

RENEWAL QUOTATION

INSURED : GAMPABA WICKRAMARACHCHI UNIVERSITY OF INDIGENOUS MEDICINE
 POLICY NO : G/010/SHE/19435
 POLICY PERIOD : 2022.06.01-2023.05.31

ANNUAL INPATIENT BENEFIT	Plan 01		Plan 02		Plan 03	
	Plan 01/a (Rs.)	Plan 01/b (Rs.)	Plan 02/a (Rs.)	Plan 02/b (Rs.)	Plan 03/a (Rs.)	Plan 03/b (Rs.)
ANY YEAR LIMIT	500,000	500,000	300,000	300,000	200,000	200,000

INPATIENT BENEFITS (PRIVATE HOSPITALS)	Plan 01/a	Plan 01/b	Plan 02/a	Plan 02/b	Plan 03/a	Plan 03/b
[01] Hospital & Nursing Home Maintenance Charges including Room Charges limit Per day (Rs.)	200,000 13,000	200,000 13,000	120,000 12,000	120,000 12,000	80,000 10,000	80,000 10,000
[02] Consultant's and Specialist's Fees, Surgeon's and Anesthetists Fees, Medical and Operational Expenses, Nursing Charges including use of operating theatre. Investigations & Special Treatment on the Recommendation Consultant Specialist on Hospitalization.	300,000	300,000	180,000	180,000	120,000	120,000

#. OTHER FRINGE BENEFITS WITHIN INPATIENT LIMIT

CHILD BIRTH BENEFITS (PRIVATE HOSPITALS)	Plan 01/a	Plan 01/b	Plan 02/a	Plan 02/b	Plan 03/a	Plan 03/b
[01] Vaginal child Birth (Normal child birth cover) (Applicable to family unit or Married employee)	200,000	200,000	120,000	120,000	80,000	80,000
[02] Maximum amount payable for Instrumental Child birth (Forceps and vacuum delivery) (Applicable to family unit or Married employee)	425,000	425,000	255,000	255,000	170,000	170,000
[03] Caesarian Child Birth Cover (Maximum Limit) (Applicable to family unit or Married employee)	425,000	425,000	255,000	255,000	170,000	170,000

INPATIENT BENEFITS (GOVERNMENT HOSPITALS)	Plan 01/a	Plan 01/b	Plan 02/a	Plan 02/b	Plan 03/a	Plan 03/b
[01] Government Hospital per day (Non paying wards Max .30 days) (One night Considered a day)	4,500	4,500	3,000	3,000	2,000	2,000
[02] Expenses incurred on drugs purchased & test, scans, & x-rays undergone whilst being an inpatient in a non paying ward of a Government Hospital (Subject to bills being produced)	100,000	100,000	80,000	80,000	75,000	75,000

OTHER BENEFITS	Plan 01/a	Plan 01/b	Plan 02/a	Plan 02/b	Plan 03/a	Plan 03/b
[01] Birth of twin within indoor limit	25,000	25,000	10,000	10,000	10,000	10,000
[02] Cost of Lens Kit for Catract surgery (Maximum Limit)	30,000	30,000	30,000	30,000	30,000	30,000
[03] Emergency Traveling Allowance within Sri Lanka to obtain emergency treatment charges payable within indoor Limit (Subject to bills being produced)-Ambulance charges only.	5,000	5,000	3,000	3,000	3,000	3,000

#. All above benefits are paid within annual Inpatient Limit #

OUTPATIENT BENEFITS	Plan 01/a	Plan 01/b	Plan 02/a	Plan 02/b	Plan 03/a	Plan 03/b
[01] Cost of drugs (Excluding Vitamins) specialist or MBBS Doctor, Consultants fees, Test & Investigations Vaccination covered (Government scheduled existing vaccinations only/ epidemic and pandemic diseases vaccination not covered)	N/A	10,000	N/A	10,000	N/A	10,000
PERSONAL ACCIDENTAL COVER	Plan 01/a	Plan 01/b	Plan 02/a	Plan 02/b	Plan 03/a	Plan 03/b
1. Personal Death Cover - (Employee only) (No weekly benefit)	500,000	500,000	500,000	500,000	500,000	500,000
2. Natural Death Cover	100,000	100,000	100,000	100,000	100,000	100,000
Spectacles Cover (Employee only)	Plan 01/a	Plan 01/b	Plan 02/a	Plan 02/b	Plan 03/a	Plan 03/b
once in 2 years. (Prescribed by eye Surgeon)	10,000	10,000	10,000	10,000	10,000	10,000

ANNUAL PREMIUM: With Epidemic & pandemic cover (Excluding Taxes)

Per Individual	52,700	61,700	31,360	40,360	21,950	31,400
Per Family	61,250	70,250	37,490	45,490	24,950	34,400

(above premiums are subject to admin fees 0.35% & 12% vat, Renewal fee 100/-, and subject to government tax revisions.)

ANNUAL PREMIUM: With Epidemic & pandemic cover (Including Taxes)

Per Individual	59,231	69,346	35,246	45,361	24,670	35,291
Per Family	68,840	78,955	42,136	51,127	28,042	38,663

(above premiums are subject to admin fees 0.35% & 12% vat, Renewal fee 100/-, and subject to government tax revisions.)

Critical Illness Cover (Employee only)

Any one event per person per year - (Plan 01/a , Plan 01/b)	Rs. 800,000/-
(Plan 02/a , Plan 02/b)	Rs. 600,000/-
(Plan 03/a , Plan 03/b)	Rs. 600,000/-
Aggregate Limit	Rs. 24,000,000/-

(01) Insured Person

- (I) An Individual - Employee only.
(II) Family Unit - Employee, spouse and children.

(02) Age Limit

- (I) Employee 18-65 Years / Spouse 18-65 Years / Children 0- 25 Years ((unmarried & unemployee) (Last birth day)

Terms and conditions :-

- [01] All the professional charges/Doctors' fees and Medical expenses will be paid on market rates.
[02] Child birth is covered after 10 months waiting period for new inclusions. Pregnancy related ailments covered.
[03] Claim documents should be submitted to the claims department within 90 days from the bill date.
At the expiry of the policy, all outstanding claims including re-submissions should be submitted within 30 days
[04] Minimum stay of 6 hours in the Hospital is considered as an admission. This is not applicable for surgeries.
[05] In the event of a hospitalization, the follow up drugs to be accommodated only for two weeks.
[06] Claims are settled on re-imbursment basis. Direct settlement is only for approved Hospitals as per the attached Hospital list.
* **Private Hospital Definition.**
(a) List of hospital which are approved by SLIC for on the spot settlement.
(b) Hospital registered under private health service regulatory council (PHSRC) as a private hospital other than unapproved hospitals by SLIC.
[07] Following tests expenses are reimbursed under indoor limit on the recommendation of the Doctor, Without admission to the Hospital. There is no direct settlement for such payments.
a) MRI b) Endoscopy c) Colonoscopy d) Bronchoscopy e) sigmoidoscopy f) CT Scan
[08] The doctor's charges payable for Endoscopy, Colonoscopy and related procedures would be Maximum of Rs.10,000/- each
[09] All certificates information and evidence required by the Corporation shall be furnished at the expense of the Insured in English
[10] Cataract operations are covered and Cost of lens Kit for cataract surgeries will be paid maximum up to Rs. 30,000/-
[11] Following Ayurvedic Hospitals are entitled for indoor claims (Gampaha wickramarachchi Hospital/ Siddhalepa Hospital/ Borella Ayurvedic Hospital/ Pilapitiya and Government Ayurvedic Hospitals, Acceupuncher, Homeopathy, Healingpathy and Osteopathy treatment are not covered.
[12] Inclusions and Deletions
Inclusions- Premium charged in full
Deletions - Refund pro-rata basis subjected to no claims
Inclusion or deletion has been done based on the documentary proof from the insured and the Effective date for the policy will be the date which informed to SLIC.
[13] Mid way inclusions are granted only for following situations
* New Recruitment
* New born baby (Subject to policy age limit)
* Newly Married
All dependent inclusions for existing employees should be done within one month from the renewal date.
[14] Hospitalization for dental surgeries could be entertained only for surgeries under general Anesthesia subject to maximum doctor (Including Anesthetic) charges of Rs. 50,000/-
[15] Geographical limit (Contracted / Treatments taken) is only within Sri Lanka.
[16] Annual limits cannot be upgrades between the policy Year.
[17] Cover for OPD Surgeries under Local Anesthesia (Surgeries available without hospitalization) done by a general surgeon. (All superficial skin & subcutaneous surgeries including removal of Abscess, Cysts, Warts Gangrenes, Lumps, Hematomas, Nails, Lymphomas, Furuncles, Callosities, Keloids, Skin Tags & External Manipulations of Fractures & Traumas) paid within indoor limit up to



- [18] Cover is provided for each member subject to the age limits given unless it is specifically mentioned in the policy. Those who had not submitted their birthdays will cover, if they are within the given age limit at the time of a claim.
After complete the specified age limit, that person should not be entitled for the insurance even the name is mentioned in the health plus card.
- [19] Spectacle to be prescribed by an eye specialists. Prescription should be obtain from government hospital or registered private hospital or registered channeling centers. Prescriptions are not accepted from optical centers.
- [20] Subject to standard policy Terms / Conditions and Exclusions
- [21] Cost of expenses or per day allowances of the hospitals under the welfare Schemes
Will not be entertained within the policy.
- [22] This quotation is valid up to 30th June 2022.
- [23] Critical Illness Claims are settled on re-imbursement basis & paid for surgeries relating to the given list of illness.
Total reimbursement amount including hospitalization benefit limit under critical illness cover per member is limited to per individual/per event limit.
- * If debit note is issued it is a requirement 40% of the annual premium to be settled in order to issue Health Plus Cards. Until such time claims will not be entertained either on direct basis or Reimbursement basis. Balance premium of 60% should be settled within 60 days from the policy date.**

Exclusions:-

- [01] Occasioned by or happening through. Attempted Suicide (whether felonious or not) Alcoholism, Venereal Disease, Psychotic Mental or nervous disorders leading to insanity.
- [02] An insured suffering from any physical defect or infirmity which existed prior enrollment under the policy unless notice is given to and accepted by the Corporation
- [03] Participation in Strikes or Riots.
- [04] Services of a non medical nature provided by a hospital such as television, telephone, telex services, extra diet, radios and other similar facilities.
- [05] Congenital Conditions.
- [06] Arising as a result of cosmetic surgery, cosmetic treatment and plastic surgery other than in the Event of an accidental injury
- [07] Medical or chemical contraceptives methods of Birth control treatment, infertility, sub-fertility,
- [08] Expenses for Lasik Treatment.
- [09] Expenses for any routine or prescribed medical checkup or examination, external and or durable Medical / Non medical equipment of any kind used for diagnosis and/or treatment and/or treatment and/or monitoring and/or maintenance and/ or support including CPAP, CAPD Infusion pump, oxygen concentrator etc., ambulatory devices like walker, crutches, belts, collars, caps, splints, stings, braces, stockings, gloves, hand soaps etc. of any kind, Diabetic footwear, Glucometer / thermometer and similar related items and also any medical equipment, which are subsequently used at home, administrative fees, biomedical waste fees, medical records charges and any luxury taxes.
- [10] Medical expenses relating to any Hospitalization primarily for diagnostic, X-ray or any other Investigations.
- [11] Any sexually transmitted diseases or any condition directly or indirectly caused by or Associated with Human Immune Deficiency Virus (HIV) or any Syndrome or condition of a Similar kind commonly referred to as AIDS (Acquired Immune Deficiency Syndrome).
- [12] Medical administration charges incorporated to the bill being issued by all hospitals will not be entertained under policy.
- [13] Bills issue from Special clinics, promotional packages conducted by insured concerned and or third party organization
- [14] Expenses incurred for Spectacles, Tests, Investigation Medical examination, drugs, treatments, reports issued through mobile clinics
- [15] Doctor's channeling receipts, prescriptions issued through opticians
- [16] Precautionary tests and screening test (Eg: PCR)
- [17] Any government taxes and changes in tax rate in respect of claims

Epidemic & pandemic cover (COVID 19)

- (i) Admission for the government hospital due to epidemic & pandemic cover will be paid Rs. 1,000/- Per day maximum up to 14 days within government hospital per day limit.
- (ii) Admission for private hospital or any facilities run by approved Private hospital due to epidemic & pandemic cover would be payable up to Rs 100,000/- within inpatient limit subject to provide details breakup of hospital bill. However, Covid patient's admission to private hospital wards/ICU due to complications of the Covid (Ex: -Pneumonia) will be considered within inpatient limit.
- (iii) Approved intermediately care center maintained by Health Ministry registered private Hospitals(PHSRC) also covered under this facility. (Medical Centers are not covered) (Details bill should be provided in favor of hospital name)



(iv) single patient admission allowed only for single package expenses including single room rate. double room or triple room package are not allowed for single patient .Admission for Luxury rooms are not allowed for any patient.

(v) The above benefit is available for patient with a PCR test result positive report approved by relevant authority.

Special Note: These premiums are quoted in consideration of the prevailing tax structure and therefore the benefit too will be based on the same. Any changes to the taxes in respect of claims will not be entertained within the policy period.

Sri Lanka Insurance Corporation Ltd.


For Manager

General Accident Department

V. K. BEDDAGE
Executive
SHE Underwriting
General Accident Department
Sri Lanka Insurance Corporation Ltd.