosmetic surgery and Plastic surgery unless necessitated due to accident or as a part of any illness.
- Circumcision unless necessary for treatment of a disease or necessitated due to an accident.
- Vaccination and inoculation of any kind

- Any Sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
- The performance of hazardous sports of any kind.
- Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
- Flying other than as a passenger on a scheduled regular carrier.
- Any criminal act.
- War invasion, act of foreign enemies, hostilities (whether declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion martial law, loot, sack and pillage.
- Nuclear weapons, materials ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
- Experimental and unproven treatment, diagnostic tests and treatment not consistent with or incidental to the diagnosis and treatment of any illness or injury for which hospitalization is required.
- Costs of donor screening or treatment including surgery to remove organs from a donor in case of transplant surgery.
- Non-allopathic treatment.
- Treatment taken at home or received outside the country.
- Treatment taken from persons not registered as Medical Practitioners under respective medical councils.
- Vitamins and Tonics, Treatment of obesity, general debility, convalescence, run-down condition and rest cure.
- Domiciliary Treatment

The ANT – INSURANCE FUND shall not be liable or make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following: