

**Terms and Conditions**  
**of**  
**Niramaya Health Insurance Policy**  
**for the Beneficiaries**

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## **Process of Applications (Enrolment and Renewal):-**

1. The National Trust sends list of beneficiaries received in the system complete in all respects alongwith payment to the Insurance Company fortnightly for providing health Cards.
2. For enrolment/renewal under Niramaya Health Insurance Scheme, every applicant has to provide his mobile number. Without Beneficiary's mobile number or his parent/caregiver number, application won't be accepted by the National Trust. Registered Organisation's number won't be considered valid for individual beneficiary. One mobile number will be allowed in multiple cases only where residential/institutional facility is involved or in case of siblings.
3. Before forwarding of data to Insurance Company, in the case of UDID Enrolment Numbers, checking is done at National Trust office for the disability category and percentage of disability for each case received and then the same detail is forward to Insurance Company for providing health Cards.
4. The Insurance Company and Raksha TPA are required to provide Health Cards within 7 working days of receipt of information.
5. The beneficiaries are advised to check all the details of the form is filled truly and correctly alongwith the relevant proofs as attachments. Any discrepancy correction later on is entertained by the Insurance Company, only once a month and that too end of month. Hence National Trust will be communicating all editing/changes in Health Card to Insurance Company once a month.
6. Benefits of the scheme are from date of issue of the health card to 31<sup>st</sup> March of the year.

## **Policy Recharge and Claim Related Points:-**

1. The Niramaya Health Insurance Policy is implemented on Recharge of payment to the Insurance Company. On receipt of Information from The Insurance Company, after all checking and verifications by the O/o National Trust, the amount is disbursed to the Insurance Company which in turn settles the approved Claims of Beneficiaries. The TPA shall ensure the Settlement of every passed claim of beneficiary/claimant within 10 working days of release of payment by the National Trust.
2. The TPA shall admit the claims for the treatment taken in Hospitals/Clinics, who are equipped with facilities, as per prevalent norms and guidelines of IRDA for health insurance in the country for treating beneficiaries as In-patients and also extend Out-patient treatment facilities.
3. The Claim will be reimbursed in the name of the beneficiary within 30 days from the date of receipt of required claim documents and all queries resolved from the beneficiary.
4. The claims if submitted within 30 days after the expiry of one year period of cover will be considered, provided the treatment period falls during the policy period. However,

no reimbursement claim will be considered after expiry of period of cover, if the claim is submitted after 30 days of expiry date of cover.

5. The period in which Claim is to be submitted by the Claimant is- Within 30 days from the date of discharge from Hospital in case of IPD and in case of OPD within 30 days of the last OPD consultation.
6. The system of tracking registration of claims, giving claim ids, information of settlement, NEFT/RTGS details, policy due etc is communicated through SMS to beneficiaries by Raksha TPA. Hence in the Niramaya Application form, mobile number of beneficiary (parent/caregiver) is mandatory.

## **Major Product Exclusions:-**

The policy is otherwise subject to Standard Group Mediclaim Policy Conditions

1. Drug and Alcohol induced illness: Diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
2. Sterilization and Fertility related procedures: Sterility, any fertility, sub-fertility or assisted conception procedure, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
3. Vaccination : Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision's (unless necessary for treatment of disease not excluded) hereunder or as may be necessitated due to any accident.
4. War, Nuclear Invasion: Injury or disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations ( whether war be declared or not ) or by nuclear weapons / materials.
5. Suicide: Intentional self -injury / suicide, all psychiatric and psychosomatic and related disorders.
6. Naturopathy: Siddha, Unproven Procedure or treatment, experimental or other treatment such as acupressure, acupuncture, magnetic and such other therapies etc. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.

Further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc. Unless forming part of treatment for injury or disease as certified by the attending physician.

## **Enrollment and Renewal Queries:**

The queries related to Enrolment and Renewal of Beneficiaries can be addressed to following contact email ids:-

contactus@thenationaltrust.in,  
po@thenationaltrust.in,  
monika@thenationaltrust.in,  
gaurav@thenationaltrust.in

## **Claim Process and Documentation Requirement:**

**Claims are paid on reimbursement basis only**

Documents required are as follows:

1. Claim form
2. Bills receipt and Discharge Certificate / Card from the Hospital / Nursing Home (in original)
3. Cash Memos from the Hospital / Chemist supported by the proper prescription (in original)
4. Receipt and Pathological test reports from a Pathologist supported by the note from the attending Medical Practitioner / Surgeon demanding such Pathological tests (in original)
5. Surgeons certificate stating nature or operation performed and surgeon's bill and receipt ( in Original)
6. Attending Doctor's / Consultants / Specialist's / Anesthetic's bill and receipt certificate regarding diagnosis , which is prescribed and thereby expenses incurred ( in original )
7. Niramaya Health Card (Copy)
8. Transportations Bill ( if any ) then bill to be submitted in original
9. UDID card/ UDID Enrolment No. (with Disability Certificate) (Copy) .
10. Need for ORIGINAL REPORTS / FILMS LIKE MRI, X-RAY, ULTRASOUNDS ETC. – Original documents are required including the film for settling of Claims
11. Prescription for Ongoing Therapies- Doctor's prescription at least once in Six months is essential in which the category of therapy and duration of therapy should be clearly mentioned. Thereafter other documents from Rehabilitation Professional for therapy, and related bills will be acceptable. Doctor who prescribes the prescription should be a valid medical Practitioner with valid license/degree as per Medical council rules

## Claim Related Queries:-

The queries related to Claims should be addressed to the **Oriental Insurance Co. Ltd.** and **Raksha TPA**.

Address - Head Office of RAKSHA TPA  
RAKSHA Health Insurance TPA(P) Ltd,  
Plot No:42 ,Victoria Building ,  
First Floor ,Sector 20A Near ICAI Building,  
Faridabad – Haryana - 121013.  
Raksha service No.:18001801444, 1800180555, 0129-3501420, 8860612186.  
Email: crcm@rakshatpa.com

Link to check Claim Status –

<https://www.rakshatpa.com/WebPortal/Login/Anonymous/checkClaim>

## Contact persons of Raksha TPA (Oriental Insurance Co.)

Ms. Sushma - 7838151573

S.NO	NAME	CONTACT NO.	EMAIL ID
1	Mr. Ashok Narwat	7838151524	ashok.narwat@rakshatpa.com
2	Ms. sushma Rawat	7838151573	sushma.rawat@rakshatpa.com

## Contact persons of Oriental Insurance Co. –

Mr. Mukesh Goel  
Email: mukesh.goel@orientalinsurance.co.in

# Niramaya Benefit Chart

## Niramaya's Health Insurance Scheme Revised Benefit Chart (on Reimbursement Basis only)

<b>NIRAMAYA' HEALTH INSURANCE SCHEME REVISED BENEFIT CHART</b>				
<b>ON REIMBURSEMENT BASIS ONLY</b>				
<b>SECTION</b>	<b>SUB-SECTION</b>	<b>DETAIL</b>	<b>SUB LIMIT</b>	<b>OVER ALL LIMIT OF SECTION</b>
<b>I</b>	<b>Over all Limit of Hospitalization</b>			<b>55,000/-</b>
	A	Corrective Surgeries for existing Disability including congenital disability (Under SECI(A)a maximum capping of Rs.15000/-For other than the corrective surgeries for Existing Disabilities, which is include in the overall limit of Rs.40,000/- of Sec I(A))	40,000/-	
	B	Non- Surgical/ Hospitalisation	15,000/-	
<b>*II</b>	<b>Overall Limit for Out Patient Department (OPD)</b>			<b>19,000/-</b>
	A	OPD treatment including the medicines, pathology, diagnostic tests, etc.	15,000/-	
	B	Dental Preventive Dentistry	4,000/-	
<b>**III</b>	<b>Ongoing Therapies to reduce impact of disability and disability, disability and disability related complications</b>			<b>20,000/-</b>
<b>IV</b>	<b>Alternative Medicine-AYUSH</b>			<b>4,000/-</b>
<b>V</b>	<b>Transportation costs</b>			<b>2,000/-</b>
<b>OVERALL LIMIT OF THE COVERAGE FOR A PERSON: Rs.1,00,000/-</b>				

\*. **Need for ORIGINAL REPORTS / FILMS LIKE MRI, X-RAY, ULTRASOUNDS ETC.** – Original documents are required including the film for settling of Claims.

\*\***. Prescription for Ongoing Therapies-** Doctor's prescription at least once in Six months is essential in which the category of therapy and duration of therapy should be clearly mentioned. Thereafter other documents from Rehabilitation Professional for therapy, and related bills will be acceptable. Doctor who prescribes the prescription should be a valid medical Practitioner with valid license/degree as per Medical council rules.