

# GROUP MEDICLAIM POLICY 2025-26

UPTO 90 YEARS AGE EXCLUSIVELY FOR MEMBERS OF SASS (Sainik ArdhyaSainik Seva Sangathan)



Date: 16th December 2025

## GROUP MEDICLAIM POLICY FOR (2025-26)

<b>Insured Name</b>	Sainik ArdhyaSainik Seva Sangathan (SASS)
<b>Policy Type</b>	Floater Basis
<b>Policy Tenure</b>	365 days from date of payment
<b>Age Group</b>	For Proposer / Adult entry age – 26 to 90 years For Child entry age – Day 1 to 25 years

\* Note A - Adult. C - Child below 25 SASS- Sainik ArdhyaSainik Seva Sangathan

3 Lacs				
Age Band	1A	2A	2A + 1C	2A + 2C
26-35	4,436	7,099	8,913	10,876
36-40	7,863	11,323	12,791	14,381
41-45	8,040	12,859	14,490	16,256
46-50	11,133	16,257	17,601	19,582
51-55	12,132	17,418	18,606	20,176
56-60	14,644	22,779	23,965	25,252
61-65	22,395	35,832	37,229	38,742
66-70	22,911	36,657	38,088	39,634
71-75	25,875	40,539	42,122	43,832
76-80	27,875	44,594	46,334	48,216
81-85	32,056	51,283	53,284	55,448
86-90	36,865	58,976	61,277	63,765

5 Lacs				
Age Band	1A	2A	2A + 1C	2A + 2C
26-35	5,206	8,328	10,142	12,105
36-40	9,226	13,280	14,584	16,337
41-45	9,428	15,086	16,717	18,482
46-50	13,877	20,896	22,371	25,467
51-55	18,245	26,093	27,246	30,023
56-60	23,858	33,399	35,095	36,933
61-65	28,147	39,403	40,899	42,521
66-70	28,794	40,310	4,839	43,500
71-75	31,844	44,581	46,272	48,108
76-80	35,029	47,039	50,899	52,920
81-85	40,284	56,395	58,534	60,857
86-90	46,327	64,854	67,314	69,985

7.5 Lacs				
Age Band	1A	2A	2A + 1C	2A + 2C
26-35	6,195	9,902	11,718	13,681
36-40	10,920	14,847	16,226	18,762
41-45	11,162	17,856	19,477	21,235
46-50	16,426	23,186	24,561	27,788
51-55	20,324	28,451	29,842	32,243
56-60	28,239	39,530	41,219	43,046
61-65	31,095	43,533	44,922	46,429
66-70	31,811	44,533	45,956	47,495
71-75	35,181	49,252	50,823	52,528
76-80	38,699	54,177	55,905	57,782
81-85	44,504	62,304	64,290	66,448
86-90	51,180	71,650	73,935	76,415

10 Lacs				
Age Band	1A	2A	2A + 1C	2A + 2C
26-35	7,147	11,441	13,250	15,221
36-40	12,607	17,146	18,525	21,196
41-45	12,889	20,624	22,246	24,003
46-50	17,853	26,779	28,154	31,620
51-55	26,405	35,204	36,692	38,307
56-60	32,614	45,658	47,347	49,175
61-65	35,913	50,276	51,665	53,171
66-70	36,739	51,431	52,854	54,392
71-75	40,631	56,880	58,454	60,156
76-80	44,694	62,568	64,300	66,171
81-85	51,398	71,952	73,944	76,096
86-90	59,108	82,746	85,035	87,512

15 Lacs				
Age Band	1A	2A	2A + 1C	2A + 2C
26-35	7,326	11,728	13,581	15,601
36-40	12,922	17,574	18,987	21,604
41-45	13,211	21,139	22,802	24,604
46-50	18,300	27,448	28,858	32,411
51-55	27,067	36,084	37,611	39,263
56-60	33,429	46,800	48,529	50,404
61-65	36,812	51,533	52,957	54,501
66-70	37,658	52,716	54,175	55,753
71-75	41,646	58,301	59,916	61,659
76-80	45,812	64,131	65,907	67,825
81-85	52,683	73,752	75,793	77,999
86-90	60,586	84,814	87,162	89,699

(All Premium Include Gst @18%)

## GENERAL TERMS AND CONDITIONS

<b>Pre-existing Diseases</b>	Covered from Day One
<b>In-Patient Treatment:</b>	Minimum of 24 Hours required
<b>Pre-Hospitalization expenses:</b>	Up To 30 days before hospitalization.
<b>Post Hospitalization expenses:</b>	Up To 60 days after hospitalization.
<b>Day care Treatment:</b>	Standard Day-care procedures requiring less than 24hrs of hospitalization - procedures covered as per list.
<b>Room Rent:</b>	Room rent including RMO and Nursing charges and other associated charges capped at 1.5% of Sum Insured for Normal Hospitalization and 2.5% of Sum Insured for ICU/ICCU/NICU. Proportionate deduction will be delinked from Room rent and paid as per actuals.
<b>Ayush Treatment :</b>	<p>Covered up to 100% of Base Sum Insured for Ayurveda, Unani, Homeopathy, and Siddha treatments. The AYUSH treatment should be carried out in an AYUSH Hospital or AYUSH Day Care Centre as defined under the Policy.</p> <p>The Company shall not be liable for payment of any Claim under this Benefit directly or indirectly arising out of or relating to:</p> <ul style="list-style-type: none"> <li>- Treatment other than Inpatient Treatment or Day Care Treatment</li> <li>- Medical Expenses incurred for evaluation, Investigation only.</li> <li>- Treatment at a healthcare facility which is NOT an AYUSH Hospital or AYUSH Day Care Centre.</li> <li>- Pre-Post Hospitalization expenses</li> <li>- All preventive and rejuvenation treatments (non-curative in nature), or treatments that are not Medically Necessary. This includes but not limited to treatments at Spa, Massages and Health Rejuvenation Procedure.</li> </ul>
<b>Modern Treatment</b>	<p>The Company will indemnify the Insured Person up to 50% of Base Sum Insured for the Medical Expenses incurred during the Policy period on Inpatient Treatment or Day Care Treatment of below mentioned Modern Treatment Methods</p> <ul style="list-style-type: none"> <li>- Uterine Artery Embolization and HIFU</li> <li>- Balloon Sinuplasty</li> <li>- Deep Brain Stimulation</li> <li>- Oral Chemotherapy</li> <li>- Immunotherapy-Monoclonal Antibody to be given as injection</li> <li>- Intra Vitreal injections</li> <li>- Robot surgeries</li> <li>- Stereotactic radio surgeries</li> <li>- Bronchial Thermoplasty</li> <li>- Vaporization of the prostate (Green laser treatment or holmium laser treatment)</li> <li>- IONM-(Intra Operative Neutro Monitoring)</li> <li>- Cyber Knife Treatment</li> <li>- Stem Cell therapy: Including Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.</li> </ul>
<b>Domiciliary Hospitalization</b>	<p>Domiciliary Hospitalization means medical treatment for a period exceeding three days for disease/ injury which in the normal course would require care and treatment at a hospital / nursing home but is taken whilst confined at home in India under any of the following circumstances namely</p> <ol style="list-style-type: none"> <li>1. The patient's condition is such that he/she cannot be removed to Hospital/Nursing home, or</li> <li>2. The patient cannot be admitted to Hospital/ Nursing Home for lack of accommodation therein.</li> </ol>

<b>Lasik Surgery</b>	Expenses related to the treatment for correction of eyesight due to refractive errors of plus or minus 7.5 diopters.
<b>Additional Coverages</b>	Congenital External Disease covered for in case of life threatening.
<b>Ambulance Charges</b>	In case of emergency hospitalization, INR 2,500, per incidence
<b>Maternity Benefit</b>	Covered up to Rs. 50,000 for normal and/or C-section only up to second child.
<b>9 Months waiting period</b>	Covered from day 1
<b>Newborn Baby Cover</b>	Newborn baby shall be covered from day 1
<b>Pre-post Natal</b>	The pre & post-natal expenses shall be covered up to the limits specified under maternity

<b>Ailment wise Capping</b>	Cataract per eye Actual or upto 40,000/-
<b>Joint Replacement Surgery</b>	Sum Insured upto 10 Lacs will be 1.75 Lacs; Sum Insured above 10 Lacs will be 2 Lacs.
<b>Appendectomy</b>	Sum Insured upto 10 Lacs will be 75,000; Sum Insured above 10 Lacs will be 1 Lac.
<b>Hernia/Hydrocele/Hysterectomy</b>	Sum Insured upto 10 Lacs will be 1 Lac; Sum Insured above 10 Lacs will be 1.25 Lac.
<b>Kidney Stone/Gall Stone</b>	Sum Insured upto 10 Lacs will be 75,000; Sum Insured above 10 Lacs will be 1 Lac.
<b>Cholecystectomy</b>	Sum Insured upto 10 Lacs will be 75,000; Sum Insured above 10 Lacs will be 1 Lac.
<b>Herniorrhaphy</b>	Sum insured up to 10 Lacs will be 60,000; Sum insured above 10 Lacs will be 80,000 limits.
<b>Coronary Angiography</b>	Will be covered up to 24,000/-
<b>Coronary Angioplasty</b>	Sum insured up to 10 Lacs will be 1.85 Lacs; Sum insured above 10 Lacs will be 2.1 Lacs.
<b>Claim Submission</b>	Submission for Claim for reimbursement within 30 days from the date of discharge

### AILMENTS/CONDITIONS NOT COVERED

- Cochlear Implant or related aids
- RFQMR-Rotational Field Quantum Magnetic Resonance Device
- Cryotron
- C3R
- Bariatric surgery
- Lucentis/Macugen
- Ozone Therapy
- Enhanced External Counter Pulsation Therapy (EECP)
- Rejuvenation therapy
- Sleep Apnea
- BAP

