



Employee Benefits Guide: Moback Technologies

EMPLOYEE BENEFITS GUIDE
Group Medclaim Coverage (GMC)
2023-2024

Group Mediclaim Benefit Manual



The Group Medical policy covers expenses by the insured persons & family members covered on account of hospitalization due to sickness or accident.

The policy covers expenses incurred on

- ☐ Room rent, medicines, surgery etc. Expenses for hospitalization
- ☐ Payable only if a 24 hour hospitalization has been taken
[*Except for named day care procedures, which do not require a 24 hour hospitalization.
***Any hospitalization for 24 hours or more for mainly investigations without any active line of treatment won't be covered.]**
- ☐ Typical expense heads covered are the following: room/boardings expenses as provided by the hospital or nursing home ; nursing expenses ; surgeon, anesthetist , medical practitioner, consultant , specialist fees; anesthesia, blood, oxygen, operation theater charges, surgical appliance, medicines and drugs. diagnostic material and X-Ray; dialysis, chemotherapy, radiotherapy, cost of pace maker, artificial limbs and cost of organs and similar expenses.



Program Partners

Creating a Synergy that offers you an Integrated Health Insurance Solution

Insurance Consultant & Service Provider

Futurisk Insurance Broking Co. Pvt. Ltd.

A Specialist Employee Benefit Insurance Broker

Insurance Company

Zuno General Insurance Co. formerly known as Edelweiss GIC

A leading Insurer in India

Third Party Administrator

East West Assist Insurance TPA Pvt Ltd.

Policy Details

Policy Details	
☐ Policy Holder	Moback Technologies
☐ Policy Start & End Date	1 st April to 31 st March 2024
☐ Insurer	Zuno General Insurance Co. formerly known as Edelweiss GIC
☐ Insurance Consultant	Futurisk Insurance Broking Co Pvt Ltd
☐ Third Party Administrator (TPA)	East West Assist Insurance TPA Pvt Ltd.
☐ Sum Insured	Varied Sum Insured

Policy Parameter

Coverages	Terms & Conditions
FAMILY DEFINITION	(1+5) Self + Spouse + 2 Kids + 2 Parents/In laws no cross combination
SUM INSURED	3,00,000 and 5,00,000
1ST, 2ND AND 4TH YEAR EXCLUSION	Waived for all
1ST 30 DAYS EXCLUSION	Waived for all
PRE-EXISTING DISEASE WAIVER	Waived for all
9 month waiting period waiver	Waived for all
PRE AND POST HOSPITALIZATION COVERAGE	30 days pre-hospitalization and 90 days post-hospitalization respectively
MATERNITY BENEFITS - LIMITS AND COVERAGES	INR 75,000 for Normal & C-Section for first two living children
PRE & POST NATAL COVERAGE	Pre / Post Natal Expenses to the limit of Rs 10000 is covered within maternity limits
NEW BORN BABY COVER FROM DAY 1	Up to family floater Sum Insured
Room rent restriction	Room rent limit "Normal room- 2% of the Sum Insured or maximum up to Rs. 6000/- per day whichever is less. ICU- 4% of the Sum Insured or maximum up to Rs. 10000/- per day whichever is less. If the Insured Person is admitted in a room where the Room Rent incurred is higher, then the Insured Person shall bear the rateable proportion of the total associated Medical Expenses (including surcharge or taxes thereon) in the proportion of the difference between the room rent actually incurred and the room rent limit.

Policy Parameter

Coverages	Terms & Conditions
Lucentis	Lucentis is covered up to Rs 50,000 Per family within the Sum Insured
Internal / External congenital diseases	Internal Congenital disease is covered and External congenital disease is covered in life threatening situation
LASIK SURGERY	Covered if range above + - 7.5 only
Psychiatric ailments	Hospitalization arising out of Psychiatric ailments is covered within a limit of 'Rs. 30,000 or sum insured, whichever is lower
AIR AMBULANCE	Air Ambulance is covered up to Rs 100,000 or family sum insured whichever is less
EMERGENCY AMBULANCE CHARGES	Ambulance Charges limited to Rs 5000 per person.
Modern Treatment	50% co-pay for cyber knife surgery/Stem Cell treatment
DAY CARE PROCEDURES	As per Standard list
Ailment wise capping	No capping other than ailments mentioned above
RE-IMBURSEMENT CLAIMS REPORTING / SUBMITTING PERIOD	Within 30 days from the date of discharge

Claim process of Cashless and Reimbursement flow chart

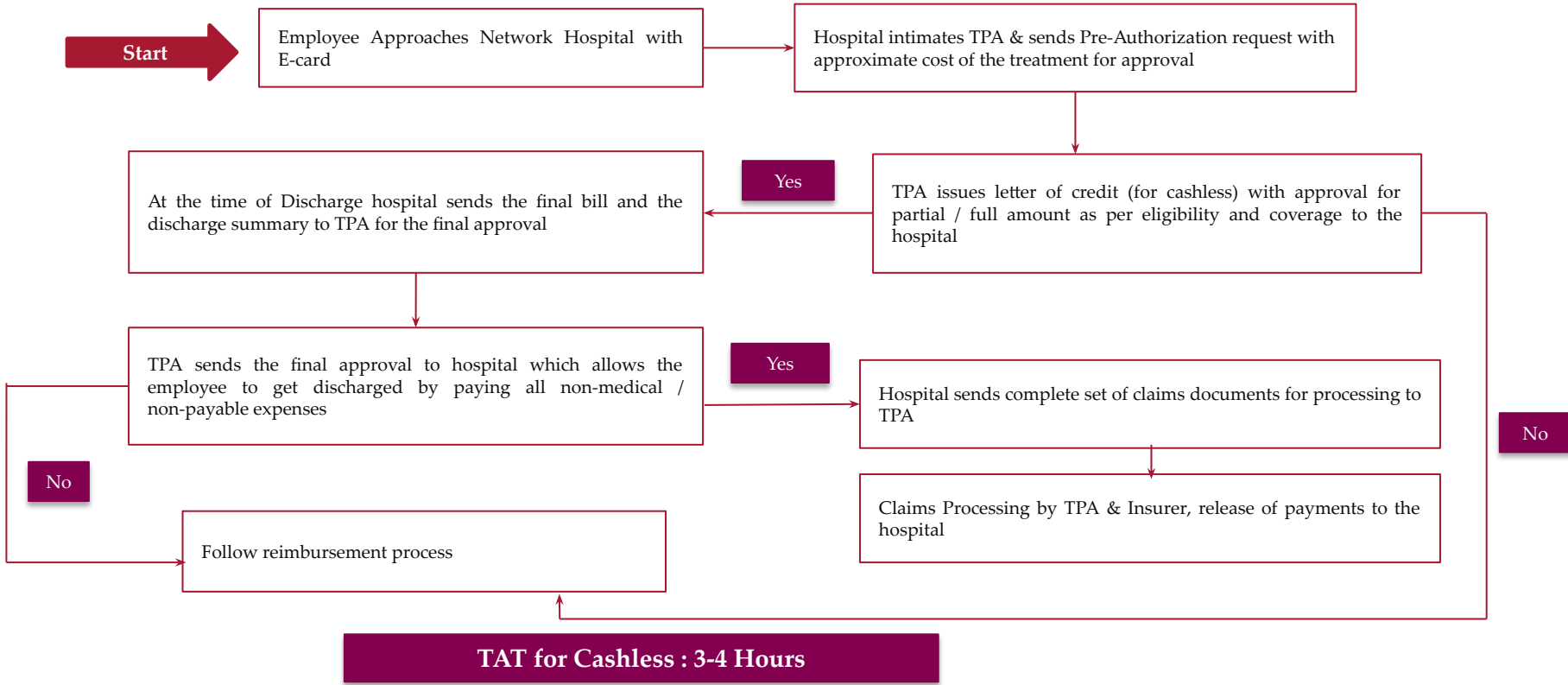
URL for Network hospital: <https://www.ewatpa.com/hospital-network>

Select Insurer as Edelweiss General Insurance Co. Ltd to view or locate nearby network hospitals.

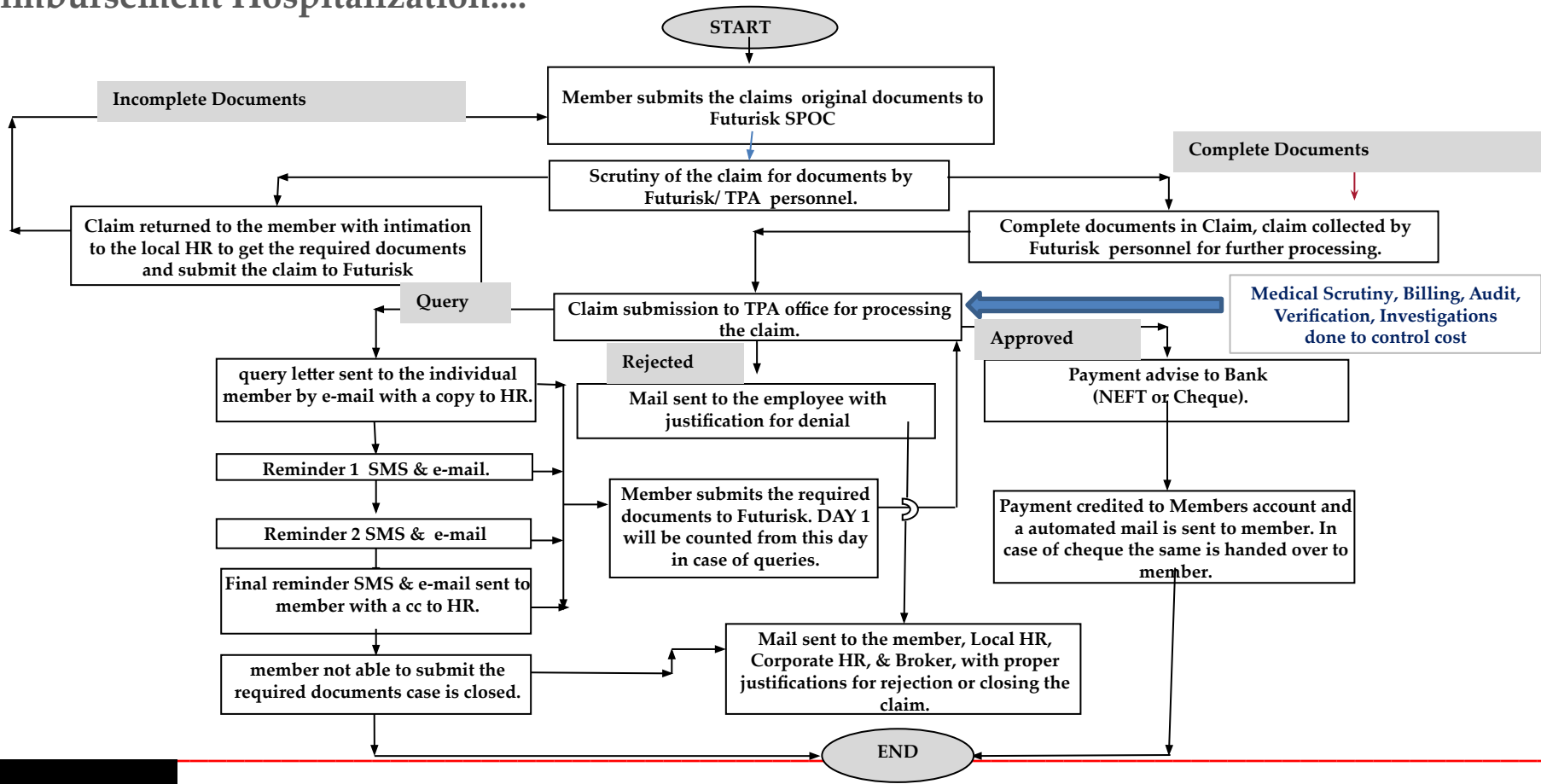
URL for Cashless Process: <https://tinyurl.com/2p854b6k>

URL for Reimbursement Claim form and check list: <https://www.ewatpa.com/downloads-or-checklists>

Cashless / Planned/Emergency Hospitalization....



Reimbursement Hospitalization....



Claim Documents Required

Documents	GMC Claim
Original Claim Form fully filled up and duly signed by you	✓
Original Main Hospital bill with Bill No. & break-up (with detailed break-up of various heads like Room Rent / OT Charges / Nursing Charges etc.)	✓
Original Discharge Summary (Gives the summary of diagnosis and treatment in hospital)	✓
Original Death Summary (Only in case of death of patient during hospital stay)	✓
Original Hospital Payment Receipt with Receipt No.	✓
Hospital Registration No. (Registration No. & No. of beds on hospital letterhead with signature)	✓
Doctor's Registration No. (On Doctor's letterhead with signature)	✓
Original Pharmacy & Investigation bills	✓
Original Prescriptions	✓
Investigation Reports in Original / Attested from hospital (reports for all tests done along with images)	✓
A cancelled cheque reflects your name and IFS code is required for making NEFT.	✓
Employee's company ID photocopy, patient e-card and a valid photo ID proof	✓

Points to Remember

- 1 Cashless for all network hospitals
- 2 Reimbursement Claims can be submitted within 30 days from the date of discharge.
- 3 Mid-term inclusion of dependents for existing employees not allowed (Exception: Newly married spouse & new born baby)
- 4 Mid-term inclusion of dependents for existing employees not allowed (Exception: Newly married spouse & new born baby)
- 5 Any charges under, Admission charges, Registration Charges, Administrative Charges, Surcharge, Service Charge and all non medical charges falling under the heading of Miscellaneous charges are not payable
- 6 Please retain a copy of all documents submitted to us for further reference
- 7 For implants used in Cataract, Heart Valve Surgeries, CABG, Abdominal Surgeries, Knee replacement surgeries. Please submit the bill (in case purchased outside) from the vendors for the prosthetic devices used along with Sticker
- 8 Cheque copy with name printed on it and any one copy of KYC document of employee.

Standard / General Exclusions

- Circumcision unless necessary for a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
- Birth control procedures, hormone replacement therapy, treatment arising from or traceable to pregnancy, childbirth including caesarean section and voluntary medical termination of pregnancy from the date of conception. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner
- Any fertility, sub-fertility or assisted conception operation
- Routine medical, eye and ear examinations, cost of spectacles, laser surgery, contact lenses or hearing aids, issue of medical certificates and examinations as to suitability for employment or travel
- Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV
- Vitamins and tonics unless forming part of treatment for disease, illness or injury as certified by the Medical Practitioner
- Treatment of obesity, general debility, convalescence, rundown condition or rest cure, congenital internal and external diseases / illness or defects or anomalies, sterility, venereal disease or intentional self-injury and use of intoxicating drugs/alcohol
- Any treatment received in convalescent homes, convalescent hospitals, health hydros, nature cure clinics or similar establishments
- Treatment of mental disease / illness, stress, psychiatric or psychological disorders
- Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to accident or as a part of any disease/ illness / injury not excluded hereunder
- Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
- Medical Treatment following use of intoxicating drugs and alcohol or drug abuse, solvent abuse or any addiction or medical condition resulting from or relating to such abuse or addiction.
- Sex change or treatment, which results from, or is in any way related to, sex change.
- Vaccination and inoculation of any kind.
- Treatment by a family member and self-medication or any treatment that is not scientifically recognized.
- Medical treatment required following any criminal act of the Insured / Insured Person

Standard / General Exclusions Cont..

- Disease / illness / injury / critical illness directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power riot, strike, lockout, military or popular uprising or civil commotion.
- Prostheses, corrective devices and medical appliances, which are not, required intra-operatively or for the disease/ illness/ injury for which the Insured / Insured Person was hospitalised which is not excluded hereunder.
- Any stay in Hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner
- Costs of donor screening or treatment
- Naturopathy treatment.
- Treatment taken from persons not registered as Medical Practitioners under respective medical councils
- Medical Treatment in respect of the Insured/Insured Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports
- Disease, illness, injury, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination.
- Experimental and unproven treatment
- Cost incurred for medicines which are not under the advice of the Medical Practitioner and which are not consistent with or incidental to the diagnosis and treatment
- Any treatment which is undertaken as an out-patient without any admission as an in-patient at the Hospital
- Epidural Injection
- Intravitreal Injection like Avastin/ Lucentis/Macugen etc..

Note: This is not an exhaustive list; please get in touch with Futurisk SPOC for more details

Mr. M Vignesh, E-mail ID : m.vignesh@futerisk.in, Mob: +91 9900237667

FAQ's

*** What is a Medclaim policy?**

A Medclaim policy reimburses hospitalization expenses incurred as an inpatient for the treatment of sickness or accident occurring during the period of insurance.

•What is the duration of the policy?

One year effective from the date of inception of policy , i.e., Date -01-04-2023 to 31-04-2024

•Is there a minimum time limit for stay within the hospital under Medclaim?

Under Medclaim, the minimum stay within the hospital must be for a minimum of 24 hours. However for dialysis, chemotherapy, eye surgery, etc (as per the defined list) – the stay can be for less than 24 hours.

•Who is a Third Party Administrator (TPA)?

TPA is an agency appointed by the insurance company to take care of claim settlements in health insurance. , East west Assist is the TPA for Moback technologies.

•Who is an Insurance Broker ?

An Insurance broker is appointed by Moback technologies to assist you in all your Insurance related requirements. FUTURISK is your Insurance Broker.

•What is the Role of Futurisk?

Futurisk is your SPOC for any & all insurance related matters. The dedicated SPOC for your convenience to assist you with claims/planned hospitalization/retail policies etc. In short, an Insurance concierge right within your reach!!

•What is a floater policy?

A Floater policy is a single policy that takes care of the hospitalization expenses of your entire family who has been declared at the time of taking the policy. Any member of your family or all put together can claim up to the maximum sum insured.

•What is Sum Insured?

Sum insured is the maximum amount that can be claimed under the policy. This is the limit for the policy period.

FAQ's

- **Where does claimant have to submit documents for “Reimbursement cases”?**

Claimant have to submit all required documents in case of REIMBURSEMENT CASES to Futurisk SPOC and not to the TPA

- **What is the duration of claim documents submission in case of “REIMBURSEMENT CASES” ?**

Within 30 days from Date of Discharge (Hospital)

- **Who will be the SPOC for all queries / Grievances ?**

From Futurisk Mr.M.Vignesh, e-mail ID : m.vignesh@futurisk.in , Mob: +91 9900237667

- **Parent is covered?**

Covered if enrolled

- **Is Mid term inclusion is allowed?**

Mid-term inclusion of dependents for existing employees not allowed (Exception: Newly Married Spouse & new born baby if data shared within 30 days of event)

Point of Contact from Futurisk

First Point of Contact

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Moback

THANK YOU