ଓଡ଼ିଶା ବିଦ୍ୟୁତ୍ ଶକ୍ତି ସଂଚାରଣ ନିଗମ ଲି୫.

ODISHA POWER TRANSMISSION CORPORATION LIMITED
(A Government of Odisha Undertaking)
Regd.Office: OPTCL TECH TOWER, Janpath, Saheed Nagar, Bhubaneswar-751007.
Telephone: (0674) 2540051 (EPABX), Website: www.optcl.co.in
CIN:U4102OR2004SGC007553

No-AW-E&M -INS-02/2024 (PT – II) - 14682 Date- 02.09.2026

CIRCULAR

Sub: - Implementation of OPTCL Group Health Insurance Policy for all employees and their dependent family members for the policy year 2026-27.

The Group Health Insurance Policy for all employees of OPTCL and their dependent family members was effective from 1st August, 2025 to 31st July, 2026. Now, **M/s Universal Sompo General Insurance Company Limited** has been selected as the insurance provider with **Medi Assist Insurance TPA Private Limited** as TPA for current policy year i.e. from **1st August, 2026 (00:00 hours of 01.08.2026)** to **31st July, 2027 (23:59 of 31.07.2027).**

The salient features of the Policy are as follows:

1. **Coverage** - It covers all employees (Regular, Trainees, Deputees) of OPTCL and employees of GRIDCO.

2. **Coverage Type -** This policy is on a Family Floater basis.

3. **Corporate Buffer –**
   a. Covered upto a maximum of Rs. 1 Crore with a sub-limit of Family Sum Insured (SI). It shall only operate after exhaustion of the per person limit/family floater limit provided for insured persons in the family.
   b. Corporate Buffer will not be applicable for capped ailment, maternity and non-allopathic treatment.

4. **Annual Coverage Amount –**
   a. Rs. 5 Lakhs for all non-executives and executives upto the rank of DGM.
   b. Rs. 7 Lakhs for all executives in the rank of GM and above.

5. **Family Definition –** Max. Family Size of 1+5.
   a. Employee with his/her spouse
   b. Dependent Parents or Parents-in-laws with no cross pairing.
   c. Dependent Children upto 2 Nos.
   d. Fully dependent and unmarried/unemployed sibling (those who are physically and mentally challenged – such dependents must have a disability certificate, having disability of 40% and above.

6. **Age Limit –**
   a. Employee: 18 years to 60 years of age.
   b. Dependent Children & Sibling: upto 30 years of age.
   c. Spouse, Parents/Parents-in-law: upto 80 years of age.

   Note: Above family members are covered till the regular employee is covered under the GHI policy.

7. **Pre-existing Disease:** Pre-existing diseases are covered under the policy.

8. **30 days Waiting Period/1st, 2nd, 3rd year exclusion** –. 30 days waiting period including 1st, 2nd and 3rd year exclusions are waived under the policy.

9. **Pre and Post-Hospitalization Expense** - 30 days pre and 60 days post-hospitalization expenses are covered under the scheme.

10. **Co-payment** – 10 % (ten percent) Co-payment is applicable to all insured ageing over 60 years.

11. **Cashless Facility** –
    a. Available for network hospital. Reimbursement facility for non-network hospital.
    b. For Non-Network Hospital, employees can claim/reimburse the expenses incurred within 30 days of discharge from the hospital.

12. **Room Rent & ICU Capping** –
    a. Room, Boarding Expenses including Nursing Expenses as provided by the Hospital/Nursing Home is subject to a limit of 1 % (one) of the Basic Sum Insured (SI) per day and
    b. Intensive Care Unit (ICU) is capped at 2 % (two) of the Basic Sum Insured (SI) per day.
    c. In case, the insured person is admitted in a room with rent higher than the eligible room rent limit for any reason whatsoever, the total hospitalization claim shall be reduced in proportion of eligible room rent to the actual room rent paid.

13. **Internal/External Congenital Disease** - Internal Congenital Diseases are covered under the policy, but External Congenital Diseases are covered in case of life threatening situations only.

    The following life threatening external congenital disease (Requiring ICU admission / emergency surgery certified by a specialist doctor and supported by clinical evidence) shall be covered under Group Health Insurance:

    a. Infection of External deformity which spreads into bloodstream
    b. cleft palate/lip causing Breathing Difficulty or risk of choking
    c. External vascular malformations or deformities causing heavy bleeding
    d. External congenital condition developing into cancer
    e. External defect affecting vital function indirectly:
        i. Facial deformity impacting airway
        ii. Structural defect affecting feeding leading to severe malnutrition in infants
    f. Injury to an external congenital defect leading to infection/haemorrhage

14. **AYUSH Treatments** – The AYUSH Treatment is covered up to 25 % (twenty five) of Sum Insured (SI) at institutes recognised by Govt. of India and/or accredited by QCI/NABH.

15. **Day Care** - Day Care Surgeries and Day Care Treatments are covered as per IRDAI Guidelines and as provided by M/s Universal Sompo General Insurance Co. Ltd.

16. **Mid-Term Addition & Deletion -** During the currency of the policy, inclusions will be permitted for new joinees and their dependents. Existing employees & their Dependents cannot be included during the currency of the policy period, except newly married spouse of existing employees, new born child of existing employees, provided the policy covers for spouse & children. The intimation for addition of dependent (Spouse / Child) should be mailed with supporting documents to E&M Cell, OPTCL at ***healthinsurance@optcl.co.in*** within 30 days from the date of marriage/childbirth. Inclusion of an employee does not warrant automatic inclusion of the employees' dependents.

17. **Maternity Benefit** - Covered in case of employees or spouse of employee only for first two children with the following limit:

    a. Normal Delivery - Rs. 20,000/- (max)
    b. C-Section - Rs. 50,000/- (max)

    Those who are having more than two living children will not be eligible for the benefit.

18. **Abortion/Miscarriage**: Abortion/Miscarriage covered in case of life-threatening & accident cases only. Abortion Benefit applicable only for first two conceptions of the employee or spouse.

19. **Pre & Post-Natal Expenses -** Pre-natal period means period during pregnancy from conception till birth and Post-natal would mean up to six weeks from date of delivery. Only hospitalization expenses are allowed under this benefit.

20. **New Born Baby** - Insured from day one.

21. **Ambulance charges** - Covered upto Rs. 2,500/- per event.

22. **Dental Benefit -** Covered upto family sum insured for accidental cases on IPD basis.

23. **Advance Treatment Procedure –** The coverage of advance procedures will be covered upto family Sum Insured subject to IRDAI regulation for the below mentioned procedures:

    a. Uterine Artery Embolization and HIFU (High Intensity Focused Ultrasound)
    b. Balloon Sinuplasty
    c. Deep Brain Stimulation
    d. Oral Chemotherapy
    e. Immunotherapy - Monoclonal Antibody to be given as injection
    f. Intra Vitreal Injections
    g. Robotic Surgeries (where precision is critical and affects survival or outcomes)
    h. Stereotactic Radio Surgeries
    i. Bronchial Thermoplasty
    j. Vaporization of the Prostate (Green Laser Treatment or Holmium Laser Treatment)
    k. IONM (Intra-Operative Neuro Monitoring)
    l. Stem Cell Therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Note: Corporate Buffer not to be utilized for above cases.

24. **Cataract -** Rs. 30,000/- (per eye).

25. **Artificial limbs and Hearing aid** - Allowed for reimbursement of 50% of the Sum Insured.

26. **Exclusions** - The following treatments are excluded from the Policy:
    a. Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
    b. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.
    c. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.
    d. Change-of-Gender Treatments
    e. Cosmetic or plastic Surgery
    f. Hazardous or Adventure sports
    g. Breach of law
    h. Excluded Providers
    i. Investigation (Standalone)
    j. Rest Cure, Rehabilitation and Respite Care
    k. Obesity/ Weight Control
    l. Refractive Error
    m. Unproven Treatments
    n. Sterility and Infertility
    o. Administration / Registration / Service Charge & Misc. Charges

27. **Special Conditions:** All other terms and conditions shall be applicable as per the Tender.

28. **Claim Intimation/Document Submission** - All reimbursement claims should be intimated to the insurer within 48 hours of hospitalization and all documents of claim should be submitted to the insurer within 30 days of discharge. Below is the process of claim intimation/document submission:
    a. Login to your medibuddy account/Mediassist Portal
    b. Click on "Submit Claims" in the claims section
    c. Enter your employee ID & other details (contact information, Bank details, Hospitalization and Claim Details)
    d. Add KYC and other details and submit for declaration to intimate for claim submission.
    OR employees can send hospitalization details as follows to the MediAssist contact persons:
        - Employee Name -
        - Employee ID -
        - Mobile No. -
        - Mail ID. -
        - Patient Name –
        - Relation -
        - Hospital Name –

- Date of Admission –
- Cause of Admission –

29. **Claim Related Query –**
    a. In case of any queries about the policy or hospitalization, employees are requested to contact the following persons from Mediassist for assistance & guidance.
        i. Mr. Tapan Kumar Rath: (+91)-9861142360
        ii. Ms. Kirtidhara Das: (+91)-9606073595
    b. In case of any escalation or grievances, the following officers of Universal Sompo General Insurance Company Limited may be contacted:
        i. Mr. Narayan Kundu: (+91)-8591002297

30. **Insurance Card** - Employees will be provided with a smart health insurance card (e-card) for availing benefits under the scheme.
    a. Employees need to download their e-card by login into **portal.mediassist.in** with the following credentials after 7-10 days of issue of this order. Meanwhile in case of any exigencies they can contact the officials of Mediassist as mentioned above for their e-card.
        i. User ID - EmpID@optcl
        ii. Password – in DDMMYYYY format (employee's respective Date of Birth. Example: **01011991**)
    b. In addition to this, the physical Insurance Card will be forwarded to the respective zonal offices or field offices once it arrives at the headquarters office.

For further information, the detailed policy copy of Universal Sompo General Insurance Co. Ltd. may please be referred.

The insurance policy is a welfare measure for all employees and their family members. It is advised that all should use the facility prudently.

This issues with the approval of the Competent Authority.

General Manager (HRD), E&M Cell

Memo No. 14683 Date: 02.09.2026

Copy to all Zonal Heads / Circle Heads / Divisional Heads/ DDOs / Sub-Divisional Heads / All Branch Heads of Hqrs. Office for information and necessary action. They are requested to display this circular in their Office Notice Boards for information & awareness of employees.

02.09.26

Deputy Manager (HRD), E&M Cell

P.T.O

Memo No. 14684 Date: 02.09.2026

Copy to the CGM (IT), OPTCL Hqrs. Office, Bhubaneswar for information and necessary action. She is requested to upload the Circular in the OPTCL Website for wide circulation.

02.09.26

Deputy Manager (HRD), E&M Cell

CC to

- Sr. P.S to CMD, OPTCL for kind information of the CMD, OPTCL.
- P.S/PA to all Functional Directors of OPTCL/GRIDCO for kind information of all Directors.