Finalsite India Pvt Ltd

Benefit Manual 2023 - 24

Prepared By
Aon India Insurance Brokers Pvt. Ltd.
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Composite Insurance Broker | IRDAI License No.624
License Validity - 16/10/2020 to 15/10/2023

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Know your insurance policies

Group Medical Insurance covers in-patient hospitalization and day care expenses incurred by an employee and his insured dependents for a diagnosed ailment with an active line of treatment. 24 hours of hospitalization is compulsory to register a valid claim under the group Mediclaim policy.

Group Personal Accident insurance policy covers expenses by the insured persons (employee covered) on account of death or permanent/ partial/temporary, total or partial disability due to an accident.

Group Term Life policy pays the sum assured as a lump sum amount on the death of the insured person.

Group medical insurance plan – what's covered

Room
rent & boarding
expenses

Anesthesia, blood, oxygen, Intensive Care Unit, operation theater charges and surgical appliance

Nursing expenses, surgeon, anesthetist, medical practitioner, consultant & specialist fees

Medicines and drugs, consumables such as dressing, ordinary splints and plaster casts

Diagnostic procedures (such as laboratory, x-ray, diagnostic tests)

Costs of prosthetic devices if implanted internally during a surgical procedure

Organ transplantation including the treatment costs of the donor but excluding the costs of the organ

Day care procedures
e.g. dialysis, chemotherapy etc.

Group medical insurance plan – Key information

Policy Period

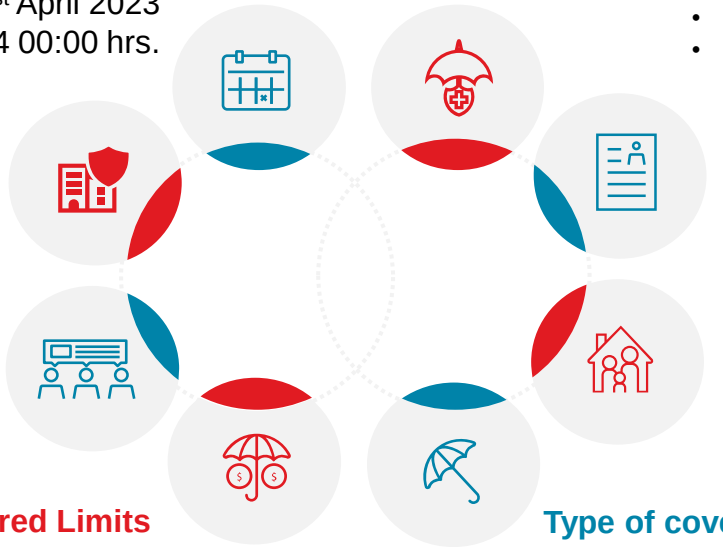
Your policy is active from 01st April 2023 till 31st March 2024 00:00 hrs.

Insurance company

The insurance company for the group medical policy is **Aditya Health Insurance Company Pvt Ltd**

Third Party Assistance

Mediassist India TPA will be servicing all claims



Family Definition

- Employee
- Spouse
- 2 Children (first 2 living dependent children)
- Dependent Parents / Parent In laws

Age Limit

Employee	: 18 – 65 years
Spouse	: 0 – 65 years
Children	: 0 – 25 years
Parents	: up to 95 years

Sum Insured Limits

Fixed - INR 6,00,000/- with Parental SI restricted to INR 4,00,000/-

Type of cover

The policy is on a floater basis for your enrolled family members

Benefits summary

Pre-Existing diseases	Covered	Ambulance services	Covered
Pre-Post Hospitalisation	Covered	Day Care procedures	Covered
Waiting period	Waived off	Ayurvedic Treatment	Covered
Maternity	Covered	Dental & Vision OPD	Not Covered
Pre-Post Natal expense	Covered	Room Rent	Covered
New-born baby coverage	Covered	Co-payment	Applicable

Benefit descriptions in this benefit manual are to be treated as indicative only. For a complete list of benefits and exclusions, please also refer to the policy document.

Benefits summary

Ailment capping	Yes	Terrorism	Covered
Cyber Knife treatment	Covered	Domiciliary Hospitalization	Not Covered
Stem Cell Transplantation/ Robotic Surgery	Covered	Internal Congenital	Covered
Lasik Treatment	Covered	External Congenital	Not Covered

Modern Day Treatments

Uterine Artery Embolism and HIFU	Covered
Balloon Sinuplasty	Covered
Deep Brain Stimulation	Covered
Oral Chemotherapy	Covered
Immune Therapy-Monoclonal Antibody as injection	Covered
Intra Vitreal Injections	Covered
Stereotactic Radio Surgeries	Covered
Bronchial Thermoplasty	Covered
Vaporization of Prostate(Green Laser Treatment	Covered
IONM (Intra Operation Neuro Monitoring)	Covered
Stem Cell Therapy	Covered

The insurer 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, or Domiciliary Treatment of insurer mentioned Modern Treatment Methods

Benefit descriptions in this benefit manual are to be treated as indicative only. For a complete list of benefits and exclusions, please also refer to the policy document.

Your Plan Details

Family Definition

Particular	Description	Special Condition if any
Total Members Covered per Family	6 (Self + 5 Dep)	5 Dependents
Employee	Yes	-
Spouse / Partner	Yes	-
Child	Yes	2 children upto 25 yrs
Parent	Yes	Cross combination not allowed
Parent-in-Laws	Yes	Cross combination not allowed
Sibling	No	
Other	No	

Parental Sum Insured restricted to INR 4,00,000/-

Is Mid Term Enrollment Allowed?

Particular	Description	Special Condition if any
Mid-Term Enrollment of Existing employees' Dependents(as on plan start date)	Not Allowed	
Mid-Term Enrollment of New Joinees (New Employees +Their Dependents)	Allowed *	
Mid-Term Enrollment of New Dependents (Spouse/Children)	Allowed *	Newly married employees' spouses within the policy year & new born children within 30 days

No Individual should be covered as dependent of more than one employee

Your Plan Details

Policy Benefits	
Standard Hospitalization	Covered
Pre-existing Diseases	Covered
First 30-days Waiting Period	Waived off
First Year Waiting Period	Waived off
Pre & Post Hospitalization Expenses	30 days Pre and 60 Days post
Maternity Benefits	Covered
Maternity Limits (Normal & Caesarian Section)	INR 60,000 for Normal and INR 80,000 for C-Section
9-Months Waiting Period for Maternity	Waived Off
Disease Limits	Cataract – INR 50,000/- Per Eye

Policy Benefits	
New Born Baby cover	Covered from Day one
Dental & Vision	Only in case accident (hospitalization)
Diagnostics Expenses	Standalone diagnostic not covered
Restriction on Room-Rent	1% of SI for Room and 2% for ICU including Nursing Proportionate Clause not Applicable
Ambulance Services	Emergency Ambulance charges up to INR 5000 per hospitalization
Deductible & Co pay	10% copayment for Parents / Parent in laws
Day Care Procedures	Covered

IMPORTANT:- Intimation and Submission Timeframes:
Intimation of claim:- TPA must receive intimation within 24 hours days from date of Injury / accident
Submission of claim :- TPA must receive the claim documents for all reimbursements within 15 days of discharge from hospital.
The above details are only snapshots of the benefits provided under your group medical plan. Please refer Policy document for complete information on Coverage & exclusions.

Maternity Benefit

Maternity

Pregnancy is the most cherish moment of one's life. Finalsite wants to ensure that you are adequately covered for this moment. Maternity benefit covers the cost related to the birth of the child

Benefit

- Normal Deliver : INR 60,000
- C-Section Delivery : INR 80,000
- Pre-post natal expenses are covered within Maternity Limit
- Newborn baby is covered from day 1

Exclusions

- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered. Infertility Treatment and sterilization are excluded from the policy.
- Applicable only for the birth of first 2 children

IMPORTANT :
For maternity reimbursements and employees on subsequent maternity leave , please do not wait till you have returned back to office to submit a claim as it will cross the claim submission within 30 days to avoid denial of claim. Please also immediately inform your HR about the new baby coverage as your dependent as A subsequent complication may be A possibility and intimation is mandatory prior to coverage.

Benefits Explained: Room Rent

Room Rent

Room Rent means the amount charged by a Hospital for the occupancy of a bed per day (twenty-four hours) basis and shall include associated medical expenses. Sub-limit on room rent would mean that the insurer defines the maximum amount it will pay towards the room rent. Mostly, this limit is defined as a percentage of sum insured.

Benefit

- 1% of Sum insured for Normal and 2% of Sum Insured for ICU including Nursing Charges

Note

- Proportionate clause Not applicable.

Benefits Explained: Ailment Capping

Ailment Capping

Ailment capping in form of cost containment method to ensure only reasonable and customary charges are payable under the insurance policy.

Capping

- Cataract – INR 50,000/- Per Eye

Benefits Explained: Co-pay

Co-Pay

A co pay is the amount of the claim that is borne by the employee. For.eg during a claim process, the admissible claimed amount is INR 100,000. The policy has a 10% co pay, INR 10,000 will be borne by the employee and rest INR 90,000 will be paid by the insurance company.

Benefit

- 10% copayment for Parents / Parent in laws

Advanced Medical Treatments

Stem cell/Robotics transplant therapy

is a procedure in which a patient receives healthy stem cells (blood-forming cells) to replace their own stem cells that have been destroyed. The cause for the same could be radiation or high doses of oral chemotherapy medication etc. Please refer to the policy terms and condition for limits and co-pay for this benefit.

Benefit
Stem cell transplant cost are covered with a copayment of 50% of the SI

Lasik surgery

is a form of vision correction surgery. It is a form of refractive surgery for the correction of myopia, hyperopia etc.

Benefit
Lasik surgery covered for +/- 7.5D & above refractive index correction

Cyber Knife treatment

is a radiation therapy used as non-invasive treatment for cancerous tumors anywhere in the body.

Benefit
Cyber Knife Treatment cost are covered with a copayment of 50% of SI

General exclusions

- Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.
- Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- Surgery for correction of eyesight, cost of spectacles, contact lenses, hearing aids etc.
- Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from disease or injury and which requires hospitalization for treatment.
- Congenital external diseases or defects/anomalies
- Convalescence, general debility, “run down” condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- Any cosmetic or plastic surgery except for correction of injury
- Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period.
- Expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.
- Any Treatment arising from or traceable to pregnancy, miscarriage, abortion or complications of any of these including changes in chronic condition as a result of pregnancy except were covered under the maternity section of benefits.

Benefit descriptions in this benefit manual are to be treated as indicative only. For a complete list of benefits and exclusions, please also refer to the policy document.

General exclusions

- Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.
- Treatment which is continued before hospitalization and continued even after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- Genetical disorders and stem cell implantation / surgery.
- External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e., walker , Crutches, Belts ,Collars ,Caps , splints, slings, braces ,Stockings etc. of any kind, Diabetic footwear, Glucometer / Thermometer and similar related items etc and also any medical equipment which is subsequently used at home etc..
- All non-medical expenses including Personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc, guest services and similar incidental expenses or services etc..
- Change of treatment from one pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.
- Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control programm, services or supplies etc..
- Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.

Benefit descriptions in this benefit manual are to be treated as indicative only. For a complete list of benefits and exclusions, please also refer to the policy document.

General exclusions

- Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.
- Outpatient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalisation or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons fees etc,.
- Vitamins and tonics unless used for treatment of injury or disease
- Infertility treatment, Intentional self Injury, Outpatient treatment.
- Family planning Operations (Vasectomy or tubectomy) etc
- Genetical disorders / stem cell implantation / surgery
- All expenses arising out of any condition directly or indirectly caused by or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymohadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment like Prosthetics etc.
- Lasik treatment or any other procedure for correction/enhancement of vision is not covered.
- Any device/instrument/machine that does not become part of the human anatomy/body but would contribute/replace the function of an organ is not covered.
- Warranted that treatments on trial/experimental basis are not covered under scope of the policy.

Benefit descriptions in this benefit manual are to be treated as indicative only. For a complete list of benefits and exclusions, please also refer to the policy document.

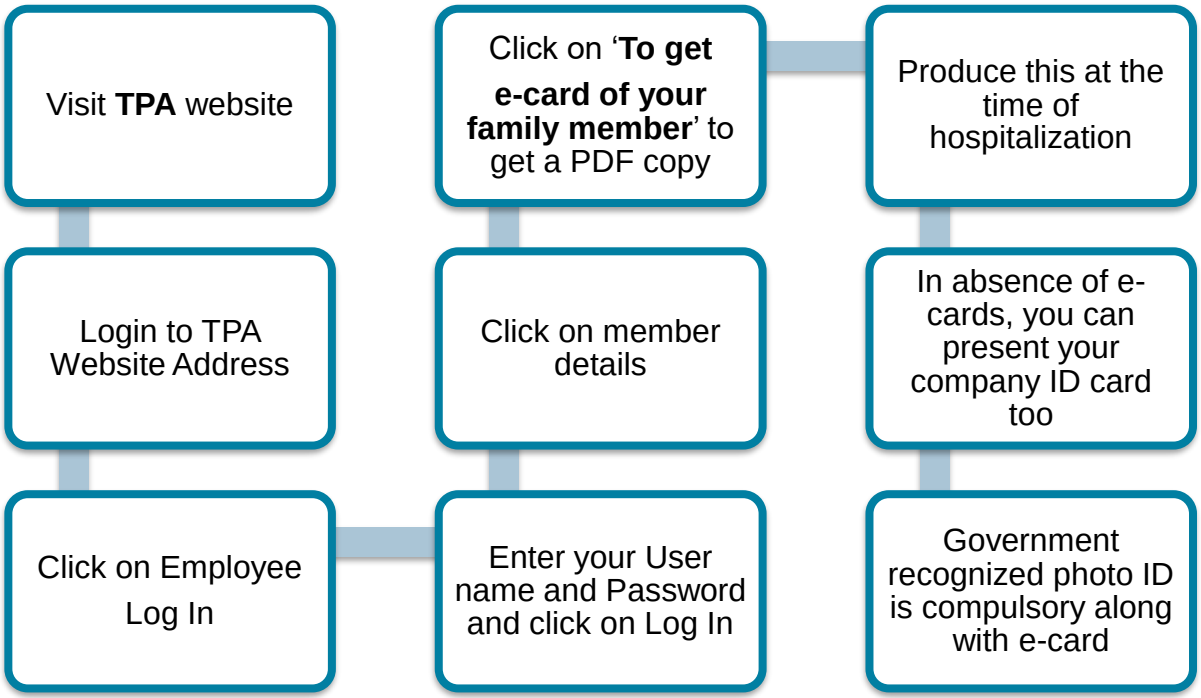
Getting Enrolled

The Procedure : What Must You Remember ?

- Employees have to provide all the details of dependents in the prescribed format provided in the joining docket for Mediclaim coverage. Dependents once declared cannot be changed during the policy period.
- Existing Employees are covered as on date of policy commencement (or date of joining for new employees joining after 01 April 2023) along with their eligible dependents as per data provided by HR to Insurance Company.
- No midterm inclusion of dependents would be allowed except in case of spouse due to marriage of a employee and birth of child.
- Midterm enrollment of new dependents (Spouse / Children) is allowed for employees within 30 days from Date of Marriage/ Date of Birth. The details need to be updated by you on Mediassist India (TPA) website.
- Eligible Dependent covered under the policy for existing employees can be viewed on the TPA website.

Getting Enrolled

The Process For E-Cards



Key contacts

Cashless Hospitalization – Network List And Contact Details

Website Link	Contact – Toll Free No.	List of hospitals in the TPA's network eligible for cashless hospitalization
https://www.mediassist.in	**1800 425 9449 / 080 22069449**	https://www.medibuddy.in/networkHospitals

Level	Name	Organisation	Mobile No	Mail Id
CP1	Mohamed Khalid	Mediassist	805-073-5861	mohamedabdul.shaikja@mediassist.in
CP2	Deepa	Mediassist	8147027426	deepa.r@mediassist.in
CP3	Nandakumar	Mediassist	8867798696	nanda.kumar@mediassist.in
CP4	Sivaprakash	Aon	9884456356	Sivaprakash.g@aon.com
CP5	Swarnalakshmi	Aon	8939232445	Swarna.lakshmi@aon.com

GROUP PERSONAL ACCIDENT INSURANCE PLAN

AON

Group Personal Accident Benefits

The Group Personal Accident policy covers expenses by the insured persons(employee covered) on account of death or permanent / temporary, total or partial disability due to an accident.

Group personal accident insurance plan

1

Accidental Permanent Disablement means disablement caused due to an accident which entirely prevents an insured person from attending to any business or occupation of any and every kind and which lasts 12 months and at the expiry of that period is beyond hope of improvement.

2

Accidental Temporary Total Disablement means disablement caused due to an accident which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or occupation and shall be payable during such disablement from the date on which the Insured person first became disabled.

3

Accidental Permanent Partial Disablement is a doctor certified total and continuous loss or impairment of a body part or sensory organ caused due to an accident , to the extent specified in the chart provided by the insurer.

Group personal accident insurance plan

Plan Details

Policy Period	Insurance Company	Basis of Sum Insured	Members Covered
01st April 2023 to 31st March 2024 midnight	Aditya Birla Health Insurance Co Pvt Ltd	2 times of CTC with a minimum of INR 25,00,000/-	Employee

Group personal accident insurance plan

Plan Benefits

Accidental Death

100% of
Sum Insured

Permanent Total Disability

100% of
Sum Insured

Permanent Partial Disability

Covered up to a specified percentage of the full sum insured limit.

Group personal accident insurance plan

Plan Benefits

Temporary Total Disablement

Accident Only: (Weekly Benefit) 1% of the sum insured limit or INR 10000 per week whichever is lesser for a maximum of 100 weeks.

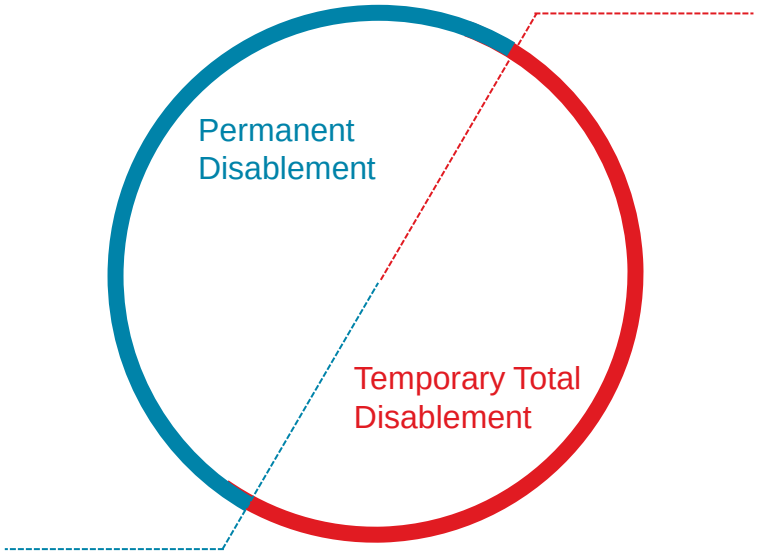
Medical Expenses

Accident Only: Up to 10% of CSI or 40% of admissible claims amount or actual whichever is lower.

Group personal accident insurance plan

Key Terms

Permanent Disablement means disablement which permanently and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation resulting in losing of his/her earning capacity.

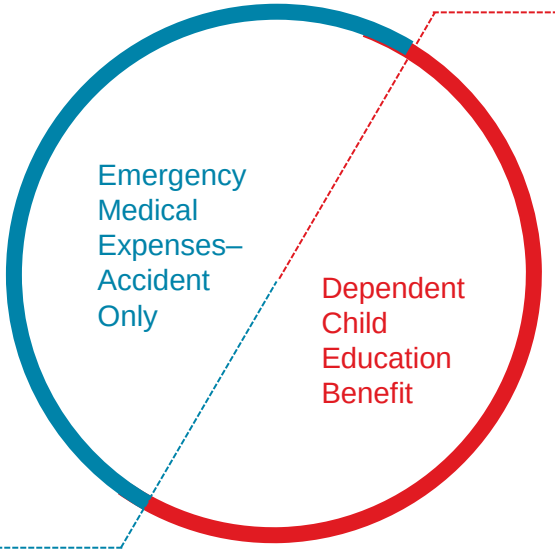


Temporary Total Disablement means disablement which temporarily and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation.

Group personal accident insurance plan

Key Terms

If, during the Period of Insurance, an Insured Person sustains Bodily Injury, then the Company will reimburse the Insured Person the necessary Usual and Reasonable Medical Expenses, incurred within twelve (12) months from the Date of Loss up to the Sum Insured stated in the Schedule, subject to the Terms and Conditions of this Policy. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.



If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in death within twelve (12) months of the Date of Loss, then the Company agrees to pay the education fees for the Insured Person's surviving Dependent Child up to the amount stated in the Schedule per year up to the number of years stated in the Schedule

Group personal accident insurance plan

General Exclusions

- Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; or
- Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
- Participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion; or
- Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft.; or
- Self exposure to needless peril (except towards saving human life)
- Loss due to childbirth or pregnancy.
- Bodily Injury or Sickness occasioned by Civil War or Foreign War

GROUP TERM LIFE INSURANCE PLAN

AON

Group Term Life Benefits

Know Your Benefits

Group Term Life Insurance Scheme is meant to provide life insurance protection to the employees. The Policy provides for payment of a lump sum to the nominated beneficiary in the unfortunate event of the employee's death due to any cause. Plans may be subject to a Free Cover Limit and requirement for medical test, or these may be waived off as per specific terms relating to your group

Group term life insurance plan

Policy Period

01st April 2023 to 31st March 2024

Insurance Company

ICICI Prudential Life Insurance Co. Ltd.

Basis of Sum Insured

3 times of CTC with a minimum of INR 25,00,000 and a maximum of INR 1,00,00,000/-

Members Covered

Employee

Terminal Illness Rider

Not Covered

Critical Illness

Not Covered

Group term life insurance plan

Plan Details

Employee Coverage is from Day one

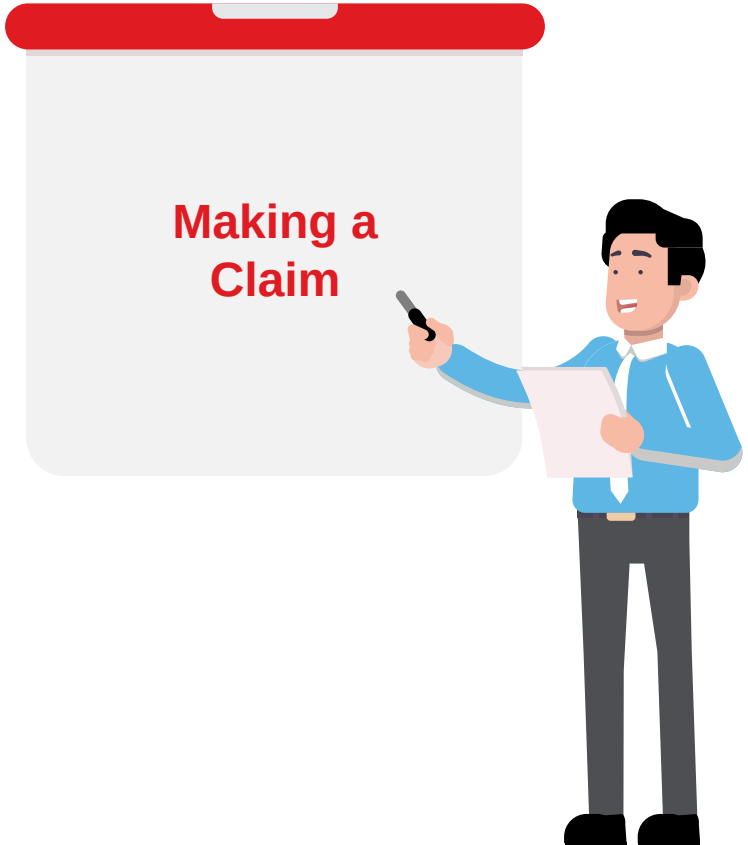
The Death Benefit Amount Paid to the Beneficiary is completely Tax Free

Covered Worldwide

Group term life insurance plan – Key terms

Terminal Illness	**Terminal Illness:** is a non-correctable/non-curable medical condition or a non-response to specific disease therapy which is likely to culminate in death within a year. Terminal Illness should be established and confirmed in writing and with reasonable certainty; in the opinion of both the Life Insured's attending physician (based on consultation with relevant medical specialists). **Exclusion:** This benefit is not payable if the Terminal Illness takes place in the following circumstances: ▪ Claim resulting from attempted Suicide within first year from the date of commencement of member cover/date of revival of member cover will not be paid ▪ Terminal Illness diagnosis in the presence of HIV infection ▪ Self Inflicted injury or attempted suicide within first year from the date of commencement of member cover/date of revival of member cover
Free Cover Limit	▪ Free Cover limit is defined as the limit , up to which an employee does not have to go through the medical test. IF the employee's sum assured crosses the free cover limit, the employee will have to go through a medical examination .

Claims process



Group medical insurance plan

The Hospitalization Procedure

You can avail either cashless facility or submit the claim for reimbursement.

Cashless

Cashless hospitalization means the TPA may authorize (upon an Insured person's request) for direct settlement of eligible services and the corresponding charges between a Standard Network / PPN Network Hospital and the TPA. In such case, the TPA will directly settle all eligible amounts with the Network Hospital and the Insured Person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent these services are covered under the Policy. Denial of cashless does not mean that the treatment is not covered by the policy.

Group medical insurance plan

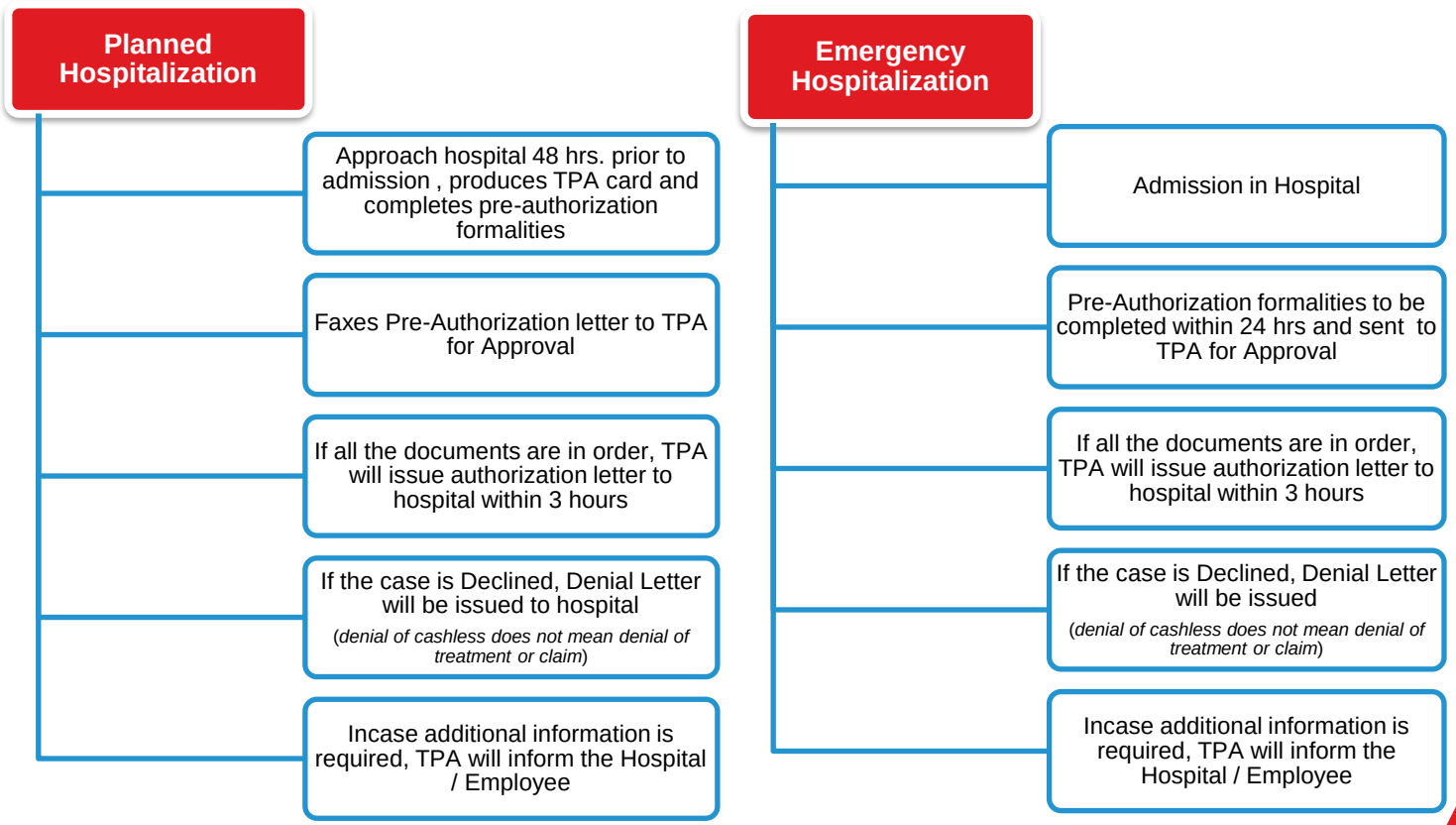
The Hospitalization Procedure

You can avail either cashless facility or submit the claim for reimbursement.

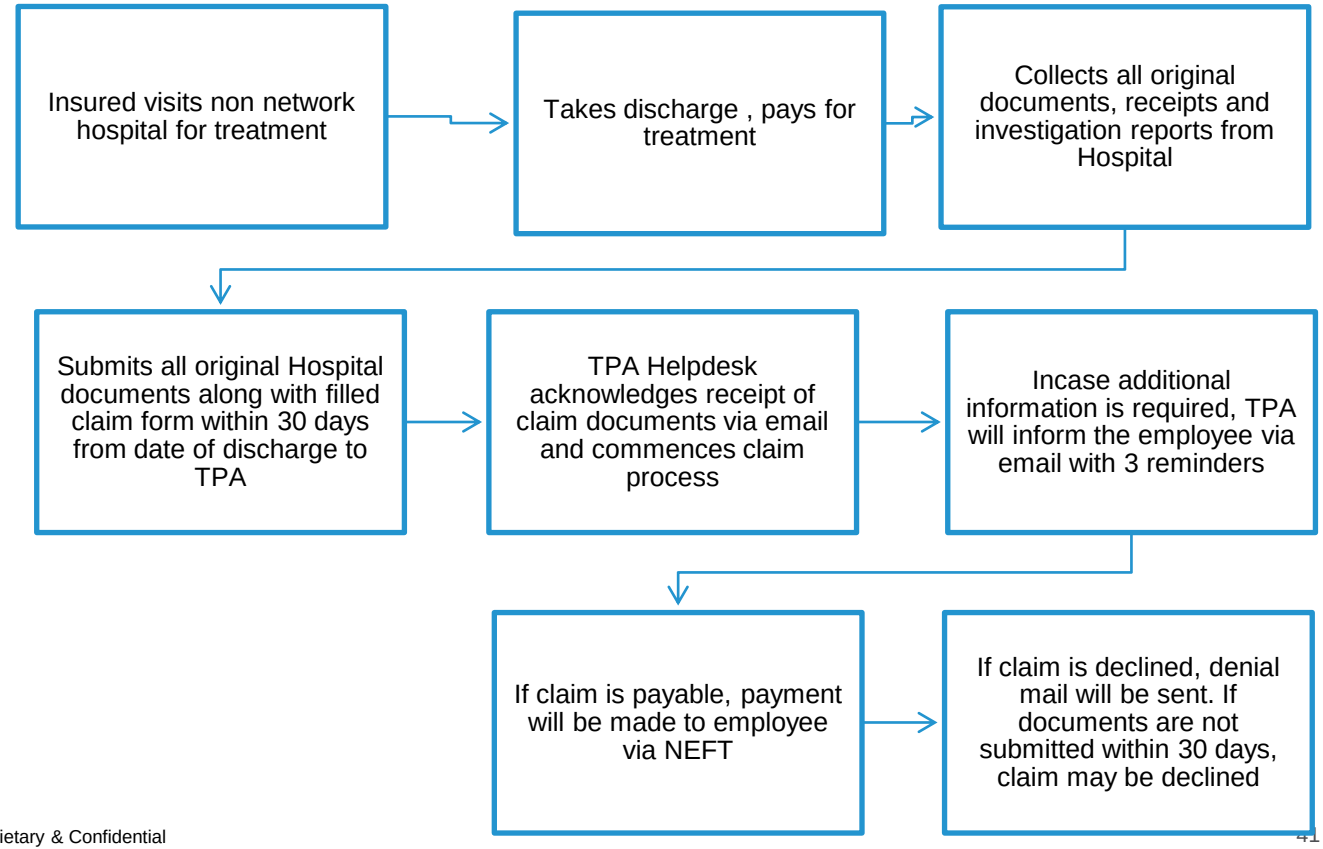
Reimbursement

In case you choose a non-network hospital, you will have to liaise directly with the hospital for admission. However, you are advised to follow the preauthorization procedure and intimate the TPA about the claim to ensure eligibility for reimbursement of hospitalization expenses from the insurer.
To know about cashless or reimbursement, please visit the desired section mentioned below:

Group Medical – Cashless Hospitalization



Group Medical – Reimbursement



Claims Document Check List & Attachments

No.	Document Required (All in ORIGINAL)
1	Signed Claim form (KYC form is mandatory for claims above INR 100,000)
2	Main Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
3	Discharge Summary (original)
4	Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
5	Original reports or attested copies of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original and Laboratory
6	Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
7	Break up with details of Pharmacy items, Materials, Investigations even though it is there in the main bill
8	In case the hospital is not registered, please get a letter on the Hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock.
9	In non- network hospitalization, please get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital.
10	In case of accidents, please note **FIR or MLC** (medico legal certificate) is mandatory.

Claim Form

Pre Auth Form

List of Covered
Day Care Procedure

Note: Kindly retain photo copies of all the documents. KYC – Government issued Photo ID and Address proof
The above is an Indicative list and additional documents can be requested for to process a claim.

Escalation Matrix

SPOC from Mediassist				
Level	**Name**	**Organization**	**Mobile No**	**Mail Id**
CP1	Mohamed Khalid	Mediassist	805-073-5861	mohamedabdul.shaikja@mediassist.in
CP2	Deepa	Mediassist	8147027426	deepa.r@mediassist.in
CP3	Nandakumar	Mediassist	8867798696	nanda.kumar@mediassist.in

SPOC from Aon				
Level	**Name**	**Organisation**	**Mobile No**	**Mail Id**
CP1	Sivaprakash	Aon	9884456356	sivaprakash.g@aon.com
CP2	Swarnalakshmi	Aon	8939232445	swarna.lakshmi@aon.com

Claims process – GPA & GTL

Making A Claim

Employee / Beneficiary notifies HR, who in turn would intimate Insurer and submit required claims documents within 14 days of the event

On obtaining all relevant documents, Insurer begins processing the claims

Claim Investigation and Review post submission of all the required documents

Is claim approved?

Yes

On approval, the cheque is sent to the HR or NEFT details shared with HR, from where the information is shared to the Employee / Beneficiary

No

On rejection of the claim, Insurer would provide a valid reason for the rejection to HR / Employee / Beneficiary

Making A Claim

Typical Documents Needed

Document Check List

Weekly Benefit / Temporary Disability Claims

	Document Details
1	Completed Claim form
2	Doctor's Report
3	Disability Certificate from the Doctor, if any
4	Investigation/ Lab reports (x-ray etc.)
5	Original Admission / discharge card, if hospitalized
6	Employers Leave Certificate & Details of salary

Disablement Claims

	Document Details
1	Completed Claim form
2	Doctor's Report
3	Disability Certificate from the Doctor, if any
4	Investigation / Lab reports (x-ray etc.)
5	Original Admission / discharge card, if hospitalized
6	Police Inquest report, wherever applicable

This is an indicative list of documents and there may be additional documents required by the insurer.
It is mandatory to provide the details for nomination of beneficiary.

Escalation Matrix

SPOC from Aon				
Level	Name	Organisation	Mobile No	Mail Id
CP4	Sivaprakash	Aon	9884456356	sivaprakash.g@aon.com
CP5	Swarnalakshmi	Aon	8939232445	swarna.lakshmi@aon.com

ANNEXURE

Benefits summary

Standard Hospitalization	In the event of a hospitalization claim (more than 24 hrs.), the insurance company will pay the insured person the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such insured person, but not exceeding the sum insured in aggregate mentioned in the policy: Room Charges, ▪ Nursing expenses, ▪ Surgeon, Anesthetist, Medical Practitioner, Consultant, Specialists Fees, ▪ Anesthesia, Blood, Oxygen, Operation Theatre Charges Surgical Appliances, Medicines & Drugs, & similar expenses.
Pre-existing diseases	Pre-existing diseases is a condition for which the insured has been diagnosed with or treated for before the policy commencement date. The most common examples of such conditions are diabetes, hypertension, thyroid etc. **Your policy covers pre-existing diseases from day 1.**
Pre-Hospitalization	Pre-hospitalization expenses include various charges related to consultation fees, medical tests and medicine cost before an individual gets hospitalized. Doctors/physicians conduct a slew of tests to accurately diagnose the medical condition of a patient before prescribing treatment. However, in most cases, charges incurred by an individual 30 days prior to his or her hospitalization fall within the ambit of pre-hospitalization expenses. For instance, several tests such as blood test, urine test and X-ray among others are categorized as pre-hospitalization expenses. **Your policy covers 30 days of pre-hospitalization benefit.**

Benefits summary

Post-hospitalization	Post hospitalization expenses include all expenses or charges incurred by an individual after he or she is discharged from the hospital. For instance, the consulting physician may prescribe medicine along with certain tests to ascertain the progress or recovery of a patient. Expenses related to various therapies, namely, acupuncture and naturopathy are not included by insurance providers in the category of post hospitalization expenses. However, diagnostic charges, consulting fees and medicine costs are covered. **Your policy covers 60 days of post-hospitalization benefit.**
Waiting period	A waiting period is the amount of time an insured must wait before some or all their coverage comes into effect. The insured may not receive benefits for claims filed during the waiting period. In a corporate group policy, waiting period of 30 days , 1 year and 9 months are waived off. However, in a retail policy most of the waiting period continue to exist. **Your policy has no waiting period.**
Maternity Benefits	Maternity benefit covers the cost related to the birth of the child. It includes the delivery charges for both normal and c-section. Maternity benefit can be availed for the birth of first two children. Maternity benefit will not be applicable in case two biological children already exist in the family. ▪ Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered. ▪ Infertility Treatment and sterilization are excluded from the policy.

Benefits summary

Pre/ Post Natal	Pre and Post natal expenses are those which are incurred pre delivery and post delivery. Eg Ultrasound, regular checkups, doctor's consultation fee, medicines and so on. **Your policy covers Pre/Post Natal expenses within the maternity limit**
Newborn baby cover	A Newborn baby is covered in the family floater sum insured limits from day 1. However, the birth of the child needs to be intimated to the HR team or updated on the benefits portal within 30 days of date of event. **Your policy covers newborn baby cover from day 1.**
Ambulance Services	Ambulance charges include emergency transport of the patient from the residence/place of accident/illness to the hospital where treatment is undergone. **Your policy covers ambulance charges for INR 5,000 per incidence only during emergency.**

Benefits summary

Day Care Services	Due to medical advancement, a list of treatments do not require 24 hours of hospitalization. For example : Cataract operation, kidney stones removal etc. **Your policy covers list of day care procedures as per the insurer list**
Ayurvedic treatment	Ayurvedic is a form of non-allopathic treatment. Under insurance policy ayurvedic treatment undertaken in a Government Hospital or in any Institute recognized by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health is only admissible. The ayurvedic treatment is covered only on in-patient basis. **Your policy covers ayurvedic treatment up to 25000/-**
Dental cover	Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants. The dental cover is a standard exclusion under the policy except treatment undertaken in case of an accident. **Your policy covers dental treatment only in case of accident. No other form of dental treatment is covered in the policy.**

Benefits summary

Vision cover	Vision cover refers to the maintenance of the health and wellness of the eyes or eye care and includes routine preventive eye care and prescription of glasses. This remains as a standard exclusion under the medical insurance. **Your policy does not cover vision benefit.**
Co-pay	A co pay is the amount of the claim that is borne by the employee. For.eg during a claim process , the admissible claimed amount is INR 100,000 and the policy has a 10% co pay . The employee will have to bear INR 10,000 and the insurance company will pay the remaining INR 90,000. **10% Copayment for Parents / Parent in laws claim**
Ailment capping	Ailment capping in form of cost containment method to ensure only reasonable and customary charges are payable under the insurance policy. The most common form of ailment capping are cataract, knee replacement surgery, oral chemotherapy etc. Please refer to your policy terms and conditions to understand the ailment caps under your corporate policy. ▪ **Cataract – INR 50,000**/- per Eye

Benefits summary

Room Rent	Room Rent means the amount charged by a Hospital for the occupancy of a bed per day (twenty-four hours) basis and shall include associated medical expenses. Sub-limit on room rent would mean that the insurer defines the maximum amount it will pay towards the room rent. Mostly, this limit is defined as a percentage of sum insured. As an example, a 1% (of Sum Insured) per day cap for a normal room in a policy with a sum insured of Rs 3 lakh means that the insurer will only pay Rs3,000 per day towards room rent. In other words, you would be eligible to stay in a room with a tariff of up to Rs3,000 per day. ▪Your policy eligibility is: **1% of Sum insured for Room and 2% for ICU including Nursing** ▪ : **Proportionate Clause not Applicable**

Benefits summary

Advanced Medical Treatment	Stem cell transplant therapy is a procedure in which a patient receives healthy stem cells (blood-forming cells) to replace their own stem cells that have been destroyed. The cause for the same could be radiation or high doses of oral chemotherapy medication etc. Please refer to the policy terms and condition for limits and co-pay for this benefit. **Your insurance policy does cover Stem cell transplant treatment with a copayment of 50% of SI.** Robotic surgery are performed by robots. This type of surgery is believed to have delivered precision, flexibility and control during the process of an invasive surgery as compared to a conventional from of surgery. The cost of such surgery is costly and hence, the insurance policy covers it with co-pay or sublimit. Please refer to the policy terms and conditions for more details. **Your insurance policy does cover robotic surgery with a copayment of 50% of SI.** Lasik surgery is a form of vision correction surgery. It is a form of refractive surgery for the correction of myopia, hyperopia etc. **Your insurance policy covers Lasik surgery for +/- 7.5D and above refractive index correction.** Cyber Knife treatment is a radiation therapy used as non-invasive treatment for cancerous tumors anywhere in the body. **Your insurance policy does cover cyber knife treatment with a copayment of 50% of SI.**

Congenital Ailments	Congenital Disease means anomaly at the time of birth. This I of two types : Internal and External. Internal Congenital anomaly is a type of birth defect which is invisible in accessible parts of the body. For example: Atrial septal defect. External Congenital Anomaly is a type of birth defect which is in the visible and is in accessible parts of the body. For example: Cleft lip/palate **Your policy covers internal congenital defects and external congenital not covered**
Domiciliary Hospitalization	Domiciliary hospitalization is a conditions where in the insured is treated as hospitalized even when he is at home Your policy covers internal congenital defects and external congenital defects up to 6 years only incase of life-threatening conditions. **Your policy does not cover domiciliary treatments.**


Thank You