

Morgan Stanley
Human Resources | 2020-21

India Medical & Insurance Benefit



INTRODUCTION	3
GROUP HEALTH INSURANCE.	4
Sum Insured.	4
Enrollment.	4
ID Cards	4
Hospitalization Cover.	4
Maternity Benefit.	5
Admission to Hospital.	6
Claims.	6
Definitions.	7
Exclusions.	7
OFFICER PHYSICAL	
EXAMINATION PROGRAMME.	8
GROUP PERSONAL ACCIDENT INSURANCE.	9
Benefits.	9
Exclusions.	10
Claim Procedure	10

GROUP TERM LIFE INSURANCE.	11
Sum Insured.	11
Benefits.	11
Critical Illness Benefit.	11
Ailments Considered for The Critical Illness Benefit	11
Nominated Beneficiaries.	12
Exclusions.	12
HOSPITALIZATION PLAN	
FOR PARENTS	13
Eligibility.	13
Benefit coverage	13
Cost to employee.	13
Tax Benefit.	13
Claim Record Management	13
COMPANY DOCTOR	14
UPGRADE MEDICAL PLANS.	15

Introduction

Morgan Stanley provides employees in India with a range of medical and insurance benefits.

These plans includes: Group Health Insurance Policy (ESC-GHI), Group Health Insurance Policy (Parents-GHI), Parental Top up GHI Policy & Group Personal Accident Policy (GPA) is provided by The New India Assurance Co Ltd. and Group Term Life insurance Policy (GTLI) by Future Generali India Life Insurance Company

Group Health Insurance Policy (ESC-GHI) policy is administered by United Healthcare Parekh TPA Pvt. Ltd (UHCP TPA).

This booklet summarizes the features of the plans in general terms, is provided solely for reference purposes and does not guarantee any particular entitlements. The final interpretation of any specific provision or its applicability is subject to the provisions of the policy documents.

This insurance is provided at Morgan Stanley's discretion. Availability, terms and conditions are subject to change without notice. The admissibility of all benefits is subject to approval of the insurer.

Disclaimer: The benefit summary will serve as a guide to the benefits provided by Morgan Stanley – India. The information contained here is only a summary of the policy documents which are kept by the company. If there is a conflict in interpretation, terms & conditions of the policy will prevail.

Group Health Insurance

The Group Health Insurance policy of The New India Assurance Co Ltd offers cover for hospitalization expenses incurred by you & your eligible family members.

United Healthcare Parekh TPA Pvt. Ltd. (TPA - third party administrator) has been appointed for Cashless facilities at network hospitals (365 days, 24X7 help line services are available) & processing reimbursement claims (in case of non-network hospitals)

Sum Insured

The New India Assurance Company Ltd. will cover all employees and their eligible dependents under a Group Hospitalization Insurance Policy. Under the plan, employees, their spouse and dependent children are covered.

Morgan Stanley's employee hospitalization plan covers expenses up to an annual limit of INR 1,600,000 per family, regardless of family size. Of the INR 1,600,000, the first INR 400,000 is automatically allocated while the next INR 1,200,000 gets allocated from an Organization Floater. Use/allocation of the Organizational Floater is at the discretion of Morgan Stanley.

Enrollment

Employees should enroll their dependents within 30 days of joining Morgan Stanley or transferring to India by completing an online enrolment form.

Mid-term inclusion of members is not permitted except in case of newly married spouse & new born baby.

Intimation of such inclusion should be done within 30 days of the event.

Cover shall be granted from the date of intimation.

For the purposes of the plan, family composition includes self, spouse, and all dependent children upto max. age 25 years. Same gender, Transgender partners & multiple spouse are covered.

Parents cannot be covered under this plan, however a voluntary employee-funded parent's hospitalization plan is available; details available on me@MS.

Enrolment requires the completion of an online enrolment form which is available on me@MS.

Online Access Facility—UHCP TPA

All employees and their dependents now have an access to the website of United Healthcare Parekh TPA Pvt. Ltd. (<https://enrol.uhcpindia.com>).

Employees can now log on to this system using the unique ID and password provided to them by the TPA and utilize the following facilities:

- Anytime & Anywhere Access
- View and verify details of self and dependents currently enrolled under the Group Hospitalization plan.
- Access the current list of network hospitals where credit facilities can be availed.
- Print self and dependents' ID Cards.
- Check claim status.
- Access helpful tips and FAQs on the claim administration process.

Hospitalization Cover

The policy covers reimbursement of hospitalization expenses up to a maximum of the annual sum insured. The following expenses are covered:

- Room and boarding expenses for hospital/nursing-home stay
- Nursing expenses.
- Surgeon, anesthetist, medical practitioner, consultant and specialist fees.
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and x-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs and similar expenses.

Policy Benefits

- There is no waiting periods in the plan.
- Hospitalization for pre-existing disease is covered from day one.
- Common Daycare procedures are covered.
- Congenital Internal diseases are covered under the policy.
- Congenital external treatment only if medical in nature is covered.
- Oral Chemotherapy (taken at home/hospital) & adjuvant chemo is covered
- Lasik surgery for refractive error +/- 7.5 and above is payable up to INR. 50,000/- for both eyes.
- Peritoneal dialysis treatment at home is covered max INR 30,000 within family floater sum insured
- HIV treatment only in case of hospitalization: Payable at actual, Subject to Family Sum Insured whichever is less.
- Psychiatric related hospitalization is payable up to INR 30,000/-
- Cyber knife treatment/stem cell transplantation: 50% co pay
- Cochlear Implant treatment is payable up to 50% of Sum Insured
- Ambulance charges is payable up to INR.2, 000 per hospitalization
- Prosthetic limbs are covered up to INR 150,000 only for accident cases
- Consumables including admin and registration fees is also covered
- Same gender, transgender and Multiple spouse
- All dependent children covered (upto 25 yrs)
- Coverage for dependents in case of Employee's death to continue till the end of the policy
- Ayurvedic treatment is covered at any registered hospitals provided hospitalization is justified

Maternity Benefit

The maximum benefit payable will be the lower of INR 75,000/- with baby expenses covered within the maternity limit or the claimed amount. The following conditions also apply:

- There is no waiting period for payment of any claim relating to normal delivery, caesarean section or abdominal operation for ectopic pregnancy.
- Infertility treatment shall be covered under the policy within the overall maternity limit.
- Maternity cover is extend for all deliveries.
- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks are not covered.
- Tubal ligation to be covered within the maternity limit if done during maternity hospitalization.
- Pre-natal and post-natal expenses are covered within the overall maternity cover of INR 75,000 –IPD and/ or OPD basis only

Hospitalization for newborn babies are covered from birth (up to family floater sum insured) provided that they are enrolled in the plan within 30 days from their date of birth. Employees should enroll their new born baby in the India dependent enrolment form available on me@MS

- OPD expenses related to baby is covered up to max INR 5,000 within maternity limit (Including vaccination) until mother gets discharge from the Hospital.
- Maternity cover is only available for employees and their spouse.

The birth of grandchildren is not covered under the plan.

Admission to Hospital

United Healthcare Parekh TPA Pvt. Ltd. has a network of more than 3,500 hospitals in over 400 cities across India.

Hospitalization may be either planned or an emergency case, in a network or a non-network hospital chosen by the employee.

Network Hospital

Planned Hospitalization – for planned hospitalization, call the NurseLine or download the pre-authorization form from the website (<https://enrol.uhcpindia.com>). The pre-authorization form must be completed by the treating doctor and faxed to the NurseLine. Once approved, United Healthcare will send a credit letter to the relevant network hospital. The procedure takes 4-6 hrs. Upon discharge, the hospital will send the original bills directly to United Healthcare.

Any bills relating to pre- or post-hospitalization treatment should be sent to United Healthcare, together with the signed claim form.

Any non-medical expenses (and co-payment if applicable) should be settled by the employee or dependent family member at the time of discharge.

Emergency Hospitalization – in case of an emergency, treatment should be obtained in the nearest network hospital. Following admission at the hospital, the pre-authorization form should be completed by the treating doctor and faxed to the NurseLine.

Non Network Hospitalization

For treatment in a hospital which is not part of the United Healthcare network, the bill needs to be settled at the hospital by you. The claim documents should then be submitted to UHCP within 15 days from the date of discharge.

If you do not submit the claim with the stipulated time, your claim may be prejudiced.

Claims

Following original documents should be submitted to United Healthcare Parekh Insurance TPA within 15 days from discharge:

- Duly completed & Signed claim form - Part A & Part B of the claim form to be completed, stamped & signed by the hospital.
- The registration number of the hospital
- Discharge card / summary on hospital letterhead
- Main hospital bill and pre-numbered payment receipts (paid at discharge/advance)
- Treating doctors' bills and pre-numbered receipts along with consultation notes/certificate of diagnosis (if separate from hospital bill)
- Surgeon's certificate stating the nature of operation performed along with bill and pre-numbered receipt (if separate from hospital bill)
- Prescriptions for investigations done & medicines purchased.
- All pre- and post-hospitalization bills related to the ailment for which the patient is hospitalized
- Breakdown of medication bills for INR 200 or more
- Pan card copy of the employee
- Employee's name printed cancelled cheque leaf

Definitions

The following definitions apply in relation to the plan:

HOSPITAL/NURSING HOME refers to any institution in India established for care and treatment of sickness and/or injuries, which has either:

1. Been registered as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner; or
2. Complies with the minimum criteria below:
 - At least 15 inpatient beds (under class "C", the number of beds may be reduced to 10)
 - Fully equipped operation theatre on-site
 - employs fully qualified nursing staff
 - employs fully qualified doctor(s)

The term Hospital/Nursing Home does not include places of rest, accommodation facilities for the aged, drug and/or alcohol rehabilitation facilities, hotels or similar establishments.

SURGICAL OPERATION refers to manual and/or operative procedures for the diagnosis and cure of diseases, treatment of injuries, correction of deformities and/or defects and, relief of suffering. Cover will be provided for hospitalization periods of a minimum of 24 hours, however, this does not include certain specific treatments (e.g. dialysis, chemotherapy, radiotherapy, eye surgery, dental surgery, kidney stone removal, and tonsillectomy) administered in a hospital/nursing home when the patient is discharged within the same day.

Exceptions to this clause are solely at the discretion of the insurer and will be assessed on case-to-case basis.

Exclusions

Benefits will not be payable for certain conditions or services. Listed below are the general exclusions and should not be interpreted as exhaustive or conclusive in nature:

- Non-medical expenses including hospital surcharges, luxury tax, food bills for attendants, telephone charges, reservation charges, etc.
- Outpatient treatment (OPD)
- Injury or disease directly or indirectly caused by, arising from or attributable to war or war-like situations and/or by nuclear weapons
- Circumcision (unless deemed medically necessary)
- Dental treatment of any kind (unless arising due to accident)
- Congenital external diseases or defects/anomalies (cosmetic treatment)
- Hospitalization for convalescence, intentional self-injury or use of intoxicating drugs/ alcohol.
- Venereal diseases, AIDS/ HIV treatment, or naturopathy.
- Cost of glasses, contact lenses or hearing aids
- Multi-Focal Lens in Cataract Surgery
- Any cosmetic or plastic surgery except for the correction of injury
- Hospitalization for diagnostic tests only even if prescribed by a medical practitioner
- Voluntary termination of pregnancy during the first 12 weeks
- Procedures related to contraception
- Lasik Surgery if refractive error is less than +/- 7.5
- Peripheral Angiography not covered

Officer Physical Examination Programme

In recognizing the importance of health maintenance and screening, the Firm continues to support its Officers in their effort to maintain good health. To encourage this, the Firm operates a voluntary Officer Physical Examination Programme.

The schedule for reimbursement is 100% of physical examination expenses, up to a maximum of INR 4,500 per examination. The frequency of physical examinations reimbursed by the Firm is as follows:

AGE	FREQUENCY
Under 40	Every 3 year
40-49	Every 2 year
50 and older	Annually

To file a reimbursement claim, employees are required to submit a scan copy of receipt/ bill to India Benefits for approval. As next step, Employee needs to upload email approval along with receipts on Concur (<http://concur>) before submitting for manager approval. Employees will receive payment to their bank account.

It is not possible to claim for reimbursement during any period of probation or during your contractual notice period when leaving the Firm.

Group Personal Accident Insurance

The Group Personal Accident Insurance plan provided by The New India Assurance Company Ltd is offered by the Firm to provide financial support to you and/or your nominees in the event you are disabled/death as a result of an accident.

All employees are automatically enrolled on joining the Firm. Cover is for employees only and is not provided to any dependents.

Sum Insured

The sum insured is three times your annual base salary. Base salary is defined as the total of basic salary and allowances but excludes the Firm's provident fund contributions.

Temporary Total Disability

Temporary Total Disability (TTD) is defined as disability which wholly and continuously prevents an individual from performing each and every duty pertaining to their occupation.

TTD Benefit - 1% of the Sum Insured or INR 25000= per week or actual weekly salary, whichever is less for 100 weeks

Funeral expense

Funeral expenses cover of INR 20,000

Education cover

Education cover of INR 50,000 per child up to two children.

Carriage of dead body expenses

Coverage:

- Within city limits - INR 5,000
- Outside city limits within a radius of 200 kms - INR 15,000
- Outside city limits over 200 kms - INR 30,000
- Outside the country - INR 150,000

Permanent Partial Disability

If an employee is partially disabled where in the result is irrecoverable loss or use or actual loss by physical separation of

Body part, then a certain compensation is payable as per the following schedule:

Percentage of Sum Insured

Loss of toes – all	20%
Great – both phalanges	5%
Great – one phalanx	2%
Other than great, if more than one toe	1%
Loss of hearing – both ears	75%
Loss of hearing – one ear	30%
Loss of four fingers and thumb of one hand	40%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges or two phalanges or one phalanx	Up to 10%
Loss of middle finger – three phalanges or two phalanges or one phalanx	Up to 6%
Loss of ring finger – three phalanges or two phalanges or one phalanx	Up to 5%
Loss of little finger - three phalanges or two phalanges or one phalanx	Up to 4%
Loss of metacarpals – first or second or third, fourth or fifth (additional)	Up to 3%
Any other permanent partial disablement	As assessed by the panel doctor of the company

Permanent Total Disability

If an employee is permanently & totally disabled where in the employee cannot engage in employment or occupation then 100% of the Sum Insured is paid.

Accidental Medical Expenses

The payment to cover medical expenses incurred as a result of an accident will be the lower of the following:

- 40% of death/disability claimed amount; or
- 10% of sum insured or actuals, whichever is less

Exclusions

The policy does not cover injury or disablement resulting from the following.

- Service on duty with any armed force
- Intentional self-injury, suicide or attempted suicide
- Insanity
- Venereal disease
- AIDS (disability cover)
- Under the Influence of intoxicating drink or drugs
- Medical or surgical expenses (except where such treatment is rendered necessary within the scope of the policy and medical extension taken)
- Aviation other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world
- Nuclear radiation or nuclear weapons material
- Any consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military, or usurped power, seizure, capture, arrest,, restraint, detainment's of all kings, princes, and people of whatever nation, conditions and qualities so ever
- Childbirth & pregnancy
- While committing any breach of law with criminal intent

The conditions listed above are general exclusions and should not be interpreted as exhaustive or conclusive in nature.

Claim Procedure

To submit a claim under the Personal Accident policy the following documents should be submitted to JB Boda Insurance

Brokers Private Limited.

- Employee needs to intimate HR upon accident
- Duly filled claim form
- Attending medical practitioner's certificate / Fitness certificate
- Disability certificate
- Attendance / Leave certificate

Above is only an indicative list of documents. Additional documents could be called for based upon the disability type.

Group Term Life Insurance

The Group Term Life Insurance provided by Future Generali India Life Insurance Company provides benefit payment to support your nominee/dependents in the event of your death whilst employed by Morgan Stanley.

All employees are automatically enrolled on joining the Firm. Cover is for employees only and is not provided to any dependents.

Free Cover Limit (FCL) for employees aged 65 years last birthday and beyond, if covered, would be zero and they would be medically underwritten. New-joiners after the date of commencement of scheme who are aged 70 years and above will not be covered.

Sum Insured

The sum insured is three times your annual base salary or INR 4,500,000, whichever is higher

Base salary is defined as the total of basic salary and allowances but excludes the Firm's provident fund contributions.

Benefits

The benefit is payable in the event of death due to any cause. Coverage up to INR 60,000,000 is granted automatically without the need to provide any medical evidence. This is known as the Free cover Limit (FCL).

Employees requiring coverage in excess of INR 60,000,000 will need to undergo Medical underwriting. As part of this process it will be necessary to complete a health declaration and/or undergo a medical examination. Any cover in excess of the Free Cover Limit is subject to approval by the insurer.

Critical Illness benefit

Under the Critical Illness benefit, which forms part of the Term Life Insurance benefit, employees will be eligible for an advance of INR 1,000,000 from the total sum assured in the event that they are diagnosed with defined ailments.

Ailments considered for the Critical Illness benefit

Critical Illness means any of the conditions defined below. The conditions listed below are general inclusions and should not be interpreted as exhaustive or conclusive in nature.

- Heart Attack
- Stroke
- Cancer
- Coronary Arteries Bypass & Graft Surgery
- Kidney/Renal failure
- Major Organ Transplant
- Aorta Surgery
- Major Burns
- Heart Valve Replacement/Surgery
- Paraplegia/Paralysis
- Total Permanent Disability due to Injury or Sickness

Further details on each of the ailments covered under this benefit are available on [me@MS](#).

Nominated Beneficiaries

Individuals are recommended to complete a beneficiary nomination form stating to whom they wish the benefits to be paid in the event of their death.

If an insured member does not designate a beneficiary, or if all the designated beneficiaries predecease the insured member, any benefit payable under this contract upon the Insured Member's death shall be paid to the legal heirs based on production of a Succession Certificate.

Exclusions

There are no exclusions under the Group Term Life policy except those that apply to the critical illness benefit.

Hospitalization Plan for Parents

This hospitalization insurance plan provided by New India Assurance Company Ltd. is offered to the employees' parents & parents-in-law. This is a voluntary option provided for employees at their own choice and cost.

Eligibility

Parents BOE parents-in-law are eligible for this plan. You may choose to cover your parents/ Parents in law under the hospitalization insurance plan.

Benefit Coverage

The sum insured per parent is INR 300,000 per annum and there is a 20% co-payment, i.e. for each insured parent, the employee pays 20% of the medical costs and the insurer pays 80% of the costs, where the total costs paid by the insurer are subject to a limit of INR 300,000 per annum.

Cataract Surgery is limited up-to INR 30,000/- per eye and co-pay is not applicable.

Cost to Employees

The premium depends on the age of your parent at the commencement of the policy.

The premium will be recovered from your salary in monthly installments. However, if you were to make a claim, the premium balance will be recovered from the immediate salary irrespective of the amount claimed.

If you were to leave Morgan Stanley, the coverage under this policy will cease with effect from the last working date with the Firm.

Tax Benefit

As per Income Tax Act, you can avail tax exemption.

Administrator

The insurance services are managed by a third party administrator, United Healthcare Parekh TPA Pvt. Ltd. who is also the plan administrator for our employee group hospitalization policy.

Exclusions

Exclusions listed under the Group Health Insurance benefit apply to this policy as well. For further details, please refer to Parental booklet.

Company Doctor

The Firm provides an in-house medical facility where a doctor from Matrix Medicare Pvt Ltd. visits the offices on a regular basis. This benefit is available for all employees, including temporary employees and consultants.

The Company doctor provides general consultation and employees may visit the doctor in case they are feeling unwell. No prior appointment is required. Doctor is available at the various Mumbai and Bengaluru offices as per the schedule available on [me@MS](#).

Further information can be found on [me@MS](#).

Upgrade Medical Plans

These are alternative international medical plans available to employees. Enrollment into these plans is restricted to employees who reside outside of their home countries. It is only permissible for both employees and their dependents to be enrolled into the same plan with the same type of coverage.

There are two voluntary international medical plans available to employees:

- Cigna Asian Plan
- GeoBlue Expat Health Insurance Plan

The cost of these plans is shared between the Firm and employees. Further details on the plan are available on [me@MS](#).

Further Information

Please note the following contacts should you require further information.

UNITED HEALTHCARE PAREKH TPA PVT LTD

Unit No. 3B, 3rd Floor, B Wing
Gundecha Onclave, Kherani Rd, Sakinaka,
Andheri (E), Mumbai-400 072

NURSELINE

24 HOURS (HOSPITALIZATION QUERIES ONLY)
1800 209-8444 (Nation wise toll free no.)
Tel : 022-30657331/336
nurseline@uhcpindia.com

CUSTOMER SERVICE LINE

Monday to Friday (9:00 am to 5:30 p.m.)
All general queries relating to id card, claims etc.
Tel: 1800-209-8884 (Nationwide toll free no)

Tel : 022-22 4933 7786

E mail id: customerservice@uhcpindia.com

HR CONNECTS

Any HR related queries, including those relating to benefits,
Please raise a ticket on // hr connect.

MY BENEFITS

Detailed information on the employee benefits can also be found on [me@MS](#).