

	भारतीय प्रौद्योगिकी संस्थान मद्रास , चेन्नै 600 036 INDIAN INSTITUTE OF TECHNOLOGY MADRAS, Chennai 600 036 Deputy Registrar (Admn.) / Assistant Registrar (Admn.III) / Administration III दूरभाष/ Tel. : [044] 2257 8120 फ़ैक्स / Fax: [044] 2257 0509 ईमेल/E-mail : mediinsurance@iitm.ac.in	
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सं.एफ.प्रशासनIII/बीमा/जी.एम.आई.एस.2026-27/2026/Cir/1
F.Admn.III/Ins/GMIS/2026-27/2026/Cir/1

दिनांक/Dated:13.01.2026

C I R C U L A R

Sub : Group Medclaim Insurance Scheme (GMIS) for Employees and their eligible dependents, Group Personal Accident (GPA) Policy only for Employees from 01.02.2026 to 31.01.2027 –Option for GMIS additional coverage – Reg.

The Group Medclaim Insurance (GMI) Policy and Personal Accident Policy (PAP) has been finalized for a period of one year commencing **from 01.02.2026 to 31.01.2027**. **M/s. National Insurance Company Limited, Chennai** will be the Insurance Company for the GMIS Policy for the year 2026-27. The details of coverage are as follows:-

Group Medclaim Insurance (GMI) Policy:

1) Basic Coverage: - All the employees and their eligible dependents are covered **automatically** with a basic coverage of **Rs.4,00,000/-** (Four Lakhs only) There is no need to apply through workflow for basic coverage.

2) Additional Medical Insurance Coverage: - Additional medical insurance coverage per employee and their eligible dependents will be covered on payment of premium by the employee as per the table given below:-

Additional Coverage Sum Insured	Rs.2,00,000/-	Rs.4,00,000/-	Rs.6,00,000/-
Annual premium for Employees and their eligible dependents (incl. of GST)	Rs.18,430/-	Rs.24,404/-	Rs.35,400/-

There is no increase in the premium as compared to last year. GST @ 18% is applicable for Group Health Insurance Policies.

As per the acceptance of LOCK-IN condition for additional coverage submitted by the employees in the previous year GMI policy (2025-26), the employees who have already opted for additional coverage (irrespective of any slab) will be automatically continued in the new GMI policy 2026-27 with the same additional coverage value.

The employees who wish to opt newly / change in the additional coverage slab (as mentioned above), for the policy year 2026-27 may apply through workflow at [HumanResource/Insurance/GMIS Additional Coverage](#) on or before 23.01.2026. Registration other than workflow will not be accepted. Options received after the due date (23.01.2026) will not be considered under any circumstances.

The employees who do not wish to continue the additional coverage need to send their Opt-out request to Insurance Cell (Admn.III) through an email to mediinsurance@iitm.ac.in on or before 23.01.2026. Please note that the employees who are opting-out from the additional coverage will be in LOCK-OUT condition for two years. i.e. they are not allowed to apply for additional coverage for the Policy year 2027-2028 also.

LOCK-In & LOCK-Out period – 2 Years for Additional Coverage:

The employees taking additional coverage in the policy year (2026-27) will not be allowed to opt-out of it for next one more year i.e. the employees will be in LOCK-In period for two consecutive years. If any employee voluntarily opting out during this LOCK-In period, such employees will not be permitted to take additional coverage for two consecutive years (LOCK-Out period) from the opt-out year.

Based on the options, respective premium amount will be deducted in six equal monthly installments from the salary of March 2026 (*payable in April 2026*) to August 2026.

The Heads of the Departments / Centres / Sections may ensure wide circulation among their faculty / staff members who wish to opt / change for additional Medical insurance coverage.

The Visiting / Inspire/ Ramanujan Fellow Faculty members who wished to be covered under Group Medclaim Insurance scheme, may approach the Deputy Registrar (Admn.) / Assistant Registrar (Admn.III) for enrollment. Institute will cover Basic coverage Rs.4 lakh only.

3) Those employees who had availed buffer during the last year are advised to take additional coverage as per their ability. Accordingly, the Institute may decide on grant of buffer amount (if required) restricted to additional coverage only.

4) Buffer Comprehensive Medical Cover: - Buffer value of Rs.1 Crore, subject to a maximum limit of

- **Rs.4 lakh / 6 lakh per family for conditions listed in Annexure-I (A) based on base cover only / with add on coverage.**
- **Rs.20 lakh/ family for conditions listed in Annexure-I (B)**

The request for buffer amount should be submitted to Deputy Registrar (Admn.) / Assistant Registrar (Admn.III) with relevant medical reports. The request will be considered on first cum first serve basis for employees / pensioners / family pensioners and their dependents. The approval of buffer amount is subject to the eligibility of treatment as per Annexure-I (A) and I (B), availability of buffer coverage at the time of application/treatment, and approval of Medical Board / CMO / Competent Authority of IITM as communicated to Deputy Registrar (Admn.) / Assistant Registrar (Admn.III).

The terms & conditions of the Group Medclaim Insurance scheme are given in the Annexure-I. IIT Madras has appointed M/s. Medi Assist Insurance TPA Pvt. Ltd. as Third Party Administrator (TPA) for administering the Group Medclaim Insurance Policy for 2026-2027 and the appointed TPA will issue E-cards as early as possible. The E-card will be uploaded on the FSportal and the employees may use their login credentials to download the E-card. The information for downloading the E-card will be communicated through e-mail to faculty and staff members.

Employees can also download the updated E-cards for self and their dependants through Medi Assist (TPA) online portal <https://maven.mediassist.in> (Or) download **MAven app** through the Google Play store or iOS store.

Address	Contact Persons
Insurance Company M/s. National Insurance Company Limited, No. 37 Pantheon Road, Egmore, Chennai 600 008 Phone No.: 044-28551473	Chief Business Manager: Mr. A. Chengalvarayan Mobile : 9445242074, 8939840290 a.chengalvarayan@nic.co.in
Third-Party Administrator M/s. Medi Assist Insurance TPA Private Limited 2nd Floor, RWD Atlantis Building, 24, Nelson Manickam Road, Metha Nagar, Aminjikarai, Chennai – 600 029. E-mail ID: iitmadrass@mediassist.in	For Cashless Assistance: 1) Mr. Balasubramaniyan – 879-287-4434 E-mail ID : balasubramaniyan.p@mediassist.in 2) Mr. Sailesh – 805-073-6722 E-mail ID : nalubolu.sailesh@mediassist.in 3) Mr. Rajesh M - 995-293-3099 E-mail ID : rajesh.m@mediassist.in Toll Free Number -- 1800 208 9449

Group Personal Accident (GPA) Policy:

The employees of this Institute who are already covered under Group Medclaim Insurance scheme will also be covered with a Personal Accident Policy for a maximum Sum Insured value of Rs.5 Lakhs for a period of one year **from 01.02.2026 to 31.01.2027. This policy is meant only for serving employees of this Institute. The premium for Personal Accident Policy will be borne by IIT Madras.** The conditions pertaining to Personal Accident Policy is given in Annexure – II.

Sd/-
उपकुलसचिव (प्रशासन)
Dy. Registrar (Admn.)

Encl.: Annexure-I and Annexure-II

To : All Employees through email announcement.

Copy to: The Director / Deans / Registrar / All Heads of Depts. / Centres / Sections – For kind Information please.

Conditions for Group Mediciam Insurance Scheme – 2026-27**Group Mediciam Cover**

- Base cover of Rs.4,00,000/- Floater amongst Employee/ Pensioners / Family Pensioners and their dependents.
- In addition to mandatory base cover as above, Employee/Pensioner/Family Pensioner can opt for additional cover of 2 lakhs / 4 lakhs / 6 lakhs by paying additional premium.

Total (overall) sum insured per family will be base cover 4 lakhs + any additional coverage opted by Employee/Pensioner/Family Pensioner

Buffer Comprehensive Medical Cover

Rs.1,00,00,000/- Floater amongst Employee / Pensioners / Family Pensioners and their dependents with a ceiling of

- Rs.4 lakh / 6 lakh per family for conditions in list (A) based on base cover only / with add on coverage
- Rs.20 lakh/ family for conditions in list (B)
On first come - first served basis for Employee/ Pensioners / Family Pensioners and their dependents.

Claim procedure for buffer (comprehensive medical cover) utilization:

- The treatment which comes under critical illness which are covered for buffer utilization (as listed below) will be recommended by CMO / Competent Authority and communicated through the Deputy Registrar (Admn.) / Assistant Registrar (Admn.III) for processing.

Illness covered for buffer utilization list (A)

- Major Surgeries include cardiac surgeries, Neuro Surgeries, Brain tumor, pace maker implantation, all cancer surgeries, knee, hip, joint replacement surgeries, organ transplant.
- In case of bilateral knee/hip surgery done during the same hospitalization, cashless / reimbursement to be made up to twice if both knees/hip done in single hospitalization.
- Any debilitating illness that may lead to cancer (or) a permanent disability.
- Diseases of the Head & Neck, limbs, Thorax, abdomen and spine where surgeries are indicated for near normal function of life.
- Renal failure.
- Stroke.
- Multiple Sclerosis.
- Major transplants other than those listed in buffer utilization – B
- Major accident claims involving RTA / burns / Lab Accidents where expenditure may incur more than the Sum Insured.
- Complication arising out of surgery performed during the policy period.
- CVA and complications.
- Complications from recent Infection warranting longer periods of hospitalization.
- Any Life threatening medical conditions necessitating lifesaving critical care interventions (Not more than 5 claims during the policy period – subject to the approval of Medical Board/CMO / Competent Authority of IITM).

Illness covered for buffer utilization list (B)

- All Cancer therapeutics including
 - (a) Bone Marrow Therapy
 - (b) Stem Cell Therapy
 - (c) Proton Therapy
 - (d) Biologics/Biosimilars etc.,

- Fulminant Viral Hepatitis
- Major Organ Transplant, such as for:
 - (a) Kidney
 - (b) Lung(s)
 - (c) Liver
 - (d) Heart
 - (e) Bone marrow
- AIDS
- Terminal Illness as decided by CMO/Competent Authority

SUBLIMITS

Maternity:

I. Normal Delivery claims:

- Rs.75,000/- (For those with basic coverage i.e., sum insured = base coverage)
- Rs.1,00,000/- (For those with 2 lakhs / 4 lakhs / 6 lakhs optional add on coverage)

II. Caesarean Delivery claims:

- Rs.1,00,000/- (For those with basic coverage i.e., sum insured = base coverage)
- Rs.1,50,000/- (For those with 2 lakhs / 4 lakhs / 6 lakhs optional add on coverage)

Cataract claims:

- Rs.40,000/- (For those with basic coverage i.e., sum insured = base coverage)
- Rs.50,000/- (For those with 2 lakhs / 4 lakhs / 6 lakhs optional add on coverage)

Knee / Hip Joint Replacement claims:

- Rs.3 Lakhs per knee/hip (For those with basic coverage i.e., sum insured = base coverage)
- Rs.3.5 Lakhs per knee/hip (For those with 2 lakhs / 4 lakhs / 6 lakhs optional add on coverage)

Siddha / Ayurveda / Homeopathic / Unani Claims:

- Siddha/Ayurveda/Homeopathic/Unani hospitalization expenses are admissible up to Rs.35,000/- only when the treatment is taken as in patient in a Government approved Hospital / Medical College.

Room Rent:

- Room, Boarding and Nursing expenses as provided by the Hospital / Nursing Home not exceeding 1.5% of overall sum insured subject to cap of Rs.12,000/- per day or the actual expenses whichever is less.

ICU/IMCU:

- Intensive Care unit expenses not exceeding 3.0% of overall sum insured subject to cap of Rs.24,000/- per day or the actual expenses whichever is less.

Note: RMO/DMO service charges are covered additional to the room rent / ICU charges but not exceeding the limit of Rs.1000 per day irrespective of sum insured.

Ambulance charges covered up to Rs.4000/-

Conditions

- Type of Cover – Family Floater Policy.
- Family Definition – Self + Spouse + eligible dependents
- Pre-existing disease covered.
- Waiting period for the first 30 days waived off.
- 1,2,3,4 years waiting period waived off.
- Maternity covered with 9 months waiting period waiver.
- Baby day-one cover benefit within the floater SI.
- Pre-post-natal coverage within the maternity limit.

- Day care treatment covered up to the Sum Insured including Add on coverage.
- Pre-Post hospitalization coverage of 30/60 days respectively.
- Entitled room category clause waived off/ No proportionate clause applicable.
- All congenital (internal and external) and Psychiatric disorder treatments are payable.
- Dental treatment or surgery due to accidents are payable.
- Corporate buffer will not be applicable for maternity claims and cases of complication of maternity ailments.
- Claim intimation is not mandatory.
- **10% Co-payment will be applicable only for treatment taken in non-network hospitals.**
- All other conditions and terms shall be as per Standard Group Medclaim policy.
- Domiciliary Hospitalization is not covered.

Exclusions

- Lasik Surgery, Septoplasty, Infertility and related ailment including male sterility, treatment on trial / experimental basis, admin/ registration / Miscellaneous/Service charges, expenses on fitting of external prosthesis, Any device/instrument/machine contributing / replacing the function of an organ, Holter monitoring / Sleep study are outside the scope of the policy.
- Outpatient treatment is not payable.
- Any disease/complication caused due to alcohol intake.
- Any disease/injury caused by war/Nuclear weapons/Radiations/breach of criminal law.
- Circumcision, cosmetic or plastic surgery unless necessitated by an accident or as part of any disease/illness.
- All health check-ups, routine eye examinations, and cost of glasses and contact lenses.
- Naturopathy treatment.
- All other conditions and terms shall be as per Standard Group Medclaim policy

Hospitalization Period:

Expenses on hospitalization are admissible only if hospitalization is for a minimum period of 24 hrs. However, this time limit of 24 hours will not apply to following specific treatments taken in the Network Hospital/Nursing Home/Specialty Centres irrespective of the bed strength where the insured is discharged on the same day. Such treatment will be considered to have been taken under Hospitalization Benefit subject to submission of day care discharge summary.

- Hemo Dialysis
- Parenteral Chemotherapy,
- Parenteral Immunotherapy,
- Radiotherapy,
- Lithotripsy (Kidney Stone removal),
- Surgery of Eye,
- Intra ocular Eye injection and its procedure
- Surgery of Nose,
- Surgery of Throat,
- Tonsillectomy,
- Bronchoscopic therapeutic procedures,
- Surgery of Hernia,
- Surgery of Hydrocele,
- Surgery of Prostrate,
- Gastrointestinal Surgery,
- Genital Surgery,
- Hysterectomy,
- D&C, MTP,

- Dental surgery / treatment following an accident is covered without hospitalization also (as Out- patient)
 - Coronary Angioplasty,
 - Coronary Angiography,
 - Orthopaedic procedures including POP applications,
 - Laproscopic and Endoscopic therapeutic procedures,
 - Minor surgical procedures under General Anaesthesia,
 - Laser Surgical Procedure under Local anesthesia
 - EECp
 - Excision Biopsy of Lymph Node
 - Excision of benign tumors/cyst
 - OR any other treatments agreed by TPA / Company which require less than 24 hrs.
- Hospitalization due to advancement in Medical Technology.

Time limit for preferring claim

Whenever treatment is taken for the Employee/Pensioners / Family Pensioners and their dependents covered under the scheme in any of the non-network hospital of the TPA, and the employee pays the hospital bills, the Insurance claim should be submitted in the prescribed claim form along with all supporting documents, such as Discharge Summary, Final bill, paid receipts, prescription and Pharmacy bills, Lab / investigation reports in original, Govt. Id proof, Insured bank details & cancelled cheque (or) copy of First page of Bank Passbook **within 15 days from the date of discharge to the Insurance Cell of IIT Madras** for onward transmission to the TPA.

Conditions for Personal Accident Policy 2026-27Table Benefit

Item	Description of Benefits	Compensation payable % of the Capital Sum Insured
1	Death only	100
2	Loss of sight of two eyes or loss of use of two hands or feet or loss of use of one hand and one foot or loss of sight of one eye and loss of use of one hand or foot.	100
3	Loss of sight of one eye or loss of use of one hand or one foot	50
4	Permanent total disablement from injuries other than named as above	100

Permanent Partial Disablement

Loss of part of body		% of Capital Sum Insured
Loss of toes	all	20
	Great-both phalanges	5
	Great-one phalanx	2
	Other than great, if more than one toe lost each	1
Loss of hearing	both ears	50
	one ear	15
Loss of 4 fingers & thumb of 1 hand		40
Loss of 4 fingers of 1 hand		35
Loss of thumb	Both phalanges	25
	One phalange	10
Loss of Little finger	3 phalanges	4
	2 phalanges	3
	1 phalange	2
Loss of ring finger	3 phalanges	5
	2 phalanges	4
	1 phalange	2
Loss of middle finger	3 phalanges	6
	2 phalanges	4
	1 phalange	2
Loss of Index finger	3 phalanges	10
	2 phalanges	8
	1 phalange	4
Loss of metacarpal	1st or 2nd (additional)	3
	3rd, 4th, or 5th (additional)	2
Any other permanent partial disablement	% as assessed by panel doctor of company	