Xoriant Solutions Private Limited

Group Mediclaim Policy 2024-25

Frequently Asked Questions

[](http://www.google.com.sg/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwjHqtW4z6nhAhXZE4gKHUeWDSIQjRx6BAgBEAU&url=http://active-asset-allocation.com/frequently-asked-questions/&psig=AOvVaw2xp1zFOL9BE5tGSv6UoxQN&ust=1554026841768867)

1. **What is the insurance company and TPA name?**

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| **Policy Type** | **Insurance Co Name** | **TPA Name** |
| Base Policy ( Emp + Spouse + 2 Child ) | New India Insurance Co | Health India TPA |
| Parents With Copay | New India Insurance Co | Health India TPA |
| Parents Without Copay | New India Insurance Co | Health India TPA |

1. **What is the group code?**

Group code is **XSP.**

1. **How to download instant E card?**

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| Visit On: |
| https://healthindiatpa.com/CustomerCorner/ECard.aspx |
| **Step–1 :** |
| Click on the above link. |
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| **Step-2 :** |
| Fill the below: |
| Insurer name **: New India Assurance Company** |
| Group Code : xsp |
| Employee number & click on the **Confirm** button. |
|  |
| **Step-3 :** |
| Put mobile number & click on generate OTP. |
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| **Step-4 :** |
| Put the OTP in column & submit the details. Get the print of E card for further use. |

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| 1. **Where I can find cashless listed hospital?**   Find your nearby location wise hospital by selecting the link. |
| https://www.healthindiatpa.com/Hospital\_Search.aspx  Insurance Company Name: The New India Assurance Company.  Select State & City and click on submit button. |
|  |

1. **What will be the room rent charges?**

Per day room rent will 1.5% of sum insured including nursing (Eg. If sum insured is 5lac then, per day room rent will be Rs.7500/-)

1. **What is the coverage for maternity?**

For C section 90K and for Normal delivery 70K.

1. **Will pre post-natal expenses cover for maternity?**

Pre post-natal expenses are covered upto Rs. 5000 on IPD (hospitalization) basis.

1. **What is the criteria for Ayush/ Ayurvedic Treatment?**

* For Ayush/ Ayurvedic treatment selected hospital should be government recommended or QCI/ NABH certified.
* Treatment should be on IPD based.

1. **What is TPA id no. and where we can find it?**

TPA Id and Member Code are one and the same which is mention on insurance card (E card).

1. **What is intimation and where we have to share the details?**

At the time of admission below details you have to share on

[frd@healthindiatpa.com](mailto:frd@healthindiatpa.com) & xoriant@emedlife.in

1. Employee number:
2. Employee Name:
3. Patient name:
4. PHS ID/ TPA ID:
5. Hospital Name & address:
6. Date of admission:
7. **What is the Sum insured for employee policy?**

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| --- | --- |
| Grade | Sum Insured per employee Family |
| G1 to G6 | 5Lakh |
| G7 & above | 10 Lakh |

1. **Who can be cover under parental policy?**

* Parents & Parents in law can be covered under the parental self-sponsored Policy.
* **Please Note:**
* Combination of 1 Parent and Parent in law is allowed, in case one parent is deceased, declaration of death of deceased member is mandatory to avail this coverage under the policy.
* Premium shall be deducted as per HR Policy.

1. **Who can be covered under employee policy?**

* Self, spouse and 2 dependent children (up to 25yrs), can be covered under the plan.
* More than 2 children cannot be covered under policy.

1. **How to add newly wedded spouse/ new born baby in policy?**

Within 30 days of life event (Baby birth/Marriage date), employee should raise the ticket on HIFI about the new member with below mandatory details:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Dependent | Dob | Gender | Marriage date (in case of newly married) |
|  |  |  |  |

1. **What is parent with 20% copay & without copay policy?**

In with copay policy on approved amount 20% deduction will apply, wherein without copay policy 20% deduction will not be apply.

1. **Can I avail the policy for my single parent?**

* In case if, both parents are alive, then the cover has to be mandatorily opted for both the parents, as policy does not allow for coverage of single parent in such a case.
* However, if any of the parental member is deceased in the pair, you can cover your single parent by submitting declaration of death of deceased member.

1. **How to avail hospitalization benefits under policy?**

* This benefit can be availed in two ways:
* **Cashless**
  + This insurance plan is administered by Third Party Administrator M/s Health India Insurance TPA Services Pvt.Ltd.
  + They have a network of hospitals all over India where your insured dependents can get hospitalized & take the treatment without paying the eligible expenses upfront from your pocket. (Applicable for only Medical Expenses. For Non-Medical expenses, you have to make the payment as per hospital’s policy.)
  + Cashless hospitalization allowed only in hospitals that are part of the network hospital list.
* **Reimbursement**
  + In this traditional form, after your insured dependent’s hospitalization is complete; you need to make the payment for these expenses & then get the eligible amount reimbursed from the Insurance Company.
  + Reimbursement claim documents should be submitted within 30 days from date of discharge.
* You have to collect all original documents as per the document checklist, register the claim & submit same to TPA within 20 days from the date of discharge & pre-post expenses employee can submit within 7 days after completion of pre-post time limit.
* If patient admitted in black listed hospital, then claim will be get rejected in cashless as well in reimbursement. If patient admitted in network hospital where cashless is possible but employee opted for reimbursement, then MOU discount which actually given in cashless will be deducted in reimbursement claim.

1. **What all benefits cover under policy?**

* Pre-Existing Diseases covered from day one, without any waiting period.
* Waiver of 1st, 2nd, 3rd & 4th year exclusions for special diseases.
* Waiver of 30 Days waiting period.
* Waiver of 9 months waiting period for Maternity.
* Maternity Expenses are limited to INR 70,000 in case of Normal Delivery and INR 90,000 in case of C-Section Delivery.
* New Born Child Cover from day one subject to intimation about expected date of delivery or about childbirth, within 30 days from the date of birth.
* Pre & Post hospitalization expenses covered, excluding Maternity (30 days prior to admission & 60 days’ post discharge) respectively.
* Hospitalization due to Terrorism is covered.
* Emergency Ambulance Charges covered up to INR 3,500 for Normal Ambulance and INR 5,000 for Cardiac Ambulance per hospitalization.
* Oral Chemotherapy & Adjuvant Chemotherapy are covered in the policy.

1. **What are the broad benefits under Hospitalization Benefit Plan?**

* Under the Hospitalization plan, the insured family members would get paid for expenses incurred due to hospitalization.
* The hospitalization must fulfill following conditions:
* Total stay in hospital should be more than 24 hours (Not applicable for those procedures where the stay in the hospital is reduced due to advancement of Medical technology)
* Hospitalization is applicable for treatment of a disease or illness and the treatment given could not have been administered on Outpatient basis.
* Where the hospital is more than 15 beds in Metro Cities OR is registered with the local authorities (this condition is relaxed to 10 beds for Non-Metro cities)

1. **What are the additional benefits under employee policy?**

* Infertility treatment on IPD basis for 1st child up to 1lakh.
* Autism treatment covered on IPD based.
* External congenital covered in case of life-threatening case.
* Internal congenital covered in the policy.

Enhanced benefit for twin/triplet delivery by INR 25,000 each. Well baby expenses covered up to Rs 5000 within maternity limit.

**21) When does my Insurance Cover?**

* Insurance policy ends on 31st January 2025 or any of the following events whichever occurs earlier.
  + Termination or expiration of insurance policy on 31st January 2025 (in case of expiry, it would be renewed)
  + Your separation from Xoriant (Last Date of employment), as the employee insurance is extended to the dependents, the date of termination of cover for employee is also the date of termination of cover for dependents.
  + Dependent’s cover will also be terminated if the employee is no longer eligible for such coverage.

**22) What happens if the details like DOB, Name furnished by me while enrolling are incorrect?**

* It is important that you provide correct information.
* In case of discrepancy in data available with Health India TPA & the actual data furnished (you may have mentioned in the online form your spouse’s age as 48 years and the claim form & hospital records have mentioned it as 58 years), your claim may get rejected.
* Mismatch in age, name may lead to denial of claim as the insurance is a contract based on the concept of “UTMOST GOOD FAITH” between the insurer and insured.

**23) How do I know that my dependents and I are insured?**

* After your enrollment, an ID card from Health India TPA will be made available on the  portal.
* This is a confirmation that you or your dependents are insured. (Please note that each insured family member gets individual TPA ID. So if one of your family members does not get TPA ID, chances are that the member is not insured.
* In such event, immediately contact your Health Plan Coordinator Emedlife through  portal OR get in touch with their voice contacts as mentioned at the end of this document.)
* Also notify Emedlife team immediately if you find any details mentioned on your e-card incorrect to avoid last minute hassles during hospitalization. For e.g. DOB, name, relation. Correction process will take some time.

**24) What happens if I have to be hospitalized in case of emergency for e.g.in case of an accident?**

* In case of such emergency events –
  + Please take the patient to the nearest good hospital & start the treatment.
  + Let the patient stabilize.
  + Follow the standard procedure for Cashless Authorization in case of network hospital and
* Reimbursement in case of non-network hospital.
* If patient admitted in network hospital where cashless is possible but employee opted for reimbursement, then MOU discount which actually given in cashless will be deducted in reimbursement claim.

**25) What are the Standard exclusions of this policy?**

* Any medical expenses incurred for or arising out of:
* War invasion, Act of foreign enemy, War like operations, Nuclear weapons, ionizing radiation, contamination by radio activity, by any nuclear fuel or nuclear waste or from the combustion of nuclear fuel.
* Circumcision, cosmetic or aesthetic treatment, plastic surgery unless required to treat injury or illness.
* Vaccination & Inoculation.
* 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.
* All types of Dental treatments except arising out of an accident.
* Convalescence, general debility, ‘Run-down’ condition or rest cure, obesity treatment and its complications, congenital external disease/defects or anomalies, infertility, sterility, use of intoxicating drugs/alcohol, use of tobacco leading to cancer.
* Bodily injury or sickness due to wilful or deliberate exposure to danger (except in an attempt to save human life), intentional self-inflicted injury, attempted suicide, arising out of nonadherence to medical advice.
* Treatment of any Bodily injury sustained whilst or as a result of active participation in any hazardous sports of any kind.
* Treatment of any bodily injury sustained whilst or as a result of participating in any criminal act.
* Sexually transmitted diseases, any condition directly or indirectly caused due to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB-III) or lymphotropathy 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.
* Diagnosis, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis of positive existence and treatment of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home.
* Vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Medical Practitioner.
* Naturopathy Treatment.
* Instrument used in treatment of Sleep Apnea Syndrome (C.P.A.P.) and continuous Peritoneal Ambulatory dialysis (C.P.A.D.) and Oxygen Concentrator for Bronchial Asthmatic condition.
* Genetic disorders and stem cell implantation / surgery.
* Domiciliary Hospitalization.
* Treatment taken outside India.
* Unproven / Experimental Treatment.
* Change of treatment from one system to another unless recommended by the consultant / Hospital under whom the treatment is taken.
* Any kind of Service charges, Surcharges, Admission Fees/Registration Charges, Luxury Tax and similar charges levied by the hospital.
* Treatment for Age Related Macular Degeneration (ARMD), treatments such as Rotational Field Quantum Magnetic Resonance (RFQMR), External Counter Pulsation (ECP), Enhanced External Counter Pulsation (EECP), Hyperbaric Oxygen Therapy
  + Other Standard exclusions specific to the insurance company.

1. **In case of any Mediclaim regarding query, to whom should I contact?**

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| Emedlife Team | Name | Contact No | Mail ID |
| SPOC | Mr. Chirag Prabhulkar | 8929097612 | [mediclaim@xoriant.com](mailto:mediclaim@xoriant.com), xoriant@emedlife.in |