

## Welcome to the Medi Assist Family

Medi Assist India TPA Pvt. Ltd. (Medi Assist) has been appointed as the Third Party Administrator (TPA) for health insurance benefits management by your organization. As a privileged member of the Medi Assist family, you are now eligible for hassle-free health insurance claims administration.

What this really means for you is that should you or any of your family members who are covered under your insurance policy require hospitalization, we become the interface between you and your insurer. We handle all the paperwork related to your claim; wherever possible, we give you the benefit of cashless hospitalization; and we ensure that your claim is settled at the earliest.

Apart from hospitalization, Medi Assist also enables access to a range of wellness services at our network hospitals and service providers – and we make these available to you online with our Medi Assist Online Portal, and over your smartphone, with our mobile app, MediBuddy.

Please retain this booklet for quick help and future reference.

Here's to healthy living!

## India Medical Insurance - Policy Terms & Conditions

Insurance Company	United India Insurance Company Ltd.
Third Party Administrator(TPA)	Medi Assist India TPA (P) Ltd.
Policy Period Start Date	00:00 Hours of March 30, 2023
Policy Period End Date	00:00 Hours of March 29, 2024
Policy No	0217002822P114036604
Age Limit	1 day to 90 Years

### Base Plans

#### Plan A

- A 100% company sponsored plan in which you are provided default coverage (associates who are in the India location) whereas your Spouse and up to two living children are provided coverage subject to enrolment within the window period. Sum insured will be as per your band.
- A maximum of first two living children below 21 years, which can be extended up to 25 years only if they are unmarried and unemployed girls, and are children pursuing higher studies (subject to submission of Bonafide Certificate from the institution). Differently abled children will be provided coverage without age restriction subject to child being dependent on parents and subject to the limit of children in plan (subject to declaration from Associate and HR confirmation).

#### Plan B

- This plan provides coverage of your dependent for any one set of Parents / Parents-in-law in addition to Spouse and up to two children subject to enrolment within the window period. Plan A & Plan B is a floater Insurance coverage and the premium of Plan B will be borne by the associate. Please refer to the premium table below for the same. Maximum Age limit is 90 years of Parents / Parents-in-law.

#### Plan C

- This plan is designed for onsite employees only, who wish to opt for health insurance coverage for any one set of their Parents / Parents-In-Law residing in India. The plan is opened only once in a year during the annual enrolment period for associates located onsite. Premium to be borne by the associate, please refer to the premium table below for the same. Maximum Age limit is 90 years of Parents / Parents-In-Law.
- If an Onsite associate opting for Plan A / Plan B, regardless of any dependent enrolment, upon return to India no new enrolment window will be available. Enrolment of dependents to be completed (spouse/ children/ Parents/ Parent-In-Law) within this online enrolment window.
- If an Onsite associate opting for Plan C and on their return to India, only Plan A will be given as a part of enrolment and the sum insured of Plan A and Plan C taken earlier cannot be considered as a single sum insured and no new enrolment window/coverage will be available for any associate and dependents returning to India on temporary basis or only dependents on permanent basis.

### Premium Table:

Plan Type	Premium Table (Payable by Associate)					
	U1 to U3		U4 & P1		P2 & above	
	Sum Insured	Premium Amount	Sum Insured	Premium Amount	Sum Insured	Premium Amount
Plan A	2 lakhs	-	3 lakhs	-	4 lakhs	-
Plan B	1 lakhs	19,641	1 lakhs	31,085	2 lakhs	3,9811
Plan A+B (Floater Coverage)	3 lakhs	19,641	4 lakhs	31,085	6 lakhs	3,9811
Plan C	1 lakh	14,750	1 lakh	14,750	1 lakh	14,750
	2 lakhs	27,328	2 lakhs	27,328	2 lakhs	27,328
	3 lakhs	40,681	3 lakhs	40,681	3 lakhs	40,681

## Key Points on Premium:

- Plan B Premium is applicable on floater basis & shall remain the same whether you add one or both parents. Premiums and sum insured amounts mentioned in policy are per annum.
- The applicable Premium would be deducted in 3 equal instalments from your salary in subsequent pay cycle, only if you opt for any voluntary plan i.e. Plan B, Plan C and Top Up.
- On account of separation from the organization, the coverage for all plans under Group Medi Claim Policy will end on the last working day at Tech Mahindra and the related premium amount will be refunded on Prorata basis with F&F Settlement in case there was no claim reported against any of the enrolled beneficiaries.
- Associates joining post policy commencement will be charged premium from their DOJ as per the below grid and Premium changes would commensurate with market behavior every year for all Plans.

Quarter	% of Annual premium payable for Associates joining between	Premium Charged
1st quarter	30.03.2023 - 29.06.2023	100%
2nd quarter	30.06.2023 - 29.09.2023	75%
3rd quarter	30.09.2023 - 29.12.2023	50%
4th quarter	30.12.2023 - 29.03.2024	25%

## Top-Up Cover:

An optional top-up cover of additional sum insured is also available in addition to the above mentioned base plans. Coverage for you & your family members will be as per the beneficiaries enrolled in the base plan opted during inception. Associates can opt for Top up coverage between 2 to 20 Lakhs. Top-Up is an optional plan which can be opted by paying an additional premium.

Top Up Premium Table (Payable by Associate)	
Sum Insured (INR)	Premium (per annum / inclusive of 18% GST)
200000	6,995
300000	7,942
400000	8,481
500000	10,057
1000000	13,460
1500000	19,758
2000000	30,364

## Key Points of the Top-Up Cover:

- Top up plan opted for the first time will have waiting period of first 3 months for the claims related to Pre Existing Disease (PED) ailments.
- Top up policy should be in continuation from previous years for existing associates to get waiver of 3 Months waiting period for PED. There shouldn't be a gap in TOP UP coverage for existing associates.
- The terms and conditions are identical to those of the base policy comprising of co-pay, disease/ailment wise capping, pre/post hospitalization benefits, etc. Top-up cover will get activated when sum insured/disease sub-limit is exhausted in the base policy. Once the sub-limit is exhausted in the base policy, the same sub-limit clause becomes applicable again in the top-up and Items deducted for a claim processed under base plan like excess room rent/ICU rent non-payable/ co-payment amount cannot be claimed from top-up cover.
- Expenses related to all maternity benefits, related complications, and surrogacy is excluded from the scope of the top-up coverage.
- Onsite associate opting Top-up Plan along with Plan C during inception, then on return to India Top up Plan will be applicable only for dependents enrolled under Plan C and Top up plan can be opted only during policy inception & not during mid-term of policy for existing associates.

## Maternity Expenses:

- ✚ Maternity is covered without any waiting period up to INR 40,000 for normal delivery and INR 50,000 for C-section. A co-payment of 10% will be applicable on the maternity limit.
- ✚ Pre-Post Hospitalization expenses are not covered for Maternity related claims i.e. Pre-Post natal expenses.
- ✚ Day one coverage for the new-born baby subject to enrolment within 45 days of Date of Birth.
- ✚ Expenses incurred towards Well Baby Care hospitalization are not covered under the policy.
- ✚ New born coverage related to Jaundice to be restricted with capping of INR 15,000 with 10% co-payment.
- ✚ All Maternity related complications related hospitalization expenses traceable to pregnancy, childbirth including normal Caesarean Section will be included within Maternity Limit.
- ✚ Maternity benefit is extended up to two living children only. Those insured persons who are already having two or more living children regardless of child enrolment in the policy will not be eligible for maternity claim.
- ✚ Surrogacy-Covered for 1st child only & within maternity limit. Pre-Post expenses aren't covered in surrogacy.
- ✚ Tubectomy and Vasectomy is not covered under the policy.

## Third and fourth Child Coverage:

- ✚ The third and fourth child may be covered in the policy. However, associate will need to pay an additional premium per child from the mentioned Grid. The coverage amount will be as per existing Base Plan Type. The premium mentioned is per child, if associate is adding 3rd Child & 4th Child under the coverage.

Plan Type	U1 to U3	U4 & P1	P2 & Above
	Premium Amount	Premium Amount	Premium Amount
Third and Fourth Child – Per Child Premium (Plan A)	1,200	1,800	2,400
Third and Fourth Child – Per Child Premium (Plan B)	3,912	6,134	7,930

## Key Points on Base Plan and Policy:

- ✚ No mid-term inclusion for dependents enrolment. However, the same is excluded for newly married Spouse within 45 days from date of marriage and New born child within 45 days from the date of birth. Reimbursement claim payment will be delayed by 45-50 days due to the member addition, as endorsement occurring during mid-term of the policy period. Hence, request to opt for Cashless facility.
- ✚ Newly married Spouse and New Born baby to be added / declared on Medi Assist Portal for coverage within 45 days of event. If Date of Marriage of associate and Date of Birth of baby is beyond 45, system will not provide option to select date beyond 45 days of DOM/DOB. If in case, Spouse and Baby are added with incorrect date i.e. DOM/DOB, then added dependent wouldn't be eligible for coverage for the policy year.
- ✚ No mid-term inclusion of Parents/Parents-In Law in the policy. Even if associate getting married in between of policy period and will have option to enroll Parents/Parents-In Law during next renewal window only.
- ✚ Only one set of Parents/Parents-in-law will be allowed for enrolment under Plan B, adverse selection (Parents & Parents-in-law) will not be allowed.
- ✚ Plan B - Dependents enrolled under Plan B for insurance coverage will be locked for 3 Plan years. If there are no amendments made during the year of unlock post 3 years completion, Plan B lock in will continue for another 3 plan years.

- ✚ Associate who resign / separated from Tech Mahindra, need to submit member claims (if any) before the last working date else it will not be possible to accept / process as member details will be removed on associate last working date. If any claim benefit is taken (by associate / dependent member) after the last working day, Medi Assist will ask for refund of the paid amount from associate.
- ✚ On account of demise of any dependent enrolled under Plan B, associate can write to us at [techm@mediassist.in](mailto:techm@mediassist.in) along with Death certificate for removal of name during policy renewal period only.
- ✚ The benefit for pay out of claim for - Main Hospitalization and Pre-Post Hospitalization claim expenses will be payable under the policy in which the Date of Admission is falling. For example, if the DOA is 28th March'23 and DOD is 5th April'23, which is a policy transition period, all the expenses related to this claim (main and pre-post) will be considered in the policy year 2022-23.
- ✚ This insurance coverage is for treatment taken within Geographical limits of India only.
- ✚ Portability option is available. Associate has to approach Mahindra Insurance Brokers - [GOVALKAR.NITIN@Mahindra.com](mailto:GOVALKAR.NITIN@Mahindra.com) before 30 days or prior of last working day in the organization to avail portability benefit.

## Hospital Criteria for Claim/Coverage:

- ✚ A Hospital established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
  - ✚ Has qualified medical practitioner(s) in charge round the clock.
  - ✚ Has qualified nursing staff under its employment round the clock.
  - ✚ Has a fully equipped Operation Theatre of its own where surgical procedures are carried out.
  - ✚ Maintains daily records of patients & makes these accessible to the insurance company's authorized personnel. Have at least 10 in-patient beds in towns having a population of less than 10 lacs and at least 15 in-patient beds in all other places.

Please refer to the Network Hospitals information in the home page of our Medi Assist Web Portal (via TWINGO Portal login <https://twingo.techmahindra.com>) - <https://mediassisttpa.in/network-hospital-search>

In the event of any claim admissible under this scheme, the insurance company will pay to the hospital, nursing home or the insured person, the amount of such expenses as would fall under different heads mentioned below:

- ✚ Pre-existing disease is covered in the Base Policy from Day One, waiver of first 30 days waiting period, 1st Year, 2nd Year, 3rd Year & 4th Year exclusions – waived for all
- ✚ Room, boarding & nursing expenses as provided by the hospital or nursing home not exceeding 1.5% of the base plan sum insured per day or the actual amount, whichever is less. This also includes nursing care, RMO charges, IV fluid charges, blood transfusion charges, injection administration charges and similar expenses.
- ✚ Intensive Care Unit (ICU) expenses not exceeding 3% of the base plan sum insured per day or actual amount, whichever is less. This also Includes Monitor charges, which are not payable separately
- ✚ Room / ICU Charges are calculated on Base Sum Insured only.
- ✚ Surgeon, anesthetist, medical practitioner, consultants, specialists' fees. Anesthetic, blood, oxygen, operation theatre charges, surgical appliances, medicines & drugs, dialysis, chemotherapy, radiotherapy, cost of artificial limbs, cost of prosthetic devices implanted during surgical procedures like pacemaker, orthopedic implants, infra-cardiac valve replacements, vascular stents, relevant laboratory/diagnostic tests, X-rays and such similar expenses that are medically necessary, subject to Policy T&C.

- ✚ Hospitalization expenses (cost of organs excluded from the coverage) incurred on the donor with respect to organ transplant to the insured will be covered within the major surgery ailment capping sublimit.
- ✚ INR 2,500 is payable for ambulance services per hospitalization (AMBULANCE Payable-Ambulance from home to hospital or inter-hospital shifts is payable/ RTA as specific requirement is payable).
- ✚ Each claim is subject to 10% co-pay, unless specifically exempted.
- ✚ Co-pay and NME'S are not applicable in case of associate's Death during the period of hospitalization.
- ✚ Medical Insurance benefits for Same Gender Partners included in the policy, subject to policy terms and conditions. Insured / Primary member should confirm the Partner's details with a Self-attested declaration form to [techm@mediassist.in](mailto:techm@mediassist.in) with GID and Mobile number to connect if any further information required. The partner shall be covered from inception of the policy date only. No mid-term inclusion or change of partner is permitted during the policy period.
- ✚ Gender change operation will be covered for associate only up to the limit of 5 Lacs during a policy year. Subject to Sum Insured availability.
- ✚ For AYUSH Treatment, hospitalization expenses are admissible only when the treatment has been undergone in a government hospital or in any institute recognized by the government and/or accredited by the Quality Council of India / National Accreditation Board of Health.
- ✚ ARMD Covered is covered under the Policy.
- ✚ Oral Chemotherapy is covered under the Policy.
- ✚ Expenses in respect of the following specified illnesses/surgeries will be restricted as detailed below:
  - ✚ Cataract: 10% of the sum insured or INR 25,000, whichever is less and 10% co-pay for all dependents
  - ✚ Hernia and hysterectomy: 20% of the sum insured or INR 60,000, whichever is less and 10% co-pay for parents/In-laws only
  - ✚ Major surgeries: 75% of the sum insured or INR 3,00,000, whichever is less and 10% co-pay for parents/In-laws only
  - ✚ Major surgeries include cardiac surgeries; brain tumor surgeries; pacemaker implantation; cancer surgeries; hip, knee, joint replacement surgeries; and organ transplant. The above limits specified are applicable per hospitalization
  - ✚ The above mentioned Sublimit capping will be inclusive of Pre/Post Hospitalization Expenses
- ✚ The below mentioned non-medical payments are covered under the current policy:
  - ✚ HIV investigation charges, IV cannula charges, IV injection charges, additional doctor charges, bandage, plaster, cotton pads, gloves, electrolytes, cotton bandage, surgical tape, oxygen consumption charges, nebulizer charges, oxygen mask charges.



## Home Quarantine Benefit – COVID 19:

Coverage for treatment at home / other places / facilities / isolation centres which are notified by competent Government Authority for treatment of Covid 19 patients will be covered and agree subject to:

- ✚ Coverage restricted to Covid 19 positive patients only and for treatment of Covid 19 only.
- ✚ The home / other treatment continues for at least 3 consecutive days in which case we will make payment under this Benefit in respect of Medical Expenses incurred from the first day of such treatment.
- ✚ The treating Medical Practitioner confirms in writing that home / other isolation was medically required and the Insured Person satisfies us that a Hospital bed was unavailable.
- ✚ If a claim is accepted under this Benefit then we shall not pay any Post-hospitalization Medical Expenses, but we will accept a claim for Pre-hospitalization Medical Expenses.
- ✚ No payment will be made towards accommodation / room rent under this clause.
- ✚ All expenses payable against valid GST invoices raised by a registered hospital.
- ✚ Sublimit of up to Rs.15, 000 per patient under Family Sum Insured with 10% copay applicable.
- ✚ Self-medication, Self-Quarantine for suspected COVID 19, Diagnosed with COVID 19 prior to commencement of Policy and Cost of PPE Kit is excluded from the benefit.
- ✚ Infection control / Disinfection / Sanitation charges and COVID Precaution charges not payable

## Mandatory Documents required for Home Quarantine Benefit:

- ✚ Duly filled Claim Form.
- ✚ Covid Positive Report.
- ✚ Doctor consultation paper advising Home Quarantine.
- ✚ Doctor Prescription for pharmacy and lab investigations.
- ✚ Supporting pharmacy bills and all lab investigation bills.
- ✚ All lab investigations reports.
- ✚ Health Card of Patient, ID proof and Employee Co. ID proof.
- ✚ Original Cancel Cheque of Self i.e. Employee (Name, IFSC Code & A/C number should be present).

The above mentioned documents are not exhaustive, but may differ on a case to case basis; additional documents can be called for after the medical scrutiny.

Home Quarantine Benefit for Covid Positive cases can be availed only in Reimbursement. The claim process for submission of documents is shared under Reimbursement claim process Header below.

## Benefits on Modern Treatment and Advanced Technology

Sr. No.	Modern Treatment Methods & Advancement in Technology	Sublimit
1	Uterine Artery Embolization & High Intensity Focused Ultrasound (HIFU)	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period for claims involving Uterine Artery Embolization & HIFU
2	Balloon Sinuplasty	Up to 10% of Sum Insured subject to a maximum of Rs.1 Lac per policy period for claims involving Balloon Sinuplasty
3	Deep Brain Stimulation	Up to 70% of Sum Insured per policy period for claims involving Deep Brain Stimulation
4	Oral Chemotherapy	As per policy T&C.
5	Immunotherapy-Monoclonal Antibody to be given as injection	Up to 20% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period
6	Intra vitreal Injections	Up to 10% of Sum Insured subject to a maximum of Rs. 1 Lac per policy period
7	Robotic Surgeries (Including Robotic Assisted Surgeries)	Up to 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (i) the treatment of any disease involving Central Nervous System irrespective of aetiology; (ii) Malignancies
		Up to 50% of Sum Insured per policy period for claims involving Robotic Surgeries for other diseases
8	Stereotactic Radio Surgeries	Up to 50% of Sum Insured per policy period for claims involving Stereotactic Radio Surgeries
9	Bronchial Thermoplasty	Up to 30% of Sum Insured subject to a maximum of Rs.3 Lacs per policy period for claims involving Bronchial Thermoplasty.
10	Vaporization of the Prostate (Green laser treatment for holmium laser treatment)	Up to 30% of Sum Insured subject to a maximum of Rs.2 Lacs per policy period.
11	Intra Operative Neuro Monitoring (IONM)	Up to 15% of Sum Insured per policy period for claims involving Intra Operative Neuro Monitoring subject to a maximum of Rs. 1 Lac per policy period.
12	Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions to be covered only	As per policy T&C.

In regards to further clarification for above mentioned ailments, you may drop us an email at [techm@mediassist.in](mailto:techm@mediassist.in) along with all relevant medical documents for us to review and confirm you on any clarification needed.

## Pre-Post hospitalization Medical Expenses:

- Pre and post hospitalization expenses payable with respect to each hospitalization shall be the actual expenses incurred.

### Pre-hospitalization Medical Expenses:

- Relevant Medical expenses incurred for up to 30 days prior to the admission date will be considered.
- Provided that, such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and the inpatient hospitalization is admissible by the insurance company.

### Post-hospitalization Medical Expenses:

- Relevant medical expenses incurred for up to 60 days from the date of discharge will be considered.
- Provided that, such medical expenses are incurred for the same condition for which the insured person's hospitalization was required and the inpatient hospitalization is admissible by the insurance company.



## Exclusions:

The company shall not be liable to make any payment under this policy for any expenses whatsoever incurred by any insured person in connection with or in respect of:

- ✚ Injury / disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war-like operations (whether war has been declared or not).
- ✚ Circumcision unless necessary for treatment of a disease not excluded here under or as may be necessitated due to an accident.
- ✚ Vaccination or inoculation of any kind unless it is post animal bite.
- ✚ Change of life or cosmetic or aesthetic treatment of any description such as correction of eyesight, etc.
- ✚ Plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- ✚ Cost of braces, equipment or external prosthetic devices, non-durable implants, eyeglasses, Cost of spectacles and contact lenses, hearing aids including cochlear implants, durable medical equipment.
- ✚ Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalization.
- ✚ Convalescence, general debility, run-down condition or rest cure, obesity treatment and its complications including morbid obesity; congenital external disease / defects or anomalies, treatment relating to all psychiatric and psychosomatic disorders, infertility, sterility, venereal disease, intentional self-injury and Use of intoxication drugs / alcohol
- ✚ All expenses arising out of any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind, commonly referred to as AIDS.
- ✚ Charges incurred at a hospital or nursing home primarily for diagnosis, x-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury for which confinement is required at a hospital or nursing home. (Admission for diagnosis, evaluation, investigation, observation etc. is not admissible).
- ✚ Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician.
- ✚ Injury or disease directly or indirectly caused by or contributed to by nuclear weapon / materials.
- ✚ Naturopathy treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatments/ therapies. Treatments including experimental drug therapy not based on established medical practice in India, experimental or unproven treatments / therapies.
- ✚ External and/or durable medical / non-medical equipment of any kind used for diagnosis and/or treatment and/ or monitoring and/or maintenance and/or support including CPAP, CAPD, C-arm, infusion pump, and syringe pump Oxygen concentrator etc. Ambulatory devices, i.e., walker, crutches, belts, collars, caps, splints, slings, braces, stockings, Elastic-crepe bandages, external orthopedic pads, subcutaneous insulin pump, diabetic footwear, glucometer / thermometer, alpha / water bed and similar related items, etc., and also any medical equipment, is non-payable and which is subsequently used at home etc.

- ✚ Genetic disorders related treatment / Investigations/expenses not payable
- ✚ Change of treatment from one system of medicine to another unless recommended by the consultant/hospital under which the treatment is taken.
- ✚ All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, ayah, private nursing/barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses.
- ✚ Any kind of service charges, surcharges, admission fees/registration charges, luxury tax and similar charges levied by the hospital.
- ✚ Treatment for Sleep Apnea Syndrome, treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy and CPAD (Continuous Peritoneal Ambulatory Dialysis)
- ✚ Laser assisted Hemorrhoidectomy / Fistula / Prostatectomy / Coblation assisted Tonsillectomy and any other surgeries – Claim liability is restricted to cost of conventional surgery.
- ✚ Attendant charges including food, bed, travel charges for any ailments are not admissible.
- ✚ Femto Second Laser Cataract Surgery and Multi Focal Lens - Claim liability is restricted to cost of MICS.
- ✚ Balloon Kyphoplasty - Claim liability is restricted to cost of conventional surgery (Stabilization of spine).
- ✚ Video Assisted Fistula Treatment (VAFT) - Claim liability is restricted to cost of conventional Fistulectomy.
- ✚ Bio Absorbable Stent – Liability to be restricted to the cost of Drug Eluting Stent (DES).
- ✚ Bariatric Surgery – Claim not payable as it's excluded under policy (Obesity and its complications).
- ✚ Radio Frequency Ablation for Varicose Veins – Claim liability to be restricted to the cost of Laser treatment.
- ✚ Ozone / Hyperbaric Oxygen therapy – Claim not admissible as it is not a proven treatment.
- ✚ Artificial Pancreas System – claim not payable as it is not a customary procedure.
- ✚ Replacement of Battery and/or Leads of Pacemaker - Only cost of Prosthetic devices implanted during surgical procedure is payable.
- ✚ Diagnostics test sent abroad - Not payable as our geographical limits is only India.
- ✚ AYUSH / Ayurveda doctor's prescribing allopathic treatment - Claim is not payable.
- ✚ Monitor charges to be Inclusive of ICU charges, this is not payable separately in ICU.
- ✚ Domiciliary treatment is not covered.
- ✚ Holter Monitoring is not payable.
- ✚ Epidural Injection is not payable.

- ✚ Infection control / Disinfection / Sanitation charges not payable.
- ✚ Covid Precaution charges for Doctor, Nursing and Housekeeping, etc not payable.
- ✚ PPE KIT charges are excluded from policy coverage.
- ✚ Biopsy and FNAC is not payable on standalone basis, as it's a Diagnostic Procedure.
- ✚ CT Angiogram is not payable, as it's a Diagnostic Procedure.
- ✚ Admission for any Diagnostic Procedures is not covered under the policy.
- ✚ Any Injection not listed in a day care procedure and doesn't require Inpatient hospitalization is not payable.

## Claim Procedure: Cashless and Reimbursement

### Cashless Hospitalization Process:

**Cashless hospitalization** is a facility provided by the insurance company where the policyholder can get admitted and undergo necessary treatment without paying the hospital directly for the medical expenses. The eligible medical expenditure which is incurred is settled by the insurance company directly with the hospital. You can avail cashless hospitalization only in the hospitals that are part of your TPA's network.

Medi Assist enables you to avail cashless hospitalization at a hospital that falls within your insurer's network and also entitles you to discounts and reduced package tariffs at these hospitals. Hospitalization and related expenses can be made cashless upon approval of pre-authorization based on your policy cover. It allows you the relief of no upfront payments from your pocket.

At Medi Assist, you can avail cashless and eCashless hospitalization at our network of hospitals.

Cashless hospitalization can be availed only at a Medi Assist network hospital upon approval of your preauthorization application. In the event of hospitalization at a network hospital for a procedure covered under your health insurance policy:

The hospital may ask you to pay the following expenses at the time of discharge as they are not covered under the policy:

- ✚ Non-medical expenses.
- ✚ Applicable co-pay amount.
- ✚ Any expenses not payable as per insurance policy or above the limit (e.g. excess room rent, admission charges, service charges, etc.)

## Emergency hospitalization:

- ✚ **Emergency Hospitalization:** This typically happens in case of emergencies such as road traffic accident. The hospital that the Associate/dependent was hospitalized happens to be one of our network hospitals
- ✚ Search for a network hospital
  - ✳ Visit [network.medibuddy.in](https://network.medibuddy.in) to find a hospital that falls within your insurer network or click the 'Hospital' tile on your MediBuddy (via TWINGO Portal login).
  - ✳ The Hospital tile on MediBuddy also gives you full details for the list of hospitals including location, specialties, packages and more
- ✚ During admission, present your Medi Assist E-card along with any other valid Government ID. You can click the 'E-card' tile on MediBuddy to view your MA ID card
- ✚ Ensure that the hospital sends your preauthorization form to Medi Assist, your TPA.
  - ✳ MediBuddy+ hospital portal: Log the request online (or)
  - ✳ Email: [cashless@mediassist.in](mailto:cashless@mediassist.in)

You will receive updates on the status of your claim throughout the lifecycle of the claim.

- ✚ Medi Assist sends the approval to the hospital. Further enhancement approvals may be issued on request, subject to the terms and conditions of the policy.
- ✚ Track your claim in real-time:
  - ✳ Click the Claims tile on the MediBuddy app (OR)
  - ✳ Log into [me.medibuddy.in](https://me.medibuddy.in) and click the Claims tab (OR)
  - ✳ Visit [track.medibuddy.in](https://track.medibuddy.in) to search claims by Claim ID, MA ID, or Employee ID (OR)
  - ✳ SMS 'Claims (Claim Number)' to +91 966 314 9992
- ✚ In case the request cannot be approved or if the expenses are not covered by your policy, you will have to settle the hospital bill in full and subsequently raise a reimbursement claim after discharge. Do remember that denial of a preauthorization request must not be construed as a denial of treatment or denial of coverage. The claim will be processed subject to Policy T&C in Reimbursement.
- ✚ After discharge, the hospital will send all the documents related to your claim to Medi Assist for settlement. Kindly retain the copy of the claim documents for your reference.
- ✚ At the time of discharge, check and sign the original bills and the discharge summary. Do carry home a copy of the signed bill, discharge summary and all your investigation reports for future reference.
- ✚ The list of network hospitals is subject to change, with hospitals being empaneled on a regular basis. To access the latest list of hospitals in your insurer network, visit [network.medibuddy.in](https://network.medibuddy.in) or use the GPS-enabled Hospital search option on your MediBuddy portal and app.

Note: In case of suppression of material facts or misrepresentation of facts by the hospital or the insured, the pre-authorization issued for the cashless facility will stand cancelled. The insured will be liable to settle the hospital bill in full.

### ***Circumstances under which cashless hospitalization may be rejected:***

- ✚ If the information contained in the request is insufficient for Medi Assist to arrive at a decision and further information is not available for whatever reasons.
- ✚ The ailment for which hospitalization is sought is not covered under the particular insurance policy for reason like pre-existing conditions, specific exclusions, etc.
- ✚ The insured has already exhausted the insurance coverage for the year.

## Planned Hospitalization:

### ECASHLESS Process:

- ✚ **Planned Hospitalization:** Where the Associate/dependent plans the admission at our network hospital in advance. Ex: Surgery scheduled after 7 days.

Planned hospitalization at your convenience, your choice, and your fingertips. eCashless is an offering by Medi Assist which helps you avoid wait time at the hospital's insurance desk on the day of admission to obtain pre-authorization. With eCashless, you obtain a provisional pre-authorization at the comfort of your home or office well ahead of your admission. This helps you plan your hospitalization better.

eCashless is an offering available for planned surgeries/procedures, where you are aware of the day of admission in advance. Hence, you should initiate the eCashless request at least 48hrs prior to the day of admission. eCashless gives you the power to get a provisional preauthorization even before you walk into the hospital.

You can initiate an eCashless request using the following ways:

- ✚ You can download the MediBuddy app. Go to the app and click the eCashless tile to initiate a request
- ✚ You can go to [www.mediassist.in](http://www.mediassist.in) and click the eCashless tile to initiate the request
- ✚ You can also open MediBuddy on your mobile browser and select the eCashless option.
- ✚ You can logon to the Medi Assist portal [www.portal.mediassist.in](http://www.portal.mediassist.in) and opt for the eCashless option

While initiating eCashless, you are requested to upload certain documents such as diagnosis of the health problem, so that your operating surgeon/hospital can provide you an estimated cost of treatment. The documents you can consider up loading while initiating the eCashless request include:

- ✚ The last consultation papers and details
- ✚ Investigation Reports
- ✚ Photo ID Proof of Patient.

Associate can use their Mobile app/Portal to raise a preauthorization request at least 48 hours before hospitalization and also indicate their preferred room type.

Hospitals receive this request from Medi Assist online, confirm availability of room and provide an estimate for the treatment.

Based on the confirmation from the hospital, Medi Assist sends a passcode protected provisional preauthorization request to the hospital. Simultaneously, the member receives a secure passcode on the mobile app.

The hospital can open and confirm the provisional preauthorization letter from Medi Assist only after the member walks into the hospital and presents the secure passcode along with a valid photo ID proof.

On the day of admission, you must carry the following documents/Information:

- ✚ Secure passcode/OTP
- ✚ Medi Assist e-Card
- ✚ Photo copy of ID card
- ✚ Medical advice for hospitalization or previous consultation documents
- ✚ All investigation reports
- ✚ Any other document, relevant to the treatment of the insured

The use of secure passcode ensures full security of the transaction. The hospital “unlocks” the provisional preauthorization only upon receipt of the passcode and after due validation of the patient at the time of walk-in. Note: The eCashless facility must not be used for emergency hospitalizations. Cashless approval is subject to your policy terms and conditions and availability of sum insured.

## Reimbursement Claim Process:

You can raise a reimbursement claim for treatment from a non-network hospital or for a procedure that is not eligible for cashless hospitalization or in the event of denial of pre-authorization. You will have to settle the hospital bill in full and subsequently raise a possible reimbursement claim after discharge

Claim documents should be submitted to the Medi Assist within 30 days from date of discharge to help desk SPOC who will be available at your work location. Please submit duly signed clarification letter, if any delay in submission above 30 days from DOD. The final conclusion would be basis Insurer concurrence on delay submission acceptance.

In case of non-availability of the Helpdesk at your location, claim documents can be sent to the nearest location Helpdesk (Please refer to the Helpdesk Scheduler for address). <https://mediassisttpa.in/contact.html>

**Basis the documents you submit, we will review and process the claim subject to policy T&C. The medical team at Medi Assist processes the claim:**

- ✚ Once the claim is approved, the amount is reimbursed via NEFT by insurance company.
- ✚ In case of additional information, query letter is sent to you by email with details required.
- ✚ In case your claim is denied, the denial letter is sent to you by e-mail quoting the reason for denial of your claim by insurance company.

**The following are the mandatory documents required for availing reimbursement claims in Original:**

- ✚ Duly filled claim form with complete details along with Claim amount and account details.
- ✚ Original Detailed Discharge Summary
- ✚ Original Final hospital bill with detail cost wise break-up of each component
- ✚ Original Cash paid receipt pre-numbered towards final hospital bill paid
- ✚ All Original Investigation / tests reports
- ✚ Consultation Papers with Treatment details
- ✚ Pharmacy bills with supporting prescription from the treating doctor
- ✚ Indoor Case Sheet (wherever applicable) – Xerox copy
- ✚ MLC Certificate/FIR Copy in case of road traffic accident
- ✚ Obstetric history / antenatal scan report in case of maternity claims
- ✚ A-Scan report in case of cataract claim
- ✚ Health Card of Patient, ID proof and Employee Co. ID proof
- ✚ Original Cancel Cheque of Self i.e. Employee (Name, IFSC Code & A/C number should be present)
- ✚ The above mentioned documents are not exhaustive, but may differ on a case to case basis; additional documents can be called for after the medical scrutiny. **\*Hospital Criteria for Reimbursement claims:** The hospital should be registered with the local authority and must have a registration certificate to that effect. The medical practitioner should hold a certificate of a recognized institution and must be registered by the medical council of the respective state.

## Pre- Post Hospitalization Claim Process:

Pre-Post Hospitalization expenses can be claimed in reimbursement only, you need to fill claim form and submit all documents in Original to Help Desk SPOC within 30 days of completion of Post Hospitalization coverage period.

- ✚ Duly filled claim form with complete details along with Claim amount and account details.
- ✚ All Original Investigation / tests reports
- ✚ Consultation Papers with Treatment details
- ✚ Pharmacy bills with supporting prescription from the treating Doctor
- ✚ Original Cancel Cheque of Self i.e. Employee (Name, IFSC Code & A/C number should be present)
- ✚ Health Card of Patient & ID proof and Employee Co. ID proof



## Self-Help Tools

### Medi Assist Online Portal: MediBuddy

The Medi Assist MediBuddy is more than just a corporate portal that allows you to manage your corporate health insurance policy. MediBuddy is your personalized gateway to managing your health and reducing cost of healthcare for your family.

Log into <https://twingo.techmahindra.com> with your Tech M username and password to begin.

You can alternatively login via [portal.medibuddy.in](https://portal.medibuddy.in) (Use Google Chrome / Firefox browser).

Username will be <Associate ID@techm> & password will be Date of Birth in DDMMYYYY format.

Please click on **“India Medical Insurance”** on TWINGO Portal as per below path:

#### TWINGO > HUMAN RESOURCE > INDIA MEDICAL INSURANCE & WELLNESS

Please use Google Chrome or Firefox or IE version 10.0 & above

- Log into Medi Assist Portal and click the links in the **Medical Insurance** tab to understand the details of your policy before proceeding with the enrolment.
- Go to **Medical Insurance > Online Enrolment** to view the details of all your beneficiaries once the enrolment process is complete.
- Go to **Medical Insurance > Download E-Card** tab to generate and print out a Medi Assist ID card on the fly.
- Go to **Hospitalization > Network Hospitals** to browse through our extensive list of network hospitals across the country.

### MEDIBUDDY APP

Your MediBuddy App is a doorway to a wide range of insurance related information such as - network hospitals, hassle-free cashless hospitalization, seamless claims reimbursement process, claim status tracking, online health records, view your policy details and download e-cards.



#### View and Download E-card

Access, view, and download your Medi Assist e-Card for cashless hospitalization.

#### Cashless Healthcare

Keep track of all your medical expenses & make cashless payments on the MediBuddy app.

#### Locate Network Hospitals

Find the right network hospital near you, filter by location and specialties available.

#### Reimbursement Submission

If you've opted for reimbursement, submit your hospital expenses.

#### Claims Forms

Download all necessary forms for claims submissions and pre-authorization.

## ANNEXURE I: LIST OF DAY CARE PROCEDURES:

Claim admissibility for below list of Day Care Procedure will be concluded only after reviewing Medical documents. The mentioned Day Care Procedure mentioned here under is not to be taken as confirmation for coverage or claim coverage. **As, this is only a list of Day Care Procedures. You may write to [Techm@mediassist.in](mailto:Techm@mediassist.in) for any coverage related query along with Doctor Prescription and relevant reports.**

SNO	DAY CARE PROCEDURE	SNO	DAY CARE PROCEDURE
1	Stapedotomy	2	Excision And Destruction Of A Lingual Tonsil
3	Stapedectomy	4	Other Operations On The Tonsils And Adenoids
5	Revision Of A Stapedectomy	6	Incision On Bone, Septic And Aseptic
7	Other Operations On The Auditory Ossicles	8	Closed Reduction On Fracture, Luxation Or Epiphyseolysis With Osteosynthesis
9	Myringoplasty (Type -I Tympanoplasty)	10	Suture And Other Operations On Tendons And Tendon Sheath
11	Tympanoplasty (Closure Of An Eardrum Perforation/Reconstruction Of The Auditory Ossicles)	12	Reduction Of Dislocation Under Ga
13	Revision Of A Tympanoplasty	14	Arthroscopic Knee Aspiration
15	Other Microsurgical Operations On The Middle Ear	16	Incision Of The Breast
17	Myringotomy	18	Operations On The Nipple
19	Removal Of A Tympanic Drain	20	Incision And Excision Of Tissue In The Perianal Region
21	Incision Of The Mastoid Process And Middle Ear	22	Surgical Treatment Of Anal Fistulas
23	Mastoidectomy	24	Surgical Treatment Of Haemorrhoids
25	Reconstruction Of The Middle Ear	26	Division Of The Anal Sphincter (Sphincterotomy)
27	Other Excisions Of The Middle And Inner Ear	28	Other Operations On The Anus
29	Fenestration Of The Inner Ear	30	Ultrasound Guided Aspirations
31	Revision Of A Fenestration Of The Inner Ear	32	SclerotherapyEtc
33	Incision (Opening) And Destruction (Elimination) Of The Inner Ear	34	Incision Of The Ovary
35	Other Operations On The Middle And Inner Ear	36	Insufflation Of The Fallopian Tubes
37	Excision And Destruction Of Diseased Tissue Of The Nose	38	Other Operations On The Fallopian Tube
39	Operations On The Turbinates (Nasal Concha)	40	Dilatation Of The Cervical Canal
41	Other Operations On The Nose	42	Conisation Of The Uterine Cervix
43	Nasal Sinus Aspiration	44	Other Operations On The Uterine Cervix
45	Incision Of Tear Glands	46	Incision Of The Uterus (Hysterotomy)
47	Other Operations On The Tear Ducts	48	Therapeutic Curettage
49	Incision Of Diseased Eyelids	50	Culdotomy
51	Excision And Destruction Of Diseased Tissue Of The Eyelid	52	Incision Of The Vagina

53	Operations On The Canthus And Epicanthus	54	Local Excision And Destruction Of Diseased Tissue Of The Vagina And The Pouch Of Douglas
55	Corrective Surgery For Entropion And Ectropion	56	Incision Of The Vulva
57	Corrective Surgery For Blepharoptosis	58	Operations On Bartholin'S Glands (Cyst)
59	Removal Of A Foreign Body From The Conjunctiva	60	Incision Of The Prostate
61	Removal Of A Foreign Body From The Cornea	62	Transurethral Excision And Destruction Of Prostate Tissue
63	Incision Of The Cornea	64	Transurethral And Percutaneous Destruction Of Prostate Tissue
65	Operations For Pterygium	66	Open Surgical Excision And Destruction Of Prostate Tissue
67	Other Operations On The Cornea	68	Radical Prostatovesiculectomy
69	Removal Of A Foreign Body From The Lens Of The Eye	70	Other Excision And Destruction Of Prostate Tissue
71	Removal Of A Foreign Body From The Posterior Chamber Of The Eye	72	Operations On The Seminal Vesicles
73	Removal Of A Foreign Body From The Orbit And Eyeball	74	Incision And Excision Of Periprostatic Tissue
75	Operation Of Cataract	76	Other Operations On The Prostate
77	Incision Of A Pilonidal Sinus	78	Incision Of The Scrotum And Tunica Vaginalis Testis
79	Other Incisions Of The Skin And Subcutaneous Tissues	80	Operation On A Testicular Hydrocele
81	Local Excision Of Diseased Tissue Of The Skin And Subcutaneous Tissues	82	Excision And Destruction Of Diseased Scrotal Tissue
83	Other Excisions Of The Skin And Subcutaneous Tissues	84	Plastic Reconstruction Of The Scrotum And Tunica Vaginalis Testis
85	Simple Restoration Of Surface Continuity Of The Skin And Subcutaneous Tissues	86	Other Operations On The Scrotum And Tunica Vaginalis Testis
87	Free Skin Transplantation, Donor Site	88	Incision Of The Testes
89	Free Skin Transplantation, Recipient Site	90	Excision And Destruction Of Diseased Tissue Of The Testes
91	Revision Of Skin Plasty	92	Unilateral Orchidectomy
93	Other Restoration And Reconstruction Of The Skin And Subcutaneous Tissues	94	Bilateral Orchidectomy
95	Chemosurgery To The Skin	96	Orchidopexy
97	Destruction Of Diseased Tissue In The Skin And Subcutaneous Tissues	98	Abdominal Exploration In Cryptorchidism
99	Incision, Excision And Destruction Of Diseased Tissue Of The Tongue	100	Surgical Repositioning Of An Abdominal Testis
101	Partial Glossectomy	102	Reconstruction Of The Testis
103	Glossectomy	104	Implantation, Exchange And Removal Of A Testicular Prosthesis
105	Reconstruction Of The Tongue	106	Other Operations On The Testis
107	Other Operations On The Tongue	108	Surgical Treatment Of A Varicocele And A Hydrocele Of The Spermatic Cord

109	Incision And Lancing Of A Salivary Gland And A Salivary Duct	110	Excision In The Area Of The Epididymis
111	Excision Of Diseased Tissue Of A Salivary Gland And A Salivary Duct	112	Epididymectomy
113	Resection Of A Salivary Gland	114	Reconstruction Of The Spermatic Cord
115	Reconstruction Of A Salivary Gland And A Salivary Duct	116	Reconstruction Of The Ductus Deferens And Epididymis
117	Other Operations On The Salivary Glands And Salivary Ducts	118	Other Operations On The Spermatic Cord, Epididymis And Ductus Deferens
119	External Incision And Drainage In The Region Of The Mouth, Jaw And Face	120	Operations On The Foreskin
121	Incision Of The Hard And Soft Palate	122	Local Excision And Destruction Of Diseased Tissue Of The Penis
123	Excision And Destruction Of Diseased Hard And Soft Palate	124	Amputation Of The Penis
125	Incision, Excision And Destruction In The Mouth	126	Plastic Reconstruction Of The Penis
127	Plastic Surgery To The Floor Of The Mouth	128	Other Operations On The Penis
129	Palatoplasty	130	Cystoscopic Removal Of Stones
131	Other Operations In The Mouth	132	Lithotripsy
133	Transoral Incision And Drainage Of A Pharyngeal Abscess	134	Coronary Angiography
135	Tonsillectomy Without Adenoidectomy	136	Haemodialysis
137	Tonsillectomy With Adenoidectomy	138	Radiotherapy For Cancer
139	Cancer Chemotherapy	140	ARMD & Oral Chemotherapy

## LIST OF EXPENSES EXCLUDED:

Below list is indicative and not exhaustive. The exact deductions on account of the non-payables can be ascertained once the documents are scrutinized by our medical team.

SNO	LIST OF EXPENSES EXCLUDED ("NON-MEDICAL")	SUGGESTIONS
<b>TOILETRIES/COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS</b>		
1	HAIR REMOVAL CREAM	Not Payable
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Essential and may be paid specifically for cases who have undergone surgery of thoracic or lumbar spine.
16	BUDS	Not Payable

17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Not Payable
26	EYE SHEILD	Not Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Not Payable
31	LEGGINGS	Essential in bariatric and varicose vein surgery and should be considered for these conditions where surgery itself is payable.
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CURAPORE	Not Payable
47	DIAPER OF ANY TYPE	Not Payable
48	DVD, CD CHARGES	Not Payable ( However if CD is specifically sought by In surer/TPA then payable)
49	EYELET COLLAR	Not Payable
50	FACE MASK	Not Payable
51	FLEXI MASK	Not Payable
52	GAUSE SOFT	Not Payable
53	GAUZE	Not Payable
54	HAND HOLDER	Not Payable
55	INFANT FOOD	Not Payable
56	SLINGS	Reasonable costs for one sling in case of upper arm fractures should be considered
<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>		
57	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Not Payable
58	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Not Payable
59	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALIZATION.	Not Payable

60	HORMONE REPLACEMENT THERAPY	Not Payable
61	HOME VISIT CHARGES	Not Payable
62	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Not Payable
63	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Not Payable
64	PSYCHIATRIC & PSYCHOSOMATIC DISORDERS	Not Payable
65	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Not Payable
66	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Not Payable
67	DONOR SCREENING CHARGES	Not Payable
68	ADMISSION/REGISTRATION CHARGES	Not Payable
69	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Not Payable
70	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable
71	STEM CELL IMPLANTATION/ SURGERY and storage	Not Payable
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>		
72	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not separately
73	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the Hospital
74	MICROSCOPE COVER	Payable. Purchase of Instruments Not Payable.
75	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges, not separately
76	SURGICAL DRILL	Payable under OT Charges, not separately
77	EYE KIT	Payable under OT Charges, not separately
78	EYE DRAPE	Payable under OT Charges, not separately
79	X-RAY FILM	Payable under Radiology Charges, not as consumable
80	SPUTUM CUP	Payable under Investigation Charges, not as consumable
81	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
82	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
83	Antiseptic or disinfectant lotions	Not Payable - Part of Dressing Charges
84	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
85	BLADE	Not Payable
86	APRON	Not Payable
87	TORNIQUET	Not Payable
88	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable, Part of Dressing Charges
89	URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>		
90	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
91	HVAC	Part of room charge, Not Payable separately
92	HOUSE KEEPING CHARGES	Part of room charge, Not Payable separately
93	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge, Not Payable separately
94	TELEVISION & AIR CONDITIONER CHARGES	Part of room charge, Not Payable separately
95	SURCHARGES	Part of room charge, Not Payable separately
96	ATTENDANT CHARGES	Part of room charge, Not Payable separately
97	CLEAN SHEET	Part of Laundry / Housekeeping, Not Payable separately
98	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by Hospital is payable
99	BLANKET/WARMER BLANKET	Part of room charge, Not Payable separately
<b>ADMINISTRATIVE OR NON - MEDICAL CHARGES</b>		
100	ADMISSION KIT	Not Payable
101	BIRTH CERTIFICATE	Not Payable
102	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
103	CERTIFICATE CHARGES	Not Payable
104	COURIER CHARGES	Not Payable
105	CONVENYANCE CHARGES	Not Payable



106	DIABETIC CHART CHARGES	Not Payable
107	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
108	DISCHARGE PROCEDURE CHARGES	Not Payable
109	DAILY CHART CHARGES	Not Payable
110	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
111	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	Payable under Post-Hospitalisation where admissible
112	FILE OPENING CHARGES	Not Payable
113	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
114	MEDICAL CERTIFICATE	Not Payable
115	MAINTENANCE CHARGES	Not Payable
116	MEDICAL RECORDS	Not Payable
117	PREPARATION CHARGES	Not Payable
118	PHOTOCOPIES CHARGES	Not Payable
119	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
120	WASHING CHARGES	Not Payable
121	MEDICINE BOX	Not Payable
122	MORTUARY CHARGES	Payable up to 24 hrs, shifting charges not payable
123	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>		
124	WALKING AIDS CHARGES	Not Payable
125	BIPAP MACHINE	Not Payable
126	COMMODE	Not Payable
127	CPAP/ CAPD EQUIPMENTS	Device not payable
128	INFUSION PUMP – COST	Device not payable
129	PULSEOXYMETER CHARGES	Device not payable
130	SPACER	Not Payable
131	Spirometer / Respirometer	Device not payable
132	SP02 PROBE	Not Payable
133	STEAM INHALER	Not Payable
134	ARMSLING	Not Payable
135	THERMOMETER	Not Payable
136	CERVICAL COLLAR	Not Payable
137	SPLINT	Not Payable
138	DIABETIC FOOT WEAR	Not Payable
139	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
140	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
141	LUMBOSACRAL BELT	Payable for surgery of lumbar spine.
142	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia /quadriplegia for any reason and at reasonable cost of approximately Rs 200/day
143	AMBULANCE COLLAR	Not Payable
144	AMBULANCE EQUIPMENT	Not Payable
145	MICROSHEILD	Not Payable
146	ABDOMINAL BINDER	Essential and should be paid in post-surgery patients of major abdominal surgery including TAH, LSCS, incisional hernia repair, exploratory. laparotomy for intestinal obstruction, liver transplant etc.
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
147	BETADINE / HYDROGEN PEROXIDE / SPIRIT / DISINFECTANTS ETC	Not Payable
148	Private Nursing, Special Nursing, Post hospitalization nursing charges	Not Payable
149	NUTRITION PLANNING, DIETICIAN AND DIET CHARGES	Patient Diet provided by hospital is payable
150	SUGAR FREE Tablets	Payable -Sugar free variants of admissible medicines are not excluded
151	CREAMS POWDERS LOTIONS	Payable when prescribed (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
152	Digestion gels	Payable when prescribed

153	ECG ELECTRODES	One set every second day is Payable.
154	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
155	LOZENGES	Payable when prescribed
156	MOUTH PAINT	Payable when prescribed
157	NEBULISATION KIT	If used during Hospitalisation is Payable reasonably
158	NOVARAPID	Payable when prescribed
159	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
160	ZYTEE GEL	Payable when prescribed
161	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>		
162	AHD	Not Payable - Part of Hospital's internal Cost
163	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
164	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
<b>OTHERS</b>		
165	VACCINE CHARGES FOR BABY	Not Payable
166	AESTHETIC TREATMENT / SURGERY	Not Payable
167	TPA CHARGES	Not Payable
168	VISCO BELT CHARGES	Not Payable
169	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
170	KIDNEY TRAY	Not Payable
171	MASK	Not Payable
172	OUNCE GLASS	Not Payable
173	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable
174	PELVIC TRACTION BELT	Payable in case of PIVD requiring traction
175	REFERRAL DOCTOR'S FEES	Not Payable
176	ACCU CHECK (Glucometry/ Strips)	Not payable pre Hospitalisation or post Hospitalisation / Reports and Charts required / Device not payable
177	PAN CAN	Not Payable
178	SOFNET	Not Payable
179	TROLLY COVER	Not Payable
180	UROMETER, URINE JUG	Not Payable
181	AMBULANCE	Payable
182	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
183	URINE BAG	Payable where Medically Necessary - maximum 1 per 24 hrs
184	SOFTOVAC	Not Payable
185	STOCKINGS	Payable for case like CABG etc.

**Note:** The above list is indicative and not exhaustive. The exact deductions on account of the non-payables can be ascertained once the documents are scrutinized by our medical team.

#### Contact us - Customer Service

**India associates:** 815-286-0999 , **Onsite associates:** 080-6761-7555 [Business Email ID : techm@mediassist.in](mailto:techm@mediassist.in)

#### Claim documents submission

All the Claim documents to be submitted to the respective location Medi Assist SPOC and can be couriered to the below address, where location SPOC details not available. Medi Assist Insurance TPA Pvt Ltd  
2nd Floor, White House, 6-3-1192/1/1, 3rd Block, Kundanbagh Colony, Begumpet, Hyderabad, Telangana 500016. Please mention your Corporate name and EMP ID on the envelope

**Disclaimer:** The policy conditions for Tech Mahindra incorporated in the website and web portal are extracts of the Group Medclaim Policy wordings of United India Insurance Company Limited. These are only for reference and clarity in understanding. For any further clarifications, please write to us on [techm@mediassist.in](mailto:techm@mediassist.in). Please contact our dedicated Toll number 815-286-0999 (24/7 Helpline number) or the Local Helpdesk SPOC for further clarifications. An Onsite Associate can reach on our Toll Number +91 80-6761 7555. The terms and conditions mentioned are exhaustive. However, the policy doesn't describe the ailment / case study of the treatments. If you find any doubt / require clarification don't hesitate to connect with TPA before hospitalization / treatment for the claim admissibility. The document has been prepared for associate / employee better understanding and it is not for external circulation. If you have any query related to Claim admissibility /not happy with the TPA reply, you can raise the grievance on insurance company (United India Insurance) website <https://uiic.co.in/customercare/grievance> for their review.