

EKLAVYA STAFF HOSPITALISATION & MEDICAL ASSISTANCE SCHEME

RULES & GUIDELINES

(April 2025 to March 2026)

A) Rules and Regulations

1. The scheme will be effective from 1st April 2025 and will be applicable up to 31st March 2026 or until the new FY policy is launched.
2. Under this scheme, medical expenses will be reimbursed only if there is hospitalization, except for procedures and treatment covered in the list below in Section-C. Duration of Hospitalisation is immaterial, i.e. there is no minimum limit of time that the person is required to be admitted to the hospital. Admission and discharge tokens / papers issued by the hospital will be required for processing of claims.
3. (a) Floater cover of Rs 3,00,000/- (Rupees Three lakh only) will be provided under this scheme (for a period of 12 months) for all those on full time in grade and full-time fixed salary in Eklavya with a salary equal to or above Rs 20,000/-. Floater cover for family as outlined below in point 16 & 17 in this section.
- 3 (b) Floater cover of Rs 1,50,000/- (Rupees One lakh and Fifty thousand only) will be provided under this scheme (for a period of 12 months) for all those on full time in grade and full-time fixed salary in Eklavya with a salary below Rs 20,000/-. Floater cover for family as outlined below in point 16 & 17 in this section.
4. Floater cover of Rs 1,50,000/- (Rupees One lakh fifty Thousand only) will be provided to all those on part time fixed salary. Floater cover for self plus three.
5. Floater cover of Rs 2,00,000/- (rupees two lakh) will be provided to all those on full time contract. For self plus one.
6. Floater cover of Rs 1,00,000/- will be provided to all those on part time contract (working for 15 days or more per month). Floater cover of Rs 50,000/- will be provided to all those on part time contract (working for less than 15 days per month). Both for self plus one.
7. For security guards etc. Floater cover of Rs 50,000/- only for self.

S.No.	Floater Coverage	Category	Beneficiary
1	3,00,000.00	Full time grade or fixed salary (> OR = Rs 20,000/- pm)	Self+Spouse/Live-in partner + Dependent

			children, parents, in-laws
2	1,50,000.00	Full time grade or fixed salary (< Rs 20,000/- pm)	Self+Spouse/Live-in partner + Dependent children, parents, in-laws
3	1,50,000.00	Part-time fixed salary	Self+3
4	2,00,000.00	Full-time contract	Self+1
5	1,00,000.00	Part-time contract (for 15 days per month or more)	Self+1
6	50,000.00	Part-time contract (for less than 15 days per month)	Self+1
6	30,000.00	SPK, MLAC, Teysu facilitators	Self only
7	50,000.00	Per-diem basis (minimum 50 days per year)	Self only
8	100,000.00	Retired employee (for 10 years from retirement)	Self only
9	50,000.00	Security Guards etc.	Self only
10	Not covered	if specifically mentioned in the contract	NO

8. Floater cover of Rs 30,000/- (rupees Thirty thousand) will be provided to all SPK, MLAC, Teysu facilitators. Only for self.
9. Floater cover of Rs 50,000/- (rupees Fifty thousand) will be provided to those working regularly on per diem basis with Eklavya and who have worked for at least 50 days during one year just before any hospitalization incidence occurs. Only for self.
10. All those who retire from Eklavya are covered under this scheme for a period of ten years, with a cover of Rs One Lakh only for self.
11. Those individuals wherein the contract specifically mentions that medical coverage is not provided will not be covered under this scheme. (This is usually only done for individuals on contract who specifically insist opting out of this assistance scheme).
12. Pre and post hospitalization expenses will also be covered as per limits indicated in the table below in Section-C. For long term treatments (like chemotherapy), the duration for the entire procedure will be covered.
13. Under this scheme, service charge will also be reimbursed.
14. There will be a 5 % co-payment on every reimbursement claim i.e. 5 % of the amount approved will be deducted from the reimbursement claim.

15. In case of purchase of generic medicines from authorised medical / pharmacy stores, the co-payment will be reduced to 3% for the specific generic medicine bills. This will be applicable only when generic medicine bills are provided separately, and the responsibility of providing generic medicine bills along with a separate summary statement will be that of the claimant.
16. A staff member shall be eligible for hospitalization assistance along with her/his dependents i.e. spouse/live-in partner, parents (or in-laws), and dependent children, as declared in the self-attested form, as per the limits as specified above.
17. Dependents will need to be declared in the self-attested form, duly filled/signed by the staff member. Coverage will start from the day person joins.
18. Policy will not be applicable to fixed salary contracts below three months.
19. Intimation of hospitalization shall be given in writing or by e-mail or through specific link on Eklavya website within 24 hours of hospital admission by the staff member / family member / colleague, or latest by one day before discharge from the hospital.
20. The claim for reimbursement must be received in the Eklavya coordination office in Bhopal as soon as possible but not later than 45 days of date of discharge of the patient in the prescribed claim form provided on Eklavya website, with all details filled in. Along with that, information in annexure-2 certified by the doctor/hospital will need to be attached.
21. If claim is submitted after 45 days of date of discharge, additional 5% co-payment will be charged per month of delay.
22. All medical documents, like admission card, discharge certificate, cash-memos / invoices of medicines, Hospital bills with receipts, etc. should be carefully preserved during hospitalization and attached (in original) with the claims.
23. Prescriptions and test reports can be submitted as photocopies.
24. Claim received without complete documents in original will not be processed, or the claim amount can be reduced. Claim will be processed on the basis of documents submitted. Expenses which do not have necessary and proper documentary basis will be disallowed.
25. If a staff member has subscribed to another health insurance scheme, it would be useful if the person provides information about it to Eklavya.

26. Eklavya Hospitalisation Assistance Scheme is implemented through a subcommittee that also has a formal registered doctor on the panel. Doctor on the panel is responsible for checking out the technical veracity of the reimbursement claim and can disallow expenses if not justified. Doctor can also issue advice and guidance for future to the individual and the organisation.

B) Dependents – definition and related clauses

1. 'Dependent' means one whose monthly income is less than Rs. 15,000/-. This income can be in any form – salary, pension, business, farming, rent revenue or any other enterprise/source.
2. If one of the parents (or in-laws) has a monthly income of more than Rs 15,000/-, the second person (parent or in-law) will be considered dependent on her/him. That means the second person will not be entitled to insurance coverage.
3. Staff member who has not filed the dependent declaration in the form provided in annexure-1, will not be eligible to claim policy benefit for the dependent.
4. All current dependant declarations will be valid till any change is intimated by the staff member. Staff member can file a revision only once during the policy year through email marked to HR Officer, Accounts Officer, Executive Officer and Director. Such declaration or revision cannot be filed after the incidence ie after hospitalization occurs.
5. For all those who have not filed a dependent declaration form, only the staff member will be entitled for insurance coverage.
6. If information about income of the 'dependent' is found to be incorrect (ie declaring the family member dependent who has an income of more than Rs 15,000/-), Eklavya staff member who has filed such declaration will be debarred from this policy for a period of three years and the payment made to the claimant will be recovered from her/his emoluments.
7. Brothers and sisters can also be covered if staff member is able to prove direct dependence. And only if parents draw a monthly salary below Rs 15,000/- pm (that is if parents are also dependent).
8. For brothers and sisters as specified above (or any other case), specific request by the staff member will need to be made to Executive Council and these will be added to dependent list only after EC approval.
9. For children, eligibility for policy assistance will cease on getting married, or on getting employment as per above clause-B (1).

C) Limits and Other Specifics

1. Travel and ambulance expenses shall not be admissible.
2. Maternity benefits shall be applicable only to a female staff member or dependent spouse.
3. The coverage will also be applicable to the new born child. Dependent documentation will have to be filed for the child.
4. If the patient occupies a room with a room rent limit higher than her/his eligibility as per these rules, then all the other charges viz. Doctor's fees, Diagnostic charges, nursing charges, Surgeon, Anaesthetist, consultant and Specialist fees, Blood, oxygen, OT charges, Surgical Appliances, Diagnostic Materials, etc., except registration fee, shall be reduced in direct proportion of room rent admissible and the room rent actually paid.
5. Nutritional supplements will not be reimbursed.
6. Claims related to prescriptions that indicate direct correlation of ailments arising out of substance abuse or addiction of any kind, may be rejected.
7. Claims related to accident cases where the driver did not have a driving licence may also be rejected.
8. Maximum admissibility for different items of expenditure shall be as follows.
Procedure limit means amount spent on the specific procedure, within a period of about 24-48 hours.

Name of Ailment / Surgery / Procedure (All-inclusive Package Excluding Room / ICU Rent)	Amount Rs.
Normal Delivery	35,000.00
Caesarean Delivery	70,000.00
Cataract (Each Eye)	35,000.00
Fistula, Piles, Hydrocele, Sinusitis (FESS), Fissure, Tonsillitis / Tonsillectomy	50,000.00
Medical Termination of Pregnancy (MTP)	20,000.00
Benign Prostatic Hypertrophy (TURP), Hysterectomy, Appendicitis, Hernia, Gall bladder stone	60,000.00
Cholecystectomy, Lapchole	60,000.00

Joint Replacement (Each Joint)	1,25,000.00
Sex Reassignment Surgery	2,50,000.00
Coronary Artery Diseases / Ischemic Heart Disease requiring Angioplasty / PTCA	3,00,000.00
Cerebro Vascular Attack	2,00,000.00
Chemotherapy / Treatment of Cancer	3,00,000.00
Root Canal treatment (per tooth)	2000/-

Incidentals	Amount Rs.
Room Rent	3500/day
ICU Rent	7,000/day
Pre-hospitalisation (2 weeks) and post-hospitalisation (4 weeks) expenses – medicines, tests etc (as percentage of total claim approved)	10 % subject to a maximum of Rs. 30,000/-

Following medical tests will be covered:	
<ul style="list-style-type: none"> • Physiotherapy • Pathological, mental health and other tests 	Rs 5000/- per year (all inclusive)
Following chronic ailments / therapy that may not require hospitalisation but involve high expenses, will be covered. Medical prescriptions for at least past three months will be required as proof of chronic ailments.	
<ul style="list-style-type: none"> • Diabetes • Psychiatry related issues • Regular treatment/check-ups of heart related issues • Blood Pressure • Thyroid • Cholesterol related issues 	Rs 3000.00 per quarter (Rs 12,000.00 per year) can be claimed for medicines only on submission of prescription and bills as per due procedure with deduction of co-payment as per clause A-14

<ul style="list-style-type: none"> • Cancer suspect treatment • Skin related treatment • Gynaecological / menstruation / menopause related issues • Accident cases • All vaccinations • Arthritis and knee related ailments 	
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D. Process for Providing Advance

1. On receiving intimation, an advance of up to Rs. 25,000/- can initially be provided to the staff member as advance on demand.
2. Further advance shall be given progressively as per requirement and based on the formal requisition by the staff member.
3. After discharge, the balance advance amount, if any, should be returned immediately.
4. If there is a default on this, the recovery of advance will be made from subsequent salary/salaries immediately.

E. Tax Information

As per Income Tax rules, medical reimbursement is added to income of the person concerned and reimbursement of up to 25,000/- under section 80-D is exempt from income tax, amount above that is taxable.

F. Mental health and Counselling Support

As an organization, Eklavya shares a strong sense of commitment to ensuring a safe and nurturing environment for its members. As an essential step towards extending support for their mental well-being, Eklavya has a support mechanism in practice. Eklavya has empanelled Dr. Kakoli Roy and Dr. Sumit Roy, clinical psychologists based in Bhopal. Any member of the organization can approach either of the professionals and make an appointment for a session. For more details, [Please follow link](#).

Eklavya

1st April 2025