



# INDIAN MEDICAL ASSOCIATION A.P. STATE

(Registered Under Societies Act, 1860 XXI No.325/1934)

IMA Building, Esamia Bazar, Hyderabad-500 027

E-mail: [imaapstate1928@gmail.com](mailto:imaapstate1928@gmail.com), [www.imaapstate.com](http://www.imaapstate.com)

## Terms & Conditions:

1. Sum Insured for each person: Rs.150000/- , Rs.300000/- & Rs.450000/- (Selection basis)
2. Family Definition : 1+3 i.e., Self + Spouse + 2 Dependent Children below 25 years age
3. Age limit : New born to 80 years
4. Room Rent Capping : 2% of the Sum Insured for Normal rooms & 3% of ICU Rooms
5. Pre & Post Hospitalization : 30 days & 60 days respectively
6. Co-pay :-
  - For Rs.150000.00 Sum Insured in excess of above Rs. 1 lac claim - 20% co-pay is applicable.
  - For Rs.300000.00 Sum Insured in excess of above Rs. 2 lac claim - 20% co-pay is applicable.
  - For Rs.450000.00 Sum Insured in excess of above Rs. 3 lac claim - 20% co-pay is applicable.
7. Treatment under hospitalization is restricted to Network Hospitals only.
8. Un-utilized Sum Insured will not be carried forward to the next year.
9. Health Scheme will be for 3 years continuously from the date of inception of the Health Policy
10. Premium table for 3 years to be paid at policy inception by each Member/Person :

Age Band	Sum Insured wise Premium details		
	Rs.1,50,000	Rs.3,00,000	Rs.4,50,000
0 to 45 years	6252	12105	17957
46 to 50 years	7683	14966	22249
51 to 55 years	8269	16137	24006
56 to 56 years	9295	18191	27086
61 to 65 years	10086	19172	28559
More than 65 years	12756	25113	37469

11. Insurance Company : The New India Assurance Company Limited
12. Minimum number of families to be covered at inception : 3000
13. No refund of premium is allowed in the policy for deletion of members.
14. The soft copy of the scheme will be provided to all the members e-mail id's which are registered with IMA A.P. Hyderabad.

### \*Disease Wise applicable restrictions

S.L.	Name Of the Disease	Sub classification of disease	Limit of amount applicable for claim
1.	Cardiac Related Problems (Which required surgeries)	CABG	Up to Rs.200000/- or up to the sum insured whichever less
		PTCA with Angioplasty	Up to Rs.150000/-
		Valve replacement surgery	Up to Rs.150000/-
		Cardiac Arrhythmias required EP	Up to Rs.150000/-
		Heart Block requiring Pacemaker ( Temporary/ Permanent)	Up to Rs.125000/-
		Medical management of MI	Up to Rs.60000/-
		Pericardial Effusion and Cardiac tamponade	Up to Rs.50000/-
2.	Cerebro Vascular Attack and Stroke related interventional procedure only	Medical Management/ Surgical Management/ All Radiological interventional Procedures	Medical Management upto Rs.50000/-, Surgical or Radiological management up to Rs.100000/-
3.	Kidney diseases	Kidney related problems	Up to Rs.50000/- only
		Renal Calculi	Up to Rs.40000/- only
		Nephrectomy	Up to Rs.50,000/- only
		Renal transplantation ( Excluding organ charges)	Up to Rs.100000/- only
4.	Cancer of any region/ organ	Surgery, Chemo and Radio therapy	Actual amount payable subject to maximum of sum insured.
5.	Cataract	Cataract	Up to Rs.24000/- each eye including lens
6.	Appendectomy	All types of Appendectomy	up to Rs.40000/- only - both open and laparoscopic surgeries
7.	Hysterectomy	Hysterectomy- both open and laparoscopic	up to Rs.50000/- only- both open and laparoscopic surgeries
8.	Spine Disease	Any spine surgeries	Up to Rs.100000/-
9.	Laparoscopic followed by any surgeries in abdomen	Removal of Gall bladder	Up to Rs.40000/- only
		Any Liver surgeries	Up to Rs.40000/- only
		Pancreas – gall bladder	Up to Rs.80000/- only
		Spleen	Up to Rs.50000/-only
		Intestinal obstructions (Ventral & Inguinal laparoscopy)	Up to Rs.50000/- only
		Blunt injury abdomen require medical or surgical management	Up to Rs.80000/- only
10.	Trauma Fractures of any bone which requires hospitalization	Blunt Injury- Chest with or without fracture	Up to Rs.80000/- only
		All head injuries- medical or surgical management	Medical Management up to Rs.40000/- & Surgical Management up to Rs.80000/-
		Blunt injury abdomen requiring medical or surgical management	Up to Rs.80000/-
		Maxillo facial trauma( with Replacement of Implant)	Up to Rs.3000/- per implant and surgery up to Rs.75000/-
11.	Hernia	All types of Hernia	Up to Rs.45000/- each
12.	Endoscopy and ERCP	Oesophagil Dilatation	up to Rs.25000/- only
		Sphinctertomy	Up to Rs.3000/-
		Therapeutic ERCP with Stenting	Up to Rs.40000/-
		Foreign body removal	Up to Rs.25000/-
		Polypectomy(Intestinal & Rectal)	Up to Rs.30000/-
		Sclerotherapy	Up to Rs.35000/-

Note: Please send this page dully filled and signed along with DD to the above mentioned address at the earliest.



# INDIAN MEDICAL ASSOCIATION A.P. STATE

(Registered Under Societies Act, 1860 XXI No.325/1934)

IMA Building, Esamia Bazar, Hyderabad-500 027

E-mail: [imaapstate1928@gmail.com](mailto:imaapstate1928@gmail.com), [www.imaapstate.com](http://www.imaapstate.com)

Enrolment No. IMA/AP/.....

## ENROLLMENT/APPLICATION FORM FOR HEALTH INSURANCE SCHEME

1. Cardiac Related Problems (Which required surgeries)
2. Cerebro Vascular Attack and Stroke
3. Kidney related problems and Renal Calculi, Nephrectomy and Renal transplantation.
4. Cancer of any region / organ
5. Cataract each eye Rs.24000/- including lens
6. Appendectomy - both open and laparoscopic
7. Hysterectomy- both open and laparoscopic
8. Spine Surgery – any surgery of spine
9. Laparoscopic Surgery
10. Trauma
11. All types of Hernia
12. Endoscopy and ERCP

IMA MEMBER  
PASSPORT SIZE  
PHOTOGRAPH

1. Name of the Member : Mr./Mrs.....
2. Present Address : .....
- STD Code.....Tel No:.....
- Mobile:..... Email id:.....
3. Date of Birth : .....(DD/MM/YYYY)
4. IMA Membership No : .....( Local Branch) of A. P. State.

Name of the member or family member	D.O.B	Age	Relationship	Sum Insured opted	Premium Rs.
			Self*		
<b>Total Premium payable with taxes</b>					

\*Mandatory/ Please consider your age as on 31<sup>st</sup> march 2014 for premium selection.

### PAYMENT DETAILS

Draft payable to "INDIAN MEDICAL ASSOCIATION A P State "Payable at Hyderabad

DD No.....Date.....Amount.....Bank.....

### DECLARATION

I hereby declare that I have read the scope, terms and conditions of specific disease coverage health policy available with IMA and herewith submit my application/Enrolment Form. I am aware that the Group Mediclaim Policy will be issued in favor of Indian Medical Association, A. P. State and confirmation of cover to Individual or Person will be made by way of issuing Health I D Cards with list of Network Hospitals as per the terms, conditions, limitations and scope of cover of the said policy.

Date.....

Place.....

Signature of the Member



### ACKNOWLEDGEMENT

Received with thanks from.....DD in favor of" INDIAN MEDICAL ASSOCIATION A P State Branch"

DD No : ..... Date.....Amount.....Bank.....Enrolment No. IMA/AP/.....

Signature & Stamp

**Note: Please send this page dully filled and signed along with DD to the above mentioned address at the earliest.**