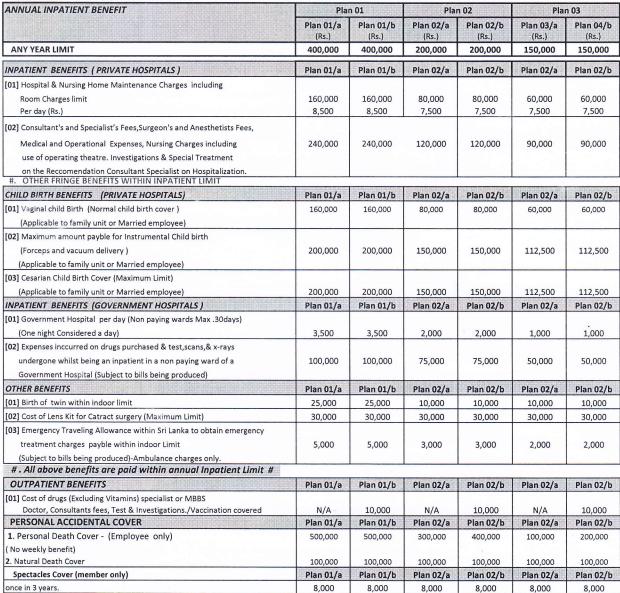




POLICY NO POLICY PERIOD : G/010/SHE/19435 : 2021.06.01-2022.05.31



(above premiums are subject to admin fees 0.35%& 8% vat, Renewal fee 100/-, and subject to government tax revisions.)

Critical Illness Cover -Employee only (Surgeries Only)

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

Any one event per person per year	800,000	800,000	600,000	600,000	400,000	400,000
Annual Limit	24,000,000	24,000,000	18,000,000	18,000,000	12,000,000	12,000,000

42,900

49,890

52,350

59,340

22,950

25,950

32,400

35,400

17,600

19,850



26,600

28,850

once in 3 years.

Per Family

Per Individual

- (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- 21 Years (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-imbursement basis. Direct settlement is only for approved Hospitals as per the attached Hospital list.
- [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 maximum of Rs. 50,000/-
- [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] Subject to standard policy Terms / Conditions and Exclusions
- [20] Cost of expenses or per day allowances of the hospitals under the welfare Schemes Will not be entertained within the policy.
- [21] This quotation is valid up to 30th June 2021.
- [22] The premium quoted might differ in the event of drastic change to the claims pattern during the remaining months of the policy period.

* 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 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.
- (iii In the event of detailed breakup of the bill is not given and only a flat amount per day is shown on the bill, we will-pay, per day room limit maximum up to 10 days within above given limit for cover. subject to 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.
- (iv) The above benefit is available for patient with a PCR test result positive report approved by relevant authority

Sri Lanka Insurance Corporation Ltd.

For Manager

General Accident Department

H. M. D. PRIYANI
Executive
SHE Underwriting
General Accident Department
Sri Lanka Insurance Corporation Ltd.

Critical Illness Cover -Employee only (Surgeries Only)

- 1) Myocardial Infarction
- 2) Coronary Artery Surgery
- 3) Stroke
- 4) Cancer (Radio & Chemo therapy treatment will be paid up to 50% from the CIC limit)
- 5) Renal Failure
- 6) Major Organ Transplant

The actual undergoing of transplantation as the recipient of aheart, lung, liver pancreas, small bowel, kidney or bone marrow.

- 7) Paralysis
- 8) Multiple Sclerosis
- 9) Pulmonary Arterial Hypertension
- 10) Fulminant Viral Hepatitis
- 11) Heart Valve Surgery
- 12) Surgery for a Disease of the Aorta
- 13) Chronic Liver Disease
- 14) Major Burns
- 15) Blindness
- 16) Deafness(Sickness-related)
- 17) Muscular Dystrophy
- 18) Loss of Speech
- 19) Chronic Lung Disease
- 20) Apallic Syndrome
- 21) Angioplasty Cover
- 22) Benign Brain Tumor
- 23) Coma
- 24) Motor Neuron Disease