

Qordata and Veraqor Medical Coverage Policy

Effective from January 1, 2023

COVERAGE PLAN	
Benefits	Limits
Hospitalization Expense Benefits including Room & Board Expenses	Rs. 550,000
Maternity Coverage (Normal)	Rs. 250,000
Maternity Coverage (Caesarian)	Rs. 450,000
Out Patient Expense (per annum)	Rs. 150,000
Out Patient Expense (per month)	Rs. 12,500

1.1 Hospitalization Expense Benefit/ Hospital and Related Services

This benefit covers all eligible expenses incurred by an employee for non-pregnancy related hospitalizations and surgical procedures due to any sickness or injury, subject to pre-determined limits of employees. The coverage includes, but not limited to the following expenses:

- 1.1.1 All in-hospital accommodation, treatment and services
- 1.1.2 Doctor's visits (In-patient)
- 1.1.3 In-patient treatment/ drugs expenses
- 1.1.4 ICU charges
- 1.1.5 Charges for all surgical procedures
- 1.1.6 Accidental emergency medical services
- 1.1.7 Pre-hospitalization (consultation, diagnosis, medicines) and post-hospitalization (follow-ups) coverage for 30 days (applicable in the case of hospitalization only)
- 1.1.8 Daycare surgeries & specialized investigation in outpatient settings including but not limited to: Dialysis, Cataract Surgery, MRI, CT Scan, Endoscopy from OPD, Thallium Scan, Angiography, Treatment of Fractures, Local Road Ambulance for emergencies only, Emergency Dental Treatment due to accidental injuries within 48 hours (for pain relief only)
- 1.1.9 Maternity and its related benefits are not covered under H&R benefit

1.2 Maternity Expense Benefit

This benefit covers medical expenses incurred up to the specified limit during childbirth. This covers the full 9 months expenses. Eligible expenses include:

- 1.2.1 Gynecologist's fee (In-patient and out-patient)
- 1.2.2 Ultrasounds
- 1.2.3 Labor Room/Operation theater charges
- 1.2.4 Anesthetist fee
- 1.2.5 Medicines
- 1.2.6 Diagnostic tests
- 1.2.7 Baby's Nursing Care
- 1.2.8 Miscarriages
- 1.2.9 Pre-natal and post-natal treatment
- 1.2.10 Pre-existing cases of maternity are covered under Maternity Expense Benefit

1.3 Out-patient Expense Benefit:

This benefit covers expenses arising from sickness and injuries which do not require hospitalization. Eligible expenses include:

- 1.3.1 General practitioner/specialist consultation charges
- 1.3.2 Lab tests, x-rays and examinations i.e. ECG's, ETTs, EEG's etc.,
- 1.3.3 Cost of medicines and incidental supplies are covered.
- 1.3.4 Dentistry and Eye Treatment is covered in OPD
- 1.3.5 Medical Devices: Blood Glucose Meter and strips, BP Apparatus with Stethoscope, Nebulizer with Mask, Thermometer, Oximeter, Hearing Aid Device,

1.4 Coverage Criteria:

The Hospitalization covers all confirmed and probationary employees of Qordata. The coverage is provided to the spouse, parents, and the unmarried children of the employee.

The Maternity covers all confirmed and probationary employees of Qordata as per their eligibility.

The OPD policy covers all confirmed employees of Qordata. The coverage is provided to the spouse, parents, and the unmarried children of the employee.

1.5 Medical Advance:

- 1.5.1 **Hospitalization:** In-case of hospitalization, the employee may request the payment in advance. With prior approval from the Management, the amount will be paid to the employee during the injury/ accident occurred. The remaining amount of the total expense (if any) will be reimbursed accordingly.

- 1.5.2 Maternity**-In case of maternity, with the approval from Management, the employee may request for the payment in advance. The amount doesn't exceed Rs. 250,000/- for single case. The advance will be paid to the employee 10-15 days before admitting the patient into the hospital.

1.6 Process:

Following procedure applies to the cases acquiring In/Out patients and other benefits:

- 1.6.1** Employee will pay from his/her pocket at the time of treatment/hospitalization.
- 1.6.2** Employees may request an advance if required.
- 1.6.3** Our Representative from the Operations Department will visit the patient in the hospital If needed.
- 1.6.4** Submit all original bills/ supporting documents to the PE Department through [FlowHCM](#) for reimbursement within 30 days of treatment /discharge from the hospital.
- 1.6.5** After the first approval from the PE Department, the Claim will be forwarded to the Finance Department.
- 1.6.6** Claim Amount will be reimbursed to the employee after approval within 30 days of the Claim Form submission.
- 1.6.7** Settlement of claim will be done in line with policy terms prevailing.

1.7 List of Supporting documents are:

- 1.7.1** Original itemized bill/ invoice (breakup of charges) on hospital bill book
- 1.7.2** Diagnostic reports
- 1.7.3** Doctor's prescriptions
- 1.7.4** Pharmacy vouchers in original
- 1.7.5** Original payment receipts
- 1.7.6** Copy of birth certificates (hospital/ municipality, for maternity claim)
- 1.7.7** Any other relevant document

1.8 Exclusions:

The Hospitalization policy comes with certain exclusions and accordingly expenses arising out of, but not limited to.

The following are excluded:

- 1.8.1** Personal expenses incurred by an employee while admitted in a hospital such as telephone calls, guest meals, tissue papers, photocopying, etc
- 1.8.2** Any hospital confinement or surgical operation that has not been recommended by a legally licensed physician or surgeon
- 1.8.3** Mental illnesses, and any sickness or condition arising from, and including drug abuse, alcoholism or an employee's criminal act
- 1.8.4** Supply or fitting of eye glasses, contact lenses, or hearing aids. Correction of refractive errors of the eye and procedures such as Radial Keratotomy and Excimer Laser
- 1.8.5** In-hospital dental examinations, X-rays, extractions or fillings unless necessitated due to accidental injury.
- 1.8.6** Cost of limbs or supporting equipment for revival or correction of the function of the body will not be covered other than hospitalization/ accidental injury.
- 1.8.7** Cosmetic surgery, unless necessitated due to accidental injuries occurring while the covered person is covered under this policy
- 1.8.8** Routine physical checkups, rest cures, services including immunization for travelling purpose.
- 1.8.9** Treatment or surgical operation for congenital defects or deformities, including physical and mental defects present from birth
- 1.8.10** Treatment of infertility, impotency, sterilization and contraception including any complication relating hereto
- 1.8.11** Sexually transmitted disease and their treatment or test in connection with Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions or diseases

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