Our Ref No: 1183521 - R1

31-05-2023

The Chairman,

Department Procurement Committee,

Kandy Road, Yakkala Gampaha Wickramarachchi University of Indigenous Medicine

# Surgical and Hospital Expenses Insurance Quotation Slip

We thank you for the opportunity granted to Continental Insurance to quote your insurance and have pleasure in submitting our terms for your consideration.

Name of Insured: Gampaha Wickramarachchi University of Indigenous Medicine

Period of Insurance: One year (Dates to be agreed)

Policy form: As per the standard CILL "Surgical and Hospital Expenses Insurance" policy Wordings

					1		_				
മ	2		п		Е	D	C			1	
Expenses Incurred on Dental treatment (filling & extraction only) including related medicines, Xraysetc Any claims from mobile clinics / medical camps are excluded.	DENTAL COVER - WITHIN THE INDOOR LIMIT	Maximum limit per Event per Individual/Family	Maximum limit per Year per Individual/Family	LIMIT OF INDEMNITY - INDOOR	Emergency Travelling (Ambulance Charges only)	Expenses incurred on drugs purchased, Cost of Tests, Scans and X-rays etc. and Cost of other services whilst in a non paying ward of government hospital (if such is not available in hospital and payable under indoor limit)	Hospitalization in a non paying ward of Gov. Hospital or Gov. ayurvedic hospital (Per day) up to a maximum of 21 days payable under indoor limit - Per Event	Hospital and Nursing home maintenance charges including Admission fees, Surgeon's and Anesthetist's fees Consultant's and Specialist fees, Specialist services including deep therapy treatment, Radiology examination and treatment (X-ray,CT,MRI etc.) Electrical treatment, Physiotherapy and all other Medical and Surgical expenses incurred following a hospitalization including Operating theater charges.	Mayimum Boom Charges including ICH Boom Charges (par day)	INPATIENT BENEFITS	3
3,000.00		500,000.00	500,000.00		5,000.00		3,000.00	500,000.00		LKR	SCHEME 01-B
N/A		500,000.00	500,000.00		5,000.00		3,000.00	500,000.00	-	$\overline{}$	$\overline{}$
3,000.00		300,000.00	300,000.00		5,000.00		3,000.00	300,000.00	-		SCHEME 02-A SCHE
N/A		300,000.00	300,000.00		5,000.00		3,000.00	300,000.00	-	LKR	ME 02 SCHEME 02-B
3,000.00		200,000.00	200,000.00		5,000.00	Up to the indoor limit	2,000.00	200,000.00			SCHEME 03-A SCHEME 03
N/A		200,000.00	200,000.00		5,000.00	ndoor limit	2,000.00	200,000.00	- Frit	- KR	ME 03 SCHEME 03-B
3,000.00		40,000.00	40,000.00		5,000.00		1,000.00	40,000.00	- Frank	_	SCHEME 04-A SCHI
N/A		40,000.00	40,000.00		5,000.00		1,000.00	40,000.00	- FAI		ME 04-B
3,000.00		100,000.00	100,000.00		5,000.00		1,000.00	100,000.00		-	SCHEME 05-A SCHEME 05
N/A		100,000.00	100,000.00		5,000.00		1,000.00	100,000.00		- KR	VE 02 SCHEME 02-B

	3			_	23.55						-			_		4							ω
Family	Individual	HEAD COUNT	Per Family	Per Individual	PREMIUM (INCLUDING TAXES)		Per Family	Per Individual	PREMIUM (EXCLUDING VAT)	Per Family	Per Individual	PREMIUM (EXCLUDING IAXES)	Any claims from mobile clinics / medical camps are excluded.	correction, for Employee only Once a year - Sun glasses, Contact lenses will be excluded.	Cost of Spectacles prescribed by an Eye specialist for the vision	SPECTACLES COVER - AS A SEPARATE LIMIT (OTHER THAN INDOOR AND OPD)	Any claims it diff in object clinics / literated camps are excluded.	treatment.	including Dental treatment (Hilling & extraction only) & Eye	including Consultation fees, cost of Drugs and Laboratory tests,	Council Registered Doctor, Cost of routine medical expenses	Expenses Incurred on Specialist Consultations, Sri Lanka Medical	OUTPATIENT BENEFIT
			60,925.82	42,588.92		(Above premiu	52,978.97	37,033.85		51,500.00	36,000.00			15,000.00		R AND OPD)				N/A			20
			72,992.68	54,655.78		ms are subject t	63,471.90	47,526.77		61,700.00	46,200.00			15,000.00						12,000.00			
			37,975.12	26,972.98		o Policy fee 500	33,021.85	23,454.77		32,100.00	22,800.00			15,000.00					1000	N/A			
	0000000000		50,041.98	39,039.85		(Above premiums are subject to Policy fee 500/-, taxes - IRCSL Admin Fee +Vat 15%)	43,514.77	33,947.69		42,300.00	33,000.00			15,000.00				25		12,000.00			
200	20		26,499.77	19,165.02		Admin Fee +Vat	23,043.28	16,665.23		22,400.00	16,200.00			15,000.00						N/A			
	0		38,566.64	31,231.88		: 15%)	33,536.21	27,158.15		32,600.00	26,400.00			15,000.00						12.000.00			H
			N/A	5,205.31			N/A	4,526.36		N/A	4,400.00			8,000.00				Š		N/A			
			N/A	15,009.64			N/A	13,051.86		N/A	12,687.50			8,000.00					ļ	9.750.00			
			N/A	11,830.26			N/A	10,287.18		N/A	10,000.00			15,000.00						N/A	6.000.20		
			N/A	23,897.12			N/A	20,780.10		N/A	20,200.00			15,000.00					11,000.00	12 000 00			

## ADDITIONAL BENEFITS -INDOOR COVER

- 1 Expenses incurred for Ayurvedic treatment obtained from
- a. Government Ayurvedic Hospitals
- b. Siddhalepa Hospital
- c. Pilapitiya Ayurvedic Hospital
- d. Gampaha Wickramarachchi Siddhayurveda Hospital
- e. Sugatha Rasayanagaraya Horana
- 2 Day surgeries done by general surgeon are covered within the indoor limit . Claims will be settled on reimbursement basis (List of surgeries covered as per the attached Annexure).
- 3 Cataract operations are covered within the indoor limit and maximum amount paid in respect of lense purchased is limited LKR. 30,000/- (Both eyes)
- 4 Child birth is covered within the indoor limit subject to below, (Applicable for the family unit (I) only) SCHEME 04 & 05 are excluded
- Normal Delivery 100% Caesarean section 100%
- Forceps/vacuum delivery 100%
- 5 Special cash grant of LKR 10,000.00 worth deposit certificate for each and every childbirth occurs in non-paying ward of government hospital. (Within the indoor limit)
- 6 New Born babies are covered from birth, Subject to submission of Name & DOB within 03 months from birth
- 7 Special cash grant of LKR 20,000.00 for Birth of Twin children. (Within the indoor limit)
- 8 Pregnancy related ailments and complications which necessitate hospitalization are covered within the indoor limit including infertility and sub-fertility treatments. (Excluding IUI, IVF & Embryo transplantations)

- 9 Vaccinations (Excluding COVID related) prescribed by a doctor whilst hospitalised are covered within the Indoor Limit
- 10 Expenses incurred in respect of below mentioned tests, without being admitted to the hospital recommended by a consultant are reimbursed under the indoor limit
- a. MRI scan
- b. Endoscopy
- c. Colonoscopy
- d. Bronchoscopy
- e. Sigmoidoscopy
- f. CT Scan
- g. Cystoacopy
- h. Laparoscopy
- i. All the investigations done with insertion of camera to the body
- 11 Cover for Pre & Post Hospitalization expenses incurred during the policy period continuation of treatment Before and Following a Hospitalization related to particular ailment will be accommodated up to 30 days.

## 12 Epidemic and Pandemic Cover

Hospitalization expenses incurred due to Epidemic and Pandemic Diseases including COVID 19 are covered within the Indoor limit

- a) Bills should be in the name of registered hospitals. and Covid 19 should be mentioned as the illness in Diagnosis card
- b) Should be prescribed by a registered MBBS doctor. Voluntary admissions are not covered.
- c) Expenses incurred under Hospitals, converted hospitals & MOH approved Intermediate Care Centers are covered
- d) Expenses incurred for Self / Pure Quarantine in Hotels, quarantine centers and any other similar establishments are not covered
- 13 Claims will be settle inclusive of VAT amount charged, within the respective benefit limit

### CONTINENT OF THE PARTY OF THE P

# ADDITIONAL BENEFITS - OUTPATIENT BENEFIT COVER

- 1 Ayurvedic treatment obtained from a government registered ayurvedic practition
- 2 Cover for Dental (Filling & extraction only) and Eye treatment.
- 3 PCR Test, Covid antigen test prescribed by doctor are covered within the OPD lim
- 4 Epidemic and Pandemic Diseases including COVID 19 are covered within the OPD limit
- 5 Precautionary & routine vaccines & immunization (Excluding COVID related vaccines) prescribed by a MBBS doctor are covered under OPD limit
- 6 Claims will be settle inclusive of VAT amount charged, within the respective bene

# PERSONAL ACCIDENT COVER - EMPLOYEE ONLY

	SCHEME 01	ME 01	IBHOS	SCHEME 02	IBHOS	SCHEME 03	PO SMEHOS	ИЕ 04	SCHEME 05	1E 05
	SCHEME 01-A	SCHEME 01-A   SCHEME 01-B   SCHEME 02-A   SCHEME 02-B	SCHEME 02-A	SCHEME 02-B	SCHEME 03-A	SCHEME 03-B	SCHEME 04-A	SCHEME 04-B	SCHEME 03-A   SCHEME 03-B   SCHEME 04-A   SCHEME 04-B   SCHEME 05-A   SCHEME 05-I	SCHEME 05-B
Benefit to member	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR
Accidental Death Benefit to Employee	500,000.00	500,000.00	300,000.00	300,000.00	200,000.00	200,000.00	150,000.00	150,000.00	150,000.00	150,000.00
			A CONTRACTOR OF THE PERSON OF	The state of the s	Section of the sectio					Contract Contract of the Contract Contr

### Capital Benefit - PA Cover

- 1 Accidental Death 100%
- 2 Permanent Total Disablement As per continental scale provided below
- 3 Temporary Total Disablement: 0.4% of the per person sum insured per week or the weekly equivalent of the insured's persons monthly wage whichever is less (maximum of 52 weeks only)
- 4 Temporary Partial Disablement: 0.2% of the per person sum insured per week or one third of the weekly equivalent of the insured's persons monthly wage whichever is less (maximum of 52 weeks only)

### Extensions - PA Cover

- 1 Motorcycling
- 2 Cover on a 24 Hour/ World wide cover Cover provided only for incidental foreign tours

### Conditions - PA Cover

- 1 Age limit 18 65 yrs
- 2 Proof of income should be submitted in the event of claim.
- 3 This policy is issued on the understanding the proposer/Insured member (risk covered) is/are not subject to any hazardous/ high risk activates/ features/Professional Sports activities
- 4 This quotation is issued subject to submission of duly completed proposal forms along with the completed list of Employees including Name, Designations, Monthly Wages, EPF Nos. at the time of confirmation of cover
- 5 All other terms & conditions as per the attached PA quotation and policy wording

00%	The aggregate of all percentages should not exceed 100%
son Insured)	(without reference to the profession or occupation of the person Insured)
	disability
the degree of	Not mentioned above: Compensation assessed in proportion to the degree of
15%	- one ear
75%	- both ears
	Loss of hearing
2%	- other than great
5%	- great
15%	- all
	Loss of toes
5%	- one phalanx
7%	- two phalanges
10%	- three phalanges
	Loss of any other finger
5%	- one phalanx
10%	- two phalanges
15%	- three phalanges
	Loss of forefinger
10%	- one phalanx
25%	- both phalanges
	Loss of thumb
50%	Loss of sight of one eye or loss of one limb
100%	Loss of sight of one eye and loss of one limb
100%	Loss of sight of both eyes, loss of two limbs or
Percentage of Benefit	Description of Disablement
	(as a percentage of the Sum Insured)
	Schedule of Permanent Disability Benefits
	TABLE OF PERMANENT DISABLEMENT

## SPECIAL EXCLUSION(S) - PA Cover

# 1 INFECTIOUS / CONTAGIOUS DISEASE EXCLUSION CLAUSE

manifested and whether or not declared or acknowledged as such by any government or competent authority contributed to, and/or is caused by any infectious and/or contagious disease or condition including, but not limited to any pandemic, epidemic or other spread of pathogen including any variation or mutation thereof, howsoever Notwithstanding anything to the contrary, this insurance shall exclude all liability, loss, cost, and/or expense of any nature whatsoever, that, directly or indirectly, results and/or arises from, is in connection with, is related and/or

2 Sanction Limitation and Exclusion Clause

# CRITICAL ILLNESS COVER - EMPLOYEE ONLY

Cashless facility will be provided case by case. Surgical & Hospitalization expenses incurred in respect of Critical illnesses listed below are reimbursed under this policy on "first come, first served basis" and the cover will be active after utilization of the respective indoor limits.

Maximum number of event for the period of Insurance: 5

	SCHEME 01	VIE 01	SCHEME 02	ME 02	SCHEME 03	ЛЕ 03	SCHEME 04	ЛЕ 04	SCHEME 05	1E 05
	SCHEME 01-A	SCHEME 01-B	SCHEME 01-A   SCHEME 01-B   SCHEME 02-A   SCHEME 02-B	170	SCHEME 03-A	SCHEME 03-A   SCHEME 03-B   SCHEME 04-A   SCHEME 04-B   SCHEME 05-A   SCHEME 05-E	SCHEME 04-A	SCHEME 04-B	SCHEME 05-A	SCHEME 05-B
LIMIT OF LIABILITY	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR	LKR
Maximum Limit per Member / per event	1,000,000.00	1,000,000.00	1,000,000.00 1,000,000.00 600,000.00 600,000.00	600,000.00	400,000.00	400,000.00 400,000.00 150,000.00 150,000.00 150,000.00	150,000.00	150,000.00	150,000.00	150,000.00
Expenses incurred on drugs purchased, Cost of Tests, Scans and X-rays etc. and Cost of other services whilst in a non paying ward of government hospital due to critical illness (if such is not available in hospital and payable under critical illness limit)	1,000,000.00	1,000,000.00	600,000.00	600,000.00	400,000.00	400,000.00	150,000.00	150,000.00	150,000.00	150,000.00

### Critical illness

- 4) Blindness 3) Apallic Syndrome (Vegitative State) Aorta Surgery 1) Angioplasty (PTCA) 15) Loss of speech Brain Surgeries
- Major Burns
- 17) Major head trauma 18) Major Organ Transplant
- 19) Motor neurone disease
- Muscular dystrophy 20) Multiple scleroses
- Myocardial Infraction(Heart Attack)

9) Coma

8) Chronic Lung disease

Chronic liver disease

6) Cancer

Brain tumor

- 23) Paralysis
- Renal Failure(end stage renal disease)
- 25) Pulmonary arterial hypertension

13) Heart valve surgery & Replacement

12) Fulminant viral Hepatitis Deafness (Loss of hearing) 10) Coronary Artery Surgery

Natural Death Benefit to Employee 5	Benefit to member	SCH	LIFE COVER - EMPLOYEE ONLY
500,000.00	LKR	EME 01-A	SCHEME 0:
500,000.00	LKR	SCHEME 01-B	1E 01
300,000.00	LKR	SCHEME 01-A SCHEME 01-B SCHEME 02-A SCHEME 02-B	SCHEME 02
300,000.00	LKR	SCHEME 02-B	ME 02
200,000.00	LKR	SCHEME 03-A	SCHEME 03
200,000.00	LKR	SCHEME 03-B	VIE 03
150,000.00	LKR	SCHEME 04-A	SCHEME 04
150,000.00	LKR	SCHEME 04-B	ME 04
150,000.00	LKR	SCHEME 03-A   SCHEME 03-B   SCHEME 04-A   SCHEME 04-B   SCHEME 05-A   SCHEME 05-I	SCHEME 05
150,000.00	LKR	SCHEME 05-B	VIE 05

## Underwriting Requirements - Life Cover

- 1 Duly filled proposal form by the company
- 2 Form 20: "Notice of Change of Director/Secretary and Particulars of Director/Secretary".

## Special Conditions - Life Cover

- 1 Above premium is calculated assuming that all participants are actively at work as on the date of commencement of the cover and have not been absent from work due to sickness for more than three weeks per year during the previous two years
- 2 Minimum & maximum ages at entry:

Death Cover: 18 – 64 years

## 3 Death Cover cessation age:

Death Cover: 65 years

- 4 Life Cover will be provided by reputed life insurance provider
- 5 All other terms & conditions as per the standard group life policy & group life department of reputed life insurance company has all rights to request further underwriting requirements if necessary



### VALUE ADDED SERVICES

- 1 Cashless facility (direct claim settlements to the hospital) is available for recognized empanelled hospitals island wide
- 2 Medical Advisory Service
- 3 E-Card facility
- 4 24/7 call center to assist you

## OTHER TERMS AND CONDITIONS

- 1 Geographical Limit Sri Lanka only
- a. Adults 18 to 65 years
- b. Children 00 year to 25 years (Subject to Unmarried & Unemployed)
- 3 Family unit (I) Consists of Insured, Spouse, and any number of Children
- Family unit (II) Consists of Unmarried employee and his/her parents
- 4 Maternity and pregnancy related covers are applicable for Family unit (I) only
- 5 Emergency Travelling Subject to submission of bills from an authorized transpor
- 6 SCHEME 04 and SCHEME 05 entitled for gov. hospitalization only under indoor benefits.
- 7 Limits cannot be upgraded in between the policy period unless due to promotion.
- 8 All claims should be lodged with the company immediately after incurring the expenses but in no event later than 120 working days. At the end of the policy period all outstanding claims including resubmissions should be submited within 30 days
- 9 Waiting period Waived off
- 10 Should be treated for more than 06 Hours as an inward patient to claim under indoor benefits, except for Day/OPD surgeries. Submission of Diagnosis card/Bed card is compulsory
- 11 Mid term inclusions will be accommodated only in following situations.
- New Recruitment and/or their dependents
- New Born Babies [subject to age limit of Policy]
- Newly Married [subject to written confirmation from HR Manager]
- In all other cases, Dependent and / or Parent [if applicable only] inclusions should be done at the time of Policy Inception only.

### PREMIUM CALCULATION

## Premium method for New Inclusion:

If cover is granted during the period of policy, and if the remaining period is

- a. 6 months or above -100% of the premium
- b. 3 to 6 months 75% of the premium
- c. 3 months & below 50% of premium
- Outdoor is charged with 100% premium regardless of the period of cover

## Premium method for Deletions:

Deletions in the 1 quarter - 75% premium to be refunded

Deletions in the 2 quarter - 50% premium to be refunded

Deletions in the 3 quarter -25 % premium to be refunded

Deletions in the 4 quarter - 0% premium to be refunded

Outdoor premium is non-refundable.

\*Above refunds are allowed subject to there being no claims for the period.

## SPECIAL CLAIM CONDITION

and premiums according to the claim details. \*A confirmation on the status of past claims records (detailed claim report) must be produced to the insurer to the prior to confirmation of cover and Continental Insurance Lanka Ltd has the rights to revise the terms, conditions

### WARRANTIES

It is warranted that 50% of premium should be paid within 30 days from the policy commencement and balance amount of premium to be settled within 60 days.

### SUBJECTIVITY

- 1 This quotation is valid for 3 months from the date issued.
- 2 Total number of employees should not be less than 200
- 3 All the other conditions, warranties and exceptions as per the standard CILL Surgical and Hospital Expenses Insurance Policy.

We trust that the terms are acceptable to you and await your confirmation. Meantime should you need any clarification, Please do not hesitate to contact us.

Assuring you of our best services at all times.

Thank You.

Authorized Officer

79, Dr.C.W.W.Kannangara Mawatha, Colombo 7, Sri Lanka.

Tel: +94 11 5200 300, Fax: +94 11 5200 350, E-mail: info@cilanka.com, Web:www.cilanka.com