# INTELEGAIN TECHNOLOGIES PVT LTD Introduction to Group Mediclaim Policy





## **General Information**

## Policy Details:

- Policy Number: 110131928430000007
- **Policy Period:** From 3/02/2019 to mid night on 2/02/2020

#### Sum Insured:

- Rs 1 lakh.
- SI applicable as Individual.
- ☐ Midterm increase of sum insured is not applicable.

## Family Definition:

Employees Only

# Member Eligibility

#### Room Rent and Eligibility:

Room rent inclusive of nursing and RMO charges are 1% per day for Normal room rent & For 2 % for ICU,

Opting for a room of a higher category than the eligible category will result in higher cost for all hospitalization services, and proportionate increase in all services excluding medicines and consumables must be borne by the claimant.

Proportionate Deduction % = Room opted – Room Eligible x 100% Room opted

Ex: Proportionate Deduction % = 3000-1000x 100% = 66.66% 3000

# **Hospitalization Cover**

## **Hospitalization:**

Minimum period of 24 hrs of admission in a hospital for a proper medical/surgical management with active line of treatment.

#### **Active Line of Treatment:**

- Justified hospitalization based on clinical condition and treatment provided.
- ☐ Hospitalization for treatment which
  - > cannot be taken on an out patient basis
  - cannot be taken at home
  - requires Doctor's supervision
  - is not only oral medication (tablets)
  - not only for evaluation and observation

# **Hospitalization Cover**

#### Day Care Treatment:

- Medical treatment, and /or surgical procedure which is
  - ➤ Undertaken under General or Local Anaesthesia in a hospital/ day care centre in less than 24 hours because of technological advancement
  - Which would have otherwise required a hospitalisation of more than 24 hours.

#### Example:

- Chemotherapy & Radiotherapy for Cancer
- Tonsillectomy
- Dilatation & Curettage (D & C)

## **Coverages and Conditions**

#### Coverage and Conditions Waived off:

- Pre Hospitalization 30 days
- Post Hospitalization 60 Days
- Pre-existing illness cover Pre-existing diseases covered
- Cover for first year excluded diseases waived off
- Cover for first 30 days Exclusion waived off
- ☐ Maternity waiting period waived off

#### **Maternity Benefit:**

- ☐ Maternity covered for employees and spouses First two deliveries/living children.
  - Normal Delivery Rs 30000
  - C-Section Rs 40000

### Additional Coverage:

•Emergency ambulance charges payable - Emergency road ambulance service payable for inward (Emergency ambulance charges payable - Only Carrying the patient to Hospital for admission) cases to hospital - Rs.1500 or actual whichever is lower per case. (for Inward cases only)

## **Exclusions**

## Treatment and Services Not Payable:

- Surcharges, service charges, miscellaneous charges and other non treatment related expenses are not payable.
- Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home or at home under domiciliary hospitalisation as defined.
- Any treatment method other than Allopathy (Ayurvedic / Naturopathy / Unani)
- Expenses on vitamins and tonics unless forming part of treatment for disease or injury as certified by the medical practitioner.
- Unproven/Experimental Treatment, OPD claims not covered
- Cost of spectacles, contact lenses and hearing aids.
- ☐ Dental treatment or surgery of any kind unless requiring hospitalization
- Convalescence, general debility, 'run-down' condition or rest cure, congenital external disease or defects or anomalies

## **Exclusions**

## Treatment and Services Not Payable:

- Sterility, venereal disease, intentional self-injury and use of intoxicating drugs/alcohol. Circumcision unless necessary for treatment of a disease not excluded herein above or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- ☐ All expenses arising out of any condition, directly or indirectly, caused to or associated with human T-Cell Lymphotropic
- ☐ Virus type III (HTLV III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
- Disease or injury directly or indirectly caused by or arising from attributable to war, invasion, act of foreign enemy, warlike
- Operations (whether war be declared or not).
- Disease or injury directly or indirectly caused by or contributed to by nuclear weapons/materials.

## **Exclusions**

## Treatment and Services Not Payable:

Following ailments / treatment methods are not covered in the policy.

- Domiciliary hospitalisation
- Robotic surgery/treatment done using this technology/Robotically assisted Surgery.
- Stem Cell Transplantation/bone marrow transplant
- Septoplasty
- Cochlear Implant or related aids.
- RFQMR Rotational Field Quantum Magnetic Resonance Device Cytotron
- > C3R,
- Balloon Sinuplasty,
- Bariatric surgery
- Inj Avastin/Lucentis/Macugen
- Ozone Therapy.
- Enhanced External Counter Pulsation Therapy. (EECP)
- Rejuvenation therapy
- Lasik Surgery, Any kind of cosmetic surgery



## 2 Health Claims Process

## Claim Process

#### Claim Intimation:

- □ Planned Hospitalization: The policyholder/Insured person will intimate such admission at least 48 hr prior to the planned date of admission
- **Emergency Hospitalization:** The policy holder / insured person will intimate such admission within 24 hrs of such admission.

In the event of an employee availing Cashless/Reimbursement claim, She / He may intimate the same to RGICL via any of the following modes

- Calling our Toll Free number 1800 3009
- Checking into the website www.reliancegeneral.co.in
- Writing to rgicl.rcarehealth@relianceada.com

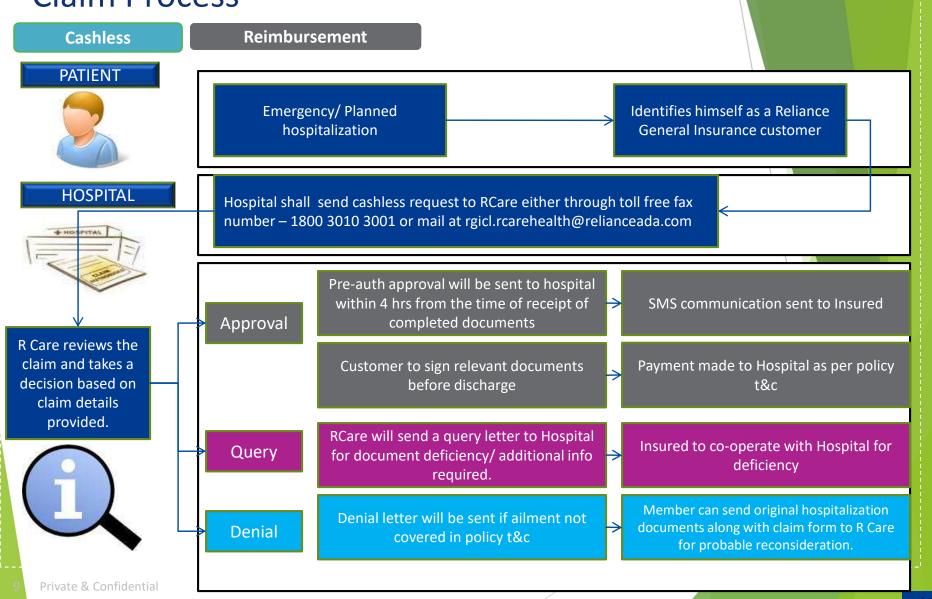
## Claim Process

#### **Cashless Process:**

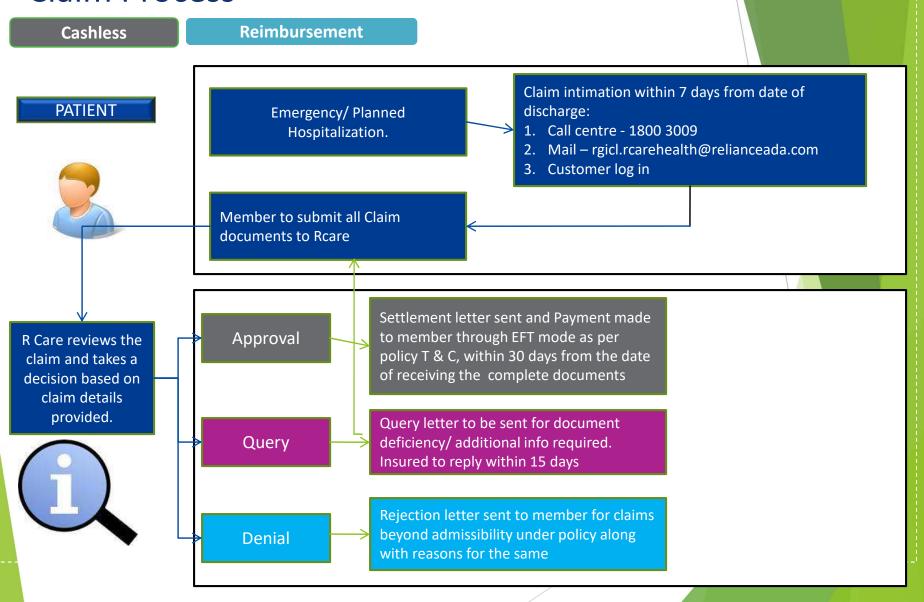
- ☐ RGICL has more than 4600 hospitals on panel
- The updated list shall be available on the website <u>www.reliancegeneral.co.in</u>
- ☐ In the event of hospitalization in cashless hospital; the insured needs to approach the TPA / Insurance / Billing desk at the hospital.
- ☐ The Hospital sends the information via Fax/Email or Provider Portal to RGICL
- ☐ The TAT for Cashless issuance shall be 4 hrs from the receipt of all documents
- ☐ Cashless Team at RGICL is available 365 days 24\*7
- ☐ The Insured shall be informed about the status of the Cashless processing as per the details (Contact number and e-mail ID) provided during the Cashless request or the Mobile number provided during the enrolment.
- ☐ The medium of intimation is
  - > Call
  - > E-mail
  - Web based

**Health Claims Process** 

## Claim Process



## Claim Process



## **Documents Required**

Following are the list of requisites (all in originals) that should be submitted by the insured within 30 days from the date of discharge:

- Duly filled Claim form
- ✓ Discharge summary (with details of complaints & the treatment availed)
- Final Hospital Bill (detail breakup) along with interim bills
- ✓ Payment Receipts
- ✓ Doctor's consultation papers
- PAN and Aadhar card of employee
- Photo Id proof of insured & patient
- ✓ All investigation reports (Eg. Original Blood report, x-ray, sonography, MRI, etc.,)
- ✓ All pharmacy bills supporting with doctor prescriptions
- ✓ Implant sticker / invoice, if used (Eg. lens details in cataract case, stent details in angioplasty)
- ✓ Medico Legal Certificate (MLC) for all accident cases
- ✓ For miscellaneous charges detail bills with supporting prescription of the Treating doctor.
- ✓ Copy of Health card
- ✓ Any other related documents

It shall be a condition precedent to the Company's liability under this policy that all supporting documents relating to the claim must be submitted to the TPA within thirty(30) days from the date of discharge from the hospital.

In case of post-hospitalization treatment days, all claim documents should be submitted to the TPA within seven (7) days after completion of such treatment.

#### **Health Claim Process**

# Checking the Claim Status



#### **Option 1: Corporate Portal**

You can login with your credentials to know your claims status. Link:- <a href="http://corporate.reliancegeneral.co.in/Login/COEMLogin">http://corporate.reliancegeneral.co.in/Login/COEMLogin</a> Check your claim status by selecting 'Track Claim'.

#### **Option 2: Call center**

You can call at the toll free helpline number 1800 3009 and follow the below mentioned steps to know your claims status.

Step 1: Select Language Option (Dial 1 - English, Dial 2 - Hindi)

Step 2: Select Claim Status (Dial 1)

Step 3: Enter Claim Number followed by #





#### **Option 3: Website**

You can check the status of your claim on our website – <a href="www.reliancegeneral.co.in">www.reliancegeneral.co.in</a>.

On the left side of **claims** tab, you can find various navigation options wherein you can download your health card, scroll through list of network hospitals, check your claims status etc.

#### **Option 4: E-Mail**

You can write to our business ID <a href="mailto:rgicl.rcarehealth@relianceada.com">rgicl.rcarehealth@relianceada.com</a> to know your claims status. You shall receive acknowledgement mail with a unique interaction ID for further tracking. The e-mail shall be responded within 24 hours with resolution.



## Dos and Don'ts

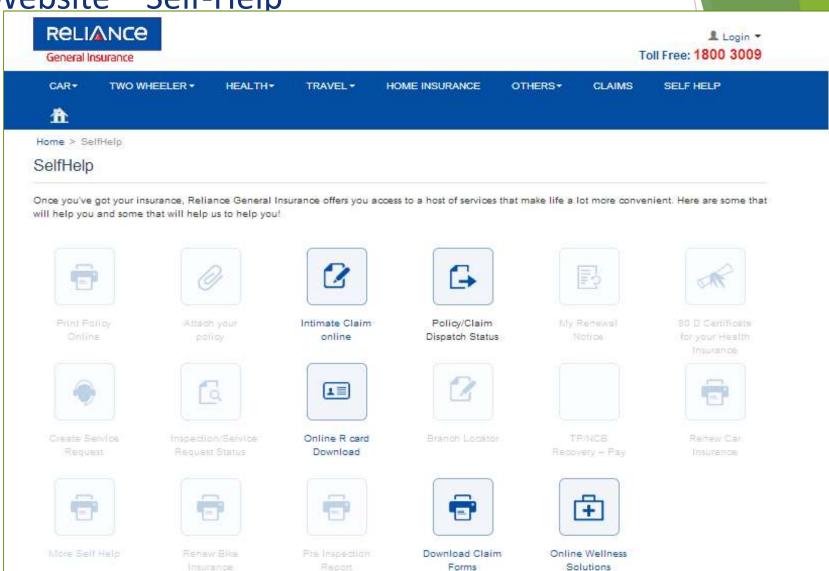
#### DO's:

- ✓ Intimate your claim within 7 days of date of discharge.
- ✓ Submit all you claim documents as per checklist in original within 30 days of date of discharge/ post hospitalization respectively to our address.
- ✓ Feel free to call us on call center or drop us an email for queries, if any.

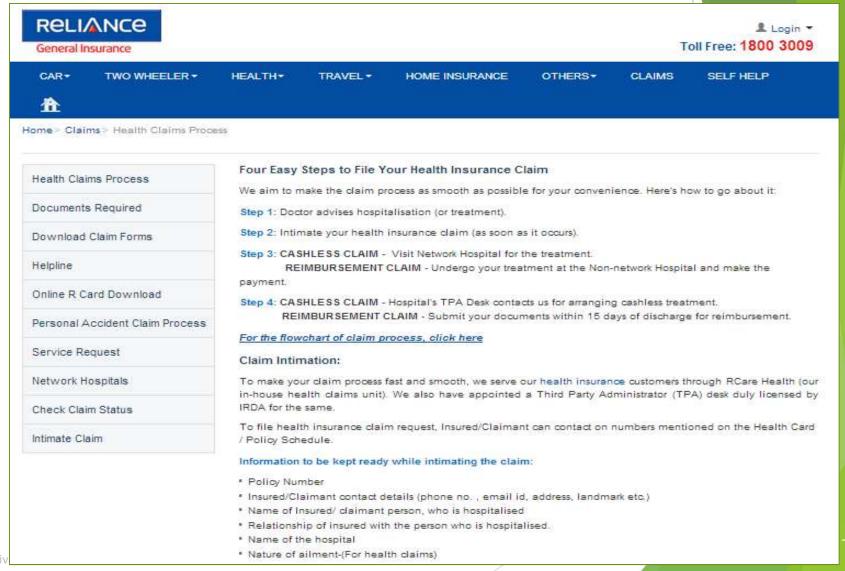
#### **DONT's:**

- X Do not submit incomplete claim form
- X Do not forget to append your signature in your claim form
- X Do not send a cancelled cheque which is not clear in terms of your Name and Account number.

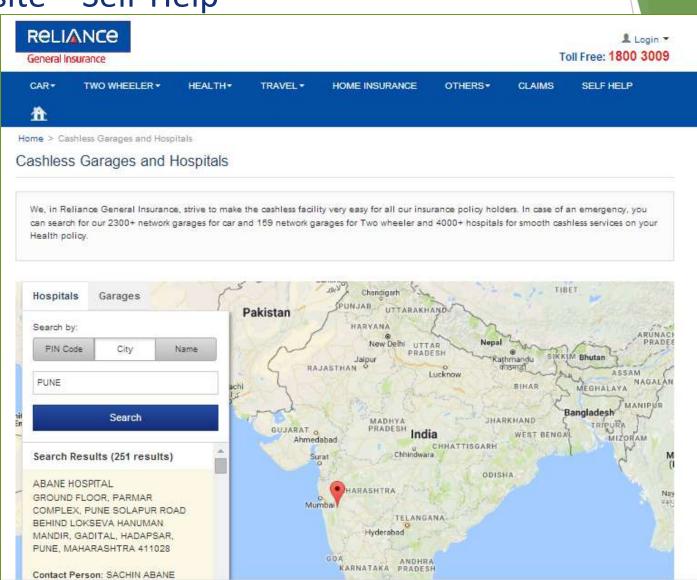
## Website - Self-Help



## Website – Self-Help



# Website – Self-Help



Thank you for your time.