

Deptt. Circular No.: HOPERS/06/2026
Date: 21.03.2026

CMD Secretariat Master Circular No.:
CMD/SECTT. / /2025-26
Date:

**All GMs, DGMs & CMs at Head Office & its Wings
All Regional In-Charges, All CBO In-Charges.**

Re: Renewal of Staff GMC Policy for FY 2026-27

The Staff Group Medclaim policy is due for renewal with effect from 01.04.2026. The renewal of the Staff Group Medclaim for 2026-27 has been approved by the Governing Board of GIPSA with the following revised terms and conditions, incorporating various enhancements and benefits. The same has been approved by the Competent Authority of our company.

1. Increase in Free Medical Check-up limits:

The free medical check-up, which is allowed once after every block of four claim-free years, has been enhanced from 1% of the Average Family Sum Insured or a maximum of Rs.5,000 (whichever is lower) to 1% of the Average Family Sum Insured or up to Rs.10,000 (whichever is lower).

2. Increase in limits of Maternity Benefits:

The limits for Maternity Benefit have been increased as under:

Category	Existing Limits	Revised Limits
Normal Delivery	'A' Class City: Rs. 50,000/-	'A' Class City: Rs. 65,000/-
	Other Cities: Rs. 40,000/-	Other Cities: Rs. 55,000/-
Caesarean Delivery	'A' Class City: Rs. 1,00,000/-	'A' Class City: Rs. 1,20,000/-
	Other Cities: Rs. 65,000/-	Other Cities: Rs. 85,000/-

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Further, it is decided to introduce a waiting period for maternity benefits in respect of an independent child or a family member of a dependent/independent child. Maternity Benefit shall be admissible only after completion of one year from the date of their inclusion in the policy. This waiting period of one year for maternity benefits shall be applicable for those members who will be enrolled in the policy on or after 01.04.2026.

3. Rewording of Maternity Benefit Cover:

The wording of the Maternity Benefit provision has been revised. Earlier, maternity coverage was admissible up to the first two deliveries or terminations of pregnancy during the lifetime of the insured person. The provision has now been revised to clarify that maternity benefit shall be admissible only for the first two living children.

Accordingly, maternity claims arising between the birth of the first living child and the birth of the second living child, including medically necessary termination of pregnancy on the advice of a qualified gynaecologist, shall remain admissible. However, no maternity benefit shall be payable after the birth of the second living child.

This amendment is intended to bring clarity and uniformity in the application of maternity benefits under the policy. The wording is enclosed as Annexure-I.

4. Expenses relating to Diagnostic Tests without Hospitalization:

Provision has been made for reimbursement of expenses for approved diagnostic tests undertaken without hospitalization, subject to prescribed sub-limits per insured member and an overall limit of 1% of Sum Insured or Rs. 20,000/- per family per policy year, whichever is less, within the overall Sum Insured. These tests shall be payable only when recommended by an MD or equivalent qualified doctor (waived in case of Government Hospital prescription) and shall be admissible once per insured member per test during the policy period. The wording is enclosed as Annexure-II.

5. Sum Insured Modification Options:

Enhancement of Sum Insured shall be permitted to any higher slab. This option shall be applicable uniformly to both serving and retired employees.

No reduction in Sum Insured shall be permitted as facility of restoration of Sum Insured is being introduced. However, decrease in the Optional Sum Insured to the immediately lower slab shall be allowed only in the event of a reduction in family size due to the death or exit of an insured family member from the Scheme.

6. Restoration of Sum Insured on Exhaustion (for SI Rs.25 lacs and above):

A provision has been introduced for restoration of Sum Insured, whereby in the event of partial or complete exhaustion of the Sum Insured due to settlement of a claim during the policy period, the Sum Insured will be restored. This benefit has been made available to insured persons having Sum Insured Rs. 25 lakhs and above. The detailed policy wordings governing this benefit are attached herewith as Annexure-III.

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7. Increase in Room Rent Eligibility:

The limits for room rent eligibility have been enhanced as under:

Category	Existing Limits	Revised Limits
Class A Cities	1% of SI upto Rs. 10L & 0.5% of SI beyond Rs. 10L (max. Rs.15,000)	1% of SI upto Rs. 10L & 0.5% of SI beyond Rs. 10L (max. Rs.17,000)
Other Cities	0.75% of SI upto Rs. 10L & 0.5% of SI beyond Rs. 10L (max. Rs.12,500)	0.75% of SI upto Rs. 10L & 0.5% of SI beyond Rs. 10L (max. Rs.14,000)

8. Extending the Company contribution to twins in case of second delivery:

Company contribution shall be extended in cases where twins are born during the second delivery, subject to the terms and conditions of the policy.

9. Reimbursement towards transportation of Mortal Remains:

A provision has been introduced for reimbursement up to Rs. 5,000/-, towards transportation of mortal remains from hospital to residence/funeral home in case of death of the insured person during treatment under the policy.

10. Clarification on Mid-term inclusion of Newly wed spouse and New born baby in Staff GMC and Time limit to enroll spouse and dependent / independent parent-in-laws by a newly married employee:

It is decided that a newly married employee may enroll the spouse, dependent/independent parents-in-law, and newborn child under the Staff Group Mediclaim Policy within 90 days from the date of marriage (for spouse and parents-in-law) or from the date of birth (for newborn child). The same time limit is also allowed for enrollment of spouse and new born child of already covered dependent/independent children of employee (serving/retired).

Delay in submission of application beyond the prescribed time limits may be condoned by the General Manager (HR) as per the prevailing guidelines, in genuine and deserving cases, based on the merits of each case, subject to the condition that such condonation is allowed only up to the next policy renewal period subject to:

- Full renewal premium covering the period of break is to be collected.
- Claim occurred during the period of break in cover is not payable.
- The cover will commence from the date of payment of renewal premium.

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11. Issuance of Mediciam Coverage Certificate in cases where an employee serving/retired opts to exclude Independent Children and their family (Spouse and Children) from the staff GMC:

It is advised to provide Mediciam coverage certificate for continuity benefits in cases where an employee serving/retired opts to exclude Independent Children and their family (Spouse and Children) from the staff GMC. This Mediciam certificate will enable the employee to get Continuity benefits of Mediciam coverage while shifting the Mediciam coverage from staff Group Mediciam policy to Individual/Floater Mediciam policy for their independent Children & their family (spouse and children). It may kindly be noted that once the Independent Children and their families go out of the staff GMC, they cannot be included in this policy again.

Premium Structure:

A. The Premium for the Serving Employees, spouse of serving employees, family member (dependent children & their spouses & children) of serving employees and Parents/parents-in-law of serving employees will be increased by 10%. (Annexure- A).

B. The premium for Retired Employees, Spouse of retired employees, family member (dependent children & their spouses & children) of retired employees and parents/parents-in-law of retired employees will be increased by 10%. (Annexure- B).

C. Premium for independent family members i.e. independent children & their spouses & children of serving & retired employees will remain unchanged. (Annexure- C).

The last date of deposit of Premium for all Serving/ Retirees and Spouses of deceased employees is 20.04.2026.

All RO Coordinators for Staff Group Mediciam are therefore requested to arrange for issuance of Renewal Notice/ collection of premiums for the Retired employees/ spouse of deceased employees at the earliest. While collecting the premium, options for changes, if any, duly signed by the Retired Employees/ Spouse of the deceased employee should be obtained.

As regard to serving employees, the portal would be ready by end of March, 2026. Serving employees would also be allowed to change the opted Sum Insured in the Staff Mediciam Portal.

The above information may please be brought to the notice of all employees/ retired/spouse of the deceased employees by displaying the Circular on the Notice Board of all offices.


(R Bowgal)
Chief Manager

Encl. Annexures and Premium Charts as mentioned above



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Annexure-I

Maternity Benefit

The special conditions applicable to Maternity Expenses Benefit Scheme are:

1. These benefits are admissible only if the treatment is taken in hospital / nursing home as in -patient in India.
2. Claim in respect of only first two children and/or operations associated therewith are admissible. Those already having two or more living children will not be eligible for this benefit.
3. Delivery, miscarriage or abortion induced by accident or other medical emergency irrespective of the period from the date of conception are covered.
4. Expenses incurred in connection with voluntary medical termination of pregnancy during the first twelve weeks from the date of conception are not covered.
5. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.

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Expenses incurred in connection with voluntary medical termination of pregnancy during the first twelve weeks from the date of conception are not covered.

In case of mis-carriage / abortion induced by accident or any other medical emergency and consequent hospitalization for the purpose, the expenses would be admitted up to the limits of the hospitalization benefits (not under the Maternity expenses benefits extension) even though such mis-carriage / abortion takes place after the first two living children.

Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there. It means pre and post expenses pertaining only to hospitalization for a specific period / treatment before or after delivery is payable. The hospitalization expenses of the actual delivery is payable.

Meaning of First Two Children

The Maternity benefit is admissible for two living children.

If the first child is a living child and the second pregnancy results into involuntary medical termination of pregnancy (upon medical advice of a gynaecologist) and thereafter the third delivery results in a living child, the benefit shall be payable as per following:

1. In the first case for delivery of first child
2. In the second case for medical termination of pregnancy / abortion as the case may be
3. In the third case for delivery of the second living child.

This means that between the birth of first living child and the birth of second living child, involuntary medical termination of pregnancies / abortion would be payable / admissible, provided the same are necessitated to save one's life upon the advice of a gynaecologist.

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Expenses relating to Diagnostic Tests without Hospitalization

Following Diagnostic Tests without hospitalization shall be covered subject to the following:

1. MRI charges
2. Contrast MRI charges
3. CT Scan charges
4. Contrast CT Scan/Angio CT charges
5. Sonography charges (Excluding maternity related)
6. Biopsy
7. Gastroscopy
8. Colonoscopy
9. Holter Monitor Test
10. PET Scan charges

- Reimbursement of expenses shall be admissible only for the specified diagnostic tests and no equivalent or alternative diagnostic test shall be considered for this purpose.
- The maximum reimbursable amount under this benefit shall be 1% of Sum Insured or Rs. 20,000 per family per policy year, whichever is less, within the overall Sum Insured.
- For reimbursement, the diagnostic tests must be recommended by an MD doctor or a doctor with equivalent qualification and must be supported by valid documents and certification indicating the present medical complaints necessitating the tests.
- However, where the tests are recommended through a prescription issued by a Government Hospital, the above qualification requirement may be waived.
- Expenses incurred without hospitalization shall be payable only once per insured per specified diagnostic test during the policy period.

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Annexure-III

Restoration of Sum Insured - Staff Group Mediclaim Policy

1. This benefit shall be applicable only to insured members who have opted for Sum Insured of Rs. 25 Lakhs or above under the Staff Group Mediclaim Policy.
2. If the Sum Insured is partially or completely exhausted due to claims admitted (paid or accepted as payable) during the Policy Period, a Restored Sum Insured equal to 100% of the Base Sum Insured shall be automatically and immediately made available for the same Policy Period.
3. The Restored Sum Insured will be available only once to the whole family on floater basis during a Policy Period.
4. Such restored Sum Insured can be utilized only for illness / disease unrelated to the illness(es) / disease(s) for which claim(s) was / were made for the same insured person.
5. If the Restored Sum Insured is not utilized in a Policy Period, it shall not be carried forward to any subsequent Policy Period.
6. The restored Sum Insured shall be subject to all existing policy terms, exclusions, sub-limits, and waiting periods as applicable under the Staff GMC Policy.
7. The decision of the Competent Authority regarding admissibility of claims under the restoration benefit and interpretation of these provisions shall be final and binding.

2/26/20

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