Emedlife

Employee Benefit Manual for Parents/Parent-in-laws – Group Mediclaim Policy

Designed for :

Continental Automotive Components India Pvt Ltd and Continental Autonomous India Mobility Pvt Ltd

IMPORTANT DETAILS

Policy Duration: 26/02/2025 to 25/02/2026

Insurance Brokers: Emedlife Insurance Broking Services Limited

TPA (Third Party Administrators): Paramount Healthcare TPA Services

Insurance Company: The New India Assurance Co Ltd

Group Medical – Coverage's

Plan Name	Group Medical Plan
Policy Holder	Continental Automotive & Continental Autonomous
Sum Insured Limits	As per opted by the Employee - INR 1 Lakh, 2 Lakhs, 3 Lakhs, 4 Lakhs, 5 lakhs, 7.5 lakhs and 10 lakhs Floater SI
Members Covered	(1+1) - Parents & or Parent In Law's
Restriction on Room-Rent	Room Rent: For Sum Insured of 1 Lac and 2 Lacs , **INR 2000 for Normal and No Restriction on ICU** and for Sum Insured of Rs 3 lacs ,4 Lacs, 5 Lacs, 7.5 Lacs and 10 Lacs - **1% of Sum Insured for Normal and No Restriction on ICU** (No Proportionate Charges/Deductions applicable) if Opted for Higher Room Category. Employee has to pay the difference in Room Rent
Pre-existing Diseases	Covered from Day One if enrolled in the policy
First 30-days Waiting Period	Waived off
1st / 2nd & 4th Year Waiting Period	Waived off
Pre & Post Hospitalization Expenses	30 days Pre Hospitalization and 60 Days Post Hospitalization can be claimed within the Sum Insured

Group Medical – Coverage's

Plan Name	Group Medical Plan
Ayurveda Treatment	Covered up to 20% of Sum Insured on IPD Basis - Claims will be considered from Government Ayurvedic colleges/Government Ayurvedic Hospitals/NABH Ayurvedic Hospitals/QCI Hospitals(Quality Council of India)
CONGENITAL INTERNAL DISEASE	Covered
DAY CARE PROCEDURES	Covered as per standard policy
Co-Pay	**10% Applicable on all claims** Co-payment refers to the portion of the medical expenses you must pay out of pocket
Covid Treatment	Covered
Geographical Limits	India (Covers treatment availed in India only)
Mid-Term Enrollment	Midterm Enrollment / Correction is not allowed except for New Joiners
Modern Treatment Cover	**Covered upto % of the Sum Insured as per the below list.**

Modern Treatment Coverage Details

What is Modern Treatment Cover - Covered Up to % of Sum Insured

Insurance policy includes coverage for modern treatments such as robotic surgeries, advanced techniques, and specialized treatment. These treatments cover up to certain % of the Sum Insured (S.I) only.

Below treatments are listed under Modern Treatment:

- Uterine Artery Embolization and HIFU - **Upto 20% of Sum Insured subject to a Maximum upto Rs. 2 Lakh**
- Balloon Sinuplasty - **Upto 20% of Sum Insured subject to a Maximum upto Rs. 2 Lakh**
- Deep Brain stimulation - **Upto 50% of Sum Insured subject to a maximum upto Rs. 5 Lakh**
- Oral chemotherapy - **Upto 10% of Sum Insured subject to Maximum upto Rs. 1 Lakh**
- Immunotherapy-Monoclonal Antibody to be given as injection **- Upto 25% of Sum Insured subject to a Maximum of Rs 2 Lakh**.
- Intra vitreal injections - **Upto 10% of Sum Insured subject to a Maximum of Rs.75,000**
- Robotic surgeries - **Upto 50% of Sum Insured subject to Maximum of Rs. 5 Lakh**
- Stereotactic radio surgeries **- Upto 50% of Sum Insured subject to Maximum Rs. 3 Lakh**
- Bronchial Thermoplasty - **Upto 50% of Sum Insured subject to Maximum of Rs. 2.5 Lakh.**
- Vaporisation of the prostrate (Green laser treatment or holmium laser treatment) - **Upto 50% of Sum Insured subject to Maximum of Rs. 2.5 Lakh.**
- IONM -(Intra Operative Neuro Monitoring) - **Upto 10% of Sum Insured subject to Maximum of Rs. 50,000.**
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered - **Upto 50% of Sum Insured subject to Maximum of Rs. 2.5 Lakh**

Kindly Note – Above mentioned capping includes Pre-Post expenses as well.

CANCER TREATMENT UNDER THIS POLICY

Conventional Treatment Cover for Cancer :

Conventional/Traditional Treatment is covered in this policy upto 100 % of Sum Insured which includes Hospitalization, Surgery, Chemotherapy, Radiation Therapy & Medications.

Modern Treatment Cover for Cancer:

If the Cancer treatment is considered as Modern/Advance Treatment, then it is payable only upto the % of Sum Insured. (Please refer Slide 5).

This includes:

- Oral Chemotherapy (**Upto 10% of Sum Insured subject to Maximum upto Rs. 1 Lakh)**
- Immunotherapy - Monoclonal Antibody (**Upto 25% of Sum Insured subject to a Maximum of Rs 2 Lakh)**

(Targeted Therapy, Hormone Therapy, Stem Cell Transplant & Precision Medicine)

NOTE:

Please check the Eligibility of Claim Payable Amount with the SPOC if it is planned hospitalization.

Kindly enquire with the Doctor & Hospital before hospitalization on the Treatment plan.

Group Medical Policy – Standard Hospitalization

Inclusions:

- ✓ Only “in-patient” hospitalization expenses.
- ✓ Active line of treatment with minimum 24 hours hospitalization.(Excludes hospitalization for only diagnosis/investigation/observation/research)
- ✓ Pre-hospitalization expenses of 30 days before admission and post hospitalization expenses for 60 days from the date of discharge for a claim eligible hospitalization.

Exclusions:

- ✓ Non - Medical Expenses & Non – Payable Expenses

  Registration/Admission/Documentation fees, hospital surcharge, food bills for attendants, telephone charges, Television charges, pharmacy charges etc.
- ✓ Higher Room Rent/Co-payment/Excess of Sub-Limits & Sum Insured.

Standard exclusions in GMC Policy

- ✓ OPD Treatments, Oral Monitoring, Diagnostics and Investigations
- ✓ No Active line of treatments
- ✓ Circumcision unless necessary for treatment of diseases
- ✓ External Congenital ailments or defects/anomalies
- ✓ Hospitalization for convalescence, general debility, intentional self-injury, use of Intoxicating Drugs/Smoking/Alcohol.
- ✓ Venereal diseases, HIV and AIDS, Infertility treatment, Homeopathy and Naturopathy
- ✓ Cost of spectacles, contact lenses, hearing aids
- ✓ Dental Treatments, Cosmetic treatments
- ✓ Any cosmetic or plastic surgery except for correction of injury
- ✓ Hospitalization for diagnostic tests only even if prescribed by a medical practitioner
- ✓ Unproven or experimental treatment not approved by Medical Council of India
- ✓ Laser Treatments or any other Advance Treatments (Insurance Company will only for Conventional method of Treatment)

Benefits of Paramount Portal/Mobile App

- Online access to view Dependents Details, Claim status and Ecards.
- Claim Intimation
- Reimbursement Claim Submission
- Network list hospitals list
- Track Claims

Paramount Health

Your link to good health

Cashless Hospitalization @ Network Hospitals as per the list

- Cashless hospitalization can be availed at any of the Network Hospital as per Paramount TPA list.

Please refer the List in the Portal/Mobile App before deciding on any Planned Hospitalization.

https://www.paramounttpa.com/Home/ProviderNetwork.aspx

Select – Insurer as – New India Assurance, State and the City.

- There may be some hospitals which would be Blacklisted /Excluded as per Insurer & TPA.

Please ensure the preferred hospital is not on the list of blacklisted hospitals before Hospitalization. (This applies to both Cashless & Reimbursement Claims)
Cashless & Reimbursement claims are not payable if the hospital is blacklisted

https://www.paramounttpa.com/Home/ExcludedList.aspx

PPN (Preferred Provider Network) Hospitals

- If the hospital opted is under Preferred Provider Network (PPN) Hospitals for cashless treatment, Employees will get better discount & lower out-of-pocket expenses

- Utilizing PPN hospitals can significantly reduce your financial burden during medical emergencies.

Please refer to the above Network Hospital link to check the PPN Hospital List for any planned hospitalization.

Group Medical – Reimbursement Claims Document Check List & Attachments

No.	Document Required for Reimbursement Claim
1	Signed Claim form with Aadhar & PAN copy of insured person & patient (KYC form is mandatory for claims above INR 100,000)
2	Main Hospital Bills in Original (with Bill No; Signed and Stamped by the Hospital) with all charges itemized and the original receipts
3	Discharge summary(Original)
4	Attending Doctors' Bills and Receipts and Certificate regarding Diagnosis (if separate from hospital bill)
5	Original Reports or attested copies of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original and Laboratory
6	Follow-up Advice or Letter for line of Treatment after Discharge from Hospital, from Doctor.
7	Break up with details of Pharmacy items, Materials, Investigations even though it is there in the Main Bill
8	In case the Hospital is not Registered, please get a letter on the Hospital Letter Head Mentioning the Number of Beds and Availability of Doctors and Nurses Round the Clock.
9	In Non- Network Hospitalization, please get the Hospital and Doctor's Registration Number in Hospital Letterhead and get the same Signed and Stamped by the Hospital.
10	In case of Accidents, please note FIR or MLC (Medico Legal Certificate) is mandatory.

Claim Form

Adobe Acrobat Document

Note: Kindly retain photocopies of All the Documents. KYC – Government issued Photo ID and Address proof
The above is an indicative list, and additional documents can be requested for to process a claim.

Claim Submission Timeline - All claims to be submitted to Emedlife office within 21 days from date of discharge. In case of post hospitalization, the timeline would be 7 days from - treatment completion or completion of 60 days post hospitalization, whichever is earlier.

NOTE : Any delayed submission beyond the timeline mentioned above will not be processed. In such cases, letter from the employee would be required with a valid reason for delay in submission. It is at the discretion of the Insurance Company to provide the approval for such cases.

Frequently Asked Questions - FAQ's

What is a family floater?

Under the family floater, the insurance cover will be available to all members of the family upto the Sum Insured opted. The sum insured is available for utilization by any member of the family. It is however subject to the overall family sum insured for all members put together.

Will my stay be covered under Mediclaim, if I have been admitted under doctors' instructions but there has been no proper line of treatment?

No. Hospitalization not accompanied with active line of treatment is not covered/admissible.

Is there any limit for reimbursement of expenses incurred in a laboratory or a diagnostic centre as part of hospitalization?

No. If the expenses form part of the hospitalization process and if the amount is approved and payable as per the terms and conditions of the policy, then they are reimbursable up to the sum insured amount.

What is Co-payment

Co-payment refers to the portion of the medical expenses Employee/Member must pay out of pocket. It is important to be aware of the co-payment clause in your policy, which varies depending on the treatment and hospital category.

Co-pay Clause as per policy - 10% co-pay on parents and parents in laws claims

Frequently Asked Questions - FAQ's

What is Pre & Post Hospitalization Benefit?

Relevant medical expenses incurred during a period up to 30 days prior to and 60 days after hospitalization will be considered as part of claim and therefore settled as per policy guidelines. This can be claimed as Reimbursement only by submitted all original bills, payment receipts, Discharge summary for verify the prescription & treatment plan.

What expenditures will generally be covered under the Pre-Hospitalization Clause?

Medical expenses incurred for Laboratory Test, Pathological Test and such similar overheads are usually incurred prior to hospitalization and will be covered under the Pre-Hospitalization Clause. The main hospitalization should have happened basis of this report or investigations.

What expenditures will generally be covered under the Post Hospitalization Clause?

Medical expenses incurred for recommended check-up after discharge from hospital and other such similar overheads usually incurred post-hospitalization will be covered under the Post Hospitalization Clause.

Is there a time limit within which I am expected to submit the pre and post-hospitalization bills?

Yes, you are advised to submit bills with respect to Pre-Hospitalization, within 30 days of discharge from the hospital. Post-hospitalization bills must be submitted within 7 days of completion of the treatment or completion of 60 days post-discharge, whichever is earlier.

Frequently Asked Questions - FAQ's

What is meant by a Networked / Empanelled Hospital?

The hospitals that have a tie-up with the TPA servicing the Mediclaim policy is called a network / impanelled hospital. An

An exhaustive list of Network Hospitals is available on

What is meant by a PPN Hospital?

PPN (Preferred Provider Network) hospital means a network of hospitals which have agreed to a cashless packaged pricing for certain procedures for the insured person. If the member goes for reimbursement at PPN hospital and if the hospital charges higher amount than the agreed PPN rates, then such claim will be settled as per PPN package rate.

PPN Hospital would charge defined rates as per the GIPSA (General Insurance Public Sector agreement). PPN hospitals are obligated to adhere to standardized rates.

Employees would benefit if they preferred PPN hospital as rates are standardized & better saving on the overall sum insured.

Do I need to get treatment at a network hospital only?

You can get treated in any registered hospital, which meets the hospital criteria, within the country but the cashless facility will be available only at the network hospitals. Expenses incurred in non-network hospitals will be reimbursed to you, after following the applicable reimbursement process.

Blacklisted/Excluded Hospital?

A blacklisted hospital in the context of a health insurance policy refers to a healthcare facility that is not recognized by the insurance company or has been deemed ineligible for coverage.

Blacklisting is placing a hospital in a position where there would be no further dealing with it in any case. Once blacklisted, Insurers do not empanel or engage with such hospitals.

Please ensure the preferred hospital is not on the list of blacklisted hospitals before Hospitalization.

Blacklisting can happen not only in the case of network hospitals but also in the case of non-network hospitals.

Cashless & Reimbursement claims are not payable if the hospital is blacklisted.

Please check the preferred hospital before hospitalization.

(Look for Excluded Hospital. List is dynamic with New Additions & deletions.

Frequently Asked Questions - FAQ's

What if we get admitted in a hospital outside the Network List?

If you get admitted in a registered hospital outside the network List, you will not get the cashless facility. You can always file the claim under reimbursement mode.

Please fill the reimbursement claim form & submit all Original bills & reports as per checklist attached.

For faster process of Reimbursement claims, we would suggest to upload the claim documents in Paramount portal and check the claim status.

Please note:

Claim can be approved with the softcopy of the documents uploaded through the Paramount portal. But final claim payment will be credited only after receiving the original documents at Paramount.

Will I get my claim papers back?

No, you will not get the claim papers back after the settlement of the claim. You are expected & advised to keep a photocopy of the same for your future reference, before submitting the papers. However, rejected claim documents will be available on request only if the Insurance company agree.

Frequently Asked Questions - FAQ’s

How do I know whether my Claim has been admitted for Cashless or not?

Authorization Letter or Denial Letter will be mailed/uploaded directly to the Hospital from Paramount. For an update, the employee will get an email & SMS from TPA (Paramount).
In case any assistance required. Please connect with **SPOC**

Can I file more than one claim in a year?

You can claim as many times you are hospitalized during the period of Insurance but the insurance company’s liability in respect of all claims put together shall not exceed the Sum Insured

What is the document submission timeline in case of reimbursement claims?

After completion of treatment, the patient has been discharged from the hospital, you must submit the final claim within 21 calendar days from the date of discharge from the hospital.

In case the claim is not submitted within the timeline, Claim will be closed.

Frequently Asked Questions - FAQ's

Within how many days will I get my Mediclaim (medical insurance) Card?

Mediclaim cards will be available within 60 days after the Date of Joining. In case of any cashless emergency please connect with **SPOC**

Do I need to carry my Mediclaim e-card when I go to the hospital?

Ideally, you should always carry a photocopy/print of the e-card with yourself, when getting admitted to the hospital from the available list of network hospitals with the TPA. But, in the event that you do not have a cashless card, you should get in touch with SPOC to get the Ecard to avail cashless facility

36. What if you have not got your e-cashless card yet? Are you covered? What do you need to do to get cashless treatment?

The claim would be processed without the cards, provided the claimant is declared in the policy within specified timelines. You would be entitled to cashless treatment but in such case, you are requested to get in touch with SPOC before or at the time of hospitalization.

37. My e-card does not have your photograph; then how can the hospital identify you?

Hospital will cross check all the details using card number with TPA Network. However, Hospital will also ask for photo identity proof (Employee ID Card, driving license, Election card or any card which is approved by Government of India) as a part of general verification

38. The information on my e-card is incorrect. What should I do now?

Please send a request to SPOC for the correction. We will get necessary corrections done in the insurance database and get a new e card issued by the TPA.

Frequently Asked Questions - FAQ's

What is Genetic Disorders is it covered under the policy?

An inherited medical condition caused by a DNA abnormality is called Genetic Disorder. Claims related to genetic disorders are not covered under the policy

Health issues due to consumption of drugs, alcohol, and smoking

There's no denying that drug addicts or smokers, or regular alcohol drinkers are more prone to lifestyle diseases than other people. Some severe diseases like stroke, mouth cancer, liver damage, bronchitis, etc., are the effects of high consumption of drugs, smoking, or alcohol.

Any hospitalization related to Drugs; Alcohol & Smoking is Exclusion under the policy.

Claim will be denied if there is any specification from the doctor in the report.

Even if primary admission is not due to Drugs, Alcohol & Smoking but there is substantial evidence in the doctor report mentioned about the usage, then the Claim will be investigated further.

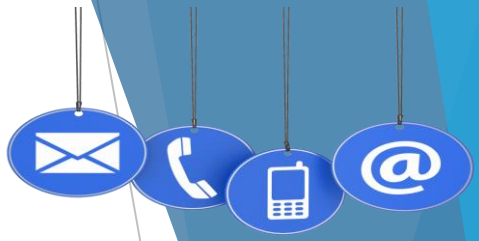
Is Cosmetic Surgery covered in the policy

Cosmetic surgery such as Botox, facelift, breast or lip augmentation, rhinoplasty, etc., are the ways to enhance the beauty and physical attributes of a person and are not considered indispensable to maintain quality of life or ensure body function. Hence it is excluded from Health insurance policy.

Self-Inflicted injury

Health insurance policy does not cover any injuries caused due to any self-attempted or suicide attempts. Health insurance policy does not cover any damages caused due to any self-attempted or suicide attempt.

For any kind of clarification, please contact below SPOC:



Paramount SPOC	Ms Sathya Udaya
Contact No	+91 8655386385
Mail ID	Continental.phs@paramounttpa.com
Escalation	Ms. Pallavi. G
Contact No	+91 9465344931
Mail ID	pallavi.g@paramounttpa.com

Emedlife SPOC	Mr. Harish
Contact No	+91 9999180571
Mail ID	Harish_m@Emedlife.in
Escalation	Mr. Atul Garg
Contact No	+91 9008144480
Mail ID	Atul_garg@emedlife.in
Escalation	Mr. Vinay
Contact No	+91 9008166617
Mail ID	Vinay_s@emedlife.in

Emedlife

Thank you