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IGT SOLUTIONS

Employee Insurance Benefits Manual

IGT Solutions Private Limited

Group Health Insurance
{2025 – 2026}

Policy Details

PARTICULARS	POLICY PARAMETERS
Insurance Broker	Policybazaar for Business
Insurer Name	National Insurance Company Limited
TPA	Vidal Health insurance TPA Private Limited
Policy Start Date	21-June-2025
Policy End Date	20-June-2026
Family Size	1+7
Family Definition	Family Floater (Employee, Spouse, Dependent Children, Dependent Siblings & Parents) Coverage of unmarried Dependent Siblings (upto 25 years of age) whose parents are not alive are only allowed to be covered.
Age Limit - Parents	Up to 80 years ✓ Parents coverage is up to 80 years for all new joiners. ✓ Parents above 80 years already insured in expiring policy will continue to be covered.
Sum Insured Limits (Company Sponsored)	✓ Band 1/2/3 -: 2 Lakhs Per Family ✓ Band 4 -: 3 Lakhs Per Family ✓ Band 5 & above -: 5 Lakhs Per Family
Age Limit – Dependent Child	Up to 30 Years
Age Limit – Dependent Siblings	Up to 25 Years
Co-Pay	10% on the entire admissible claim amount for all except Maternity cases

Standard Hospitalization : 24 Hours

Expenses Related to :

- Surgical fees, operating theatre, anesthesia and oxygen, and their administration
- Room and Boarding Doctors fees & Intensive Care Unit Nursing expenses
- Physical therapy drugs and medicines consumed on the Hospital premises
- Hospital miscellaneous services (such as laboratory, X-ray, and diagnostic tests)

Hospital or nursing home refers to any institution in India established for the indoor care and treatment of sickness and injuries. It must be registered either as a hospital or nursing home with the local authorities and be under the supervision of a registered and qualified medical practitioner, or comply with the following minimum criteria:

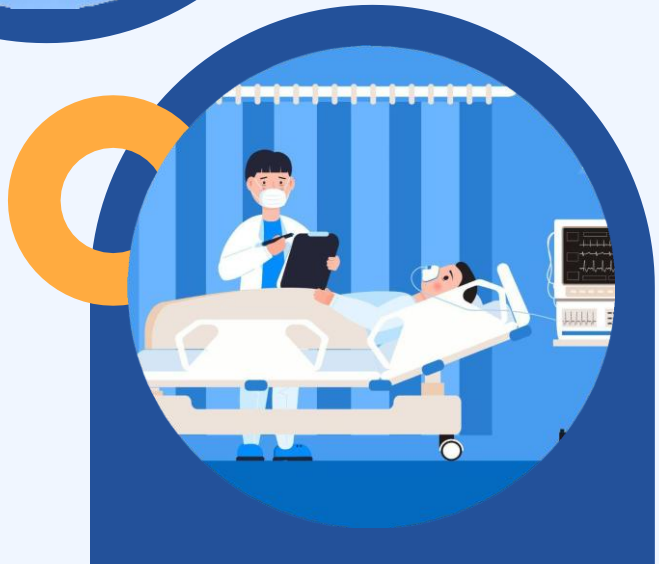
1. Must have a minimum of 10 beds if located in towns with a population of less than 10 lakhs (Class C towns), or a minimum of 15 in-patient beds in other towns.
2. Must have a fully equipped operation theatre.
3. Must have a fully qualified doctor in charge and nursing staff available around the clock.
4. Must maintain a daily medical record for each of its patients.

Any treatment that requires hospitalization for more than 24 hours is termed as standard hospitalization !

Boarding Charges

Room Eligibility:

- Normal Room- Single Private AC Room
- ICU- As per Actuals



Note :- (Proportionate deductions applicable in case a higher category room is chosen at the hospital)

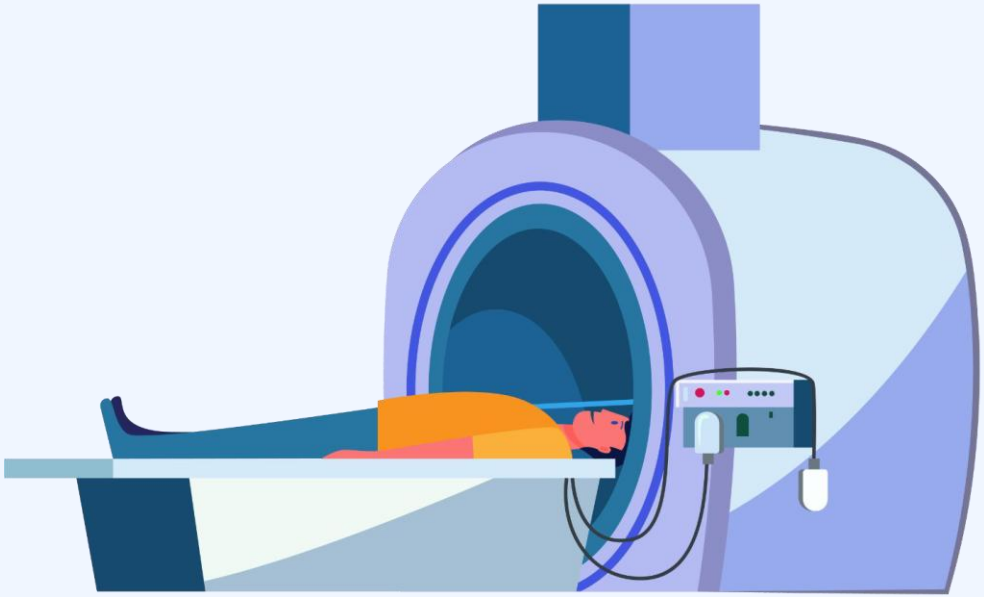
Pre & Post Hospitalization Expenses

30 Days

Pre Hospitalization

60 Days

Post Hospitalization



Day Care Procedures

What is the Day Care treatments

Daycare treatments refer to medical procedures or treatments that can be completed within a day without requiring an overnight stay in the hospital. These are covered under group mediclaim insurance and typically includes surgeries or treatments that don't necessitate prolonged hospitalization but are technologically advanced and require specialized medical care. Examples of daycare treatments often covered include cataract surgery, chemotherapy, dialysis, minor surgeries etc.....

***Claims shall be covered as per Insurer policy wording**

Maternity Coverages

Benefit Amount
For NORMAL DELIVERY : INR 50,000
CAESAREAN DELIVERY: INR 75,000

9 Months waiting period-Waived Off
New born baby expenses are covered from Day 1

Restriction on number of children
Up to 2 Events are covered, Maximum of 2 Living children

Pre and post natal coverage
Pre-post natal is covered within maternity limit on IPD & OPD basis

- ✓ Maternity Limit for Twins is up to 1 Lakhs for both Normal and C-Section Delivery
- ✓ Infertility Treatment - Include infertility interventional treatment under normal maternity limit (up to 2 claims)
- ✓ A child born through Surrogacy or Adopted child – Covered from DOB/Adoption date
- ✓ Baby Expenses - Expenses at time of delivery like Pediatrician visit & resuscitation charges etc. covered with maternity limits

Note 1-: Well Baby expenses are not covered.

Note 2-: Written intimation within 7 days of birth to HR is mandatory for coverage

Ambulance Coverages

Emergency Ambulance Service for Transportation

The Insurer will pay for Emergency Ambulance & other road transportation by a licensed ambulance service to the nearest Hospital where Emergency Health Services can be rendered. Coverage is only provided in the event of an Emergency.

Amount restriction for Road Ambulance

Covered Up to INR 2,000

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Additional Terms

Other Benefits

DETAILS	BENEFITS
Parental Coverage	- Parents coverage is on Voluntary Basis - Both Set of parents are covered (Father, Mother, Father-In-Law, Mother-In-Law) for male & female employees. - Additional premium will be charged for 3rd & 4th parental coverage as per premium chart - Cross selection is not allowed expect only if slot is available due to death of any parent
Coverage Criteria	- Dependents include Spouse of Employees, dependent parents, in-laws, and up to 2 dependent living children. - Third child is covered with 35% of employee base premium. Dependent child means a child (natural or legally adopted who is financially dependent and does not have his or her independent source of income and not over 30 years. In the case of female children, the cover will cease once they become earning member or on getting married. - Coverage of unmarried, dependent siblings (up to 25 years of age) whose parents are not alive are allowed if total number of members are within policy definition (1+7)
LGBTQ	Cover within the legal framework (names of such members to be included right from the inception of policy and no midterm inclusion for such members)
Life Threatening Maternity Complications	Covered within Family Floater SI from Day 1

Other Benefits

DETAILS	BENEFITS
Addition/Deletion of Employees & Dependents	For newly joined employees, the insured shall provide the date of joining & for inclusion of dependents of the already insured employees, the Insured should provide the date of marriage for newly married spouse & date of birth for newly born child.
AYUSH Treatment	up to 25% of the sum insured subject to a maximum of Rs.25,000/- per policy period
Daycare Procedures / Surgeries	Covered ➢ Treatment of Minor Fracture under Anesthesia is Covered under Day Care procedure including hairline fracture ➢ Immunotherapy Covered under Day Care procedure including hairline fracture coverage for immuotherapy irrespective of circmstances (Hospitalization)
Excluded Hospital	Any hospitalization expenses taken in our excluded Hospitals is not admissible
Donor Expenses Cover	Covered up to Sum Insured excluding organ cost subject to donor and receiver insured with us.
Oral Chemotherapy	Covered on both IPD & OPD basis
In case of deceased employee	Widow/Widower to be covered with family subject to no refund of premium

Other Benefits

DETAILS	BENEFITS
Claim Submission	Within 10 days from date of discharge
Internal Congenital Diseases	Covered up to Sum Insured
External Congenital Diseases	Covered under life threatening situations only
Air Ambulance	With a sub limit of Rs. 1 Lacs per Hospitalization
Immunotherapy - Monoclonal Antibody to be given as injection	Up to 20% of Sum Insured subject to maximum of INR 2,00,000 per policy period
Modern Treatment Methods & Advancement in Technology	Covered as per NGMP Policy and all other relevant circulars, guidelines and instructions.
Uterine Artery Embolization & High Intensity Focused Ultrasound (HIFU)	Up to 20% of Sum Insured subject to maximum of INR 200,000 per policy period for claims involving Uterine Artery Embolization & HIFU
Balloon Sinuplasty	Up to 10% of Sum Insured subject to maximum of INR 100,000 per policy period for claims involving Balloon Sinuplasty
Deep Brain Stimulation	Up to 70% of Sum Insured per policy period for claims involving Deep Brain Stimulation
Oral Chemotherapy	Covered on IPD & OPD basis
Cataract Surgery	Only Mono-focal lens is covered

Other Benefits

DETAILS	BENEFITS
Immunotherapy	Up to 20% of Sum Insured subject to maximum of INR 2,00,000 per policy period
Intra Vitreal Injections	Up to 10% of Sum Insured subject to maximum of INR 1,00,000 per policy period
Robotic Surgeries (Including Robotic Assisted Surgeries)	Robotic Surgeries (Including Robotic Assisted Surgeries) Upto 75% of Sum Insured per policy period for claims involving Robotic Surgeries for (a) Treatment of any disease involving Central Nervous System irrespective of Aetiology (b) Malignancies Upto 50% of Sum Insured
Stereotactic Radio Surgeries	Up to 50% of Sum Insured per policy period for claims including Stereotactic Radio Surgeries
Bronchial Thermoplasty	Up to 30% of Sum Insured subject to maximum of INR 3,00,000 per policy period
Vaporisation of the Prostate (Green laser treatment for Holmium Laser Treatment)	Up to 30% of Sum Insured subject to maximum of INR 2,00,000 per policy period
Intra Operative Neuro Monitoring (IONM)	Up to 15% of Sum Insured subject to maximum of INR 1,00,000 per policy period
Stem Cell Therapy: Hematopoietic Stem Cells for bone marrow transplant for haematological conditions to be covered only	No additional sub-limit

Other Benefits

DETAILSta	BENEFITS
Domiciliary Hospitalization	Cover extended with prior concurrence of Insurer and if shifted from hospital to residence on medical advice. In case of terminally ill (death bed patients), domiciliary hospitalization cover is extended with prior concurrence of Insurer, and if shifted from hospital to residence on medical advice.
Claim Intimation	Within 24 Hours of Hospitalization
Lasik Surgery	Lasik Surgery is covered if correction index is +/-7.5 as per standard policy wording
Continuous Ambulatory Peritoneal Dialysis (CAPD)	Covered from Day 1
Treatment of Minor Fracture under Anesthesia	Covered under Day Care procedure including hairline fracture
In case of Employee Death	No deduction in claim in case of death during hospitalization up to SI

General Exclusions

Vitamins and tonics unless used for treatment of injury or disease as prescribed by the Doctor.

Health foods/nutritional supplements.

Costs incurred as part of the membership/subscription to a Clinic or Health Center.

Non-medical expenses like Hospital surcharge, telephone bills, cafeteria bills.

Injury or disease directly or indirectly caused by or arising from or attributable to war or war-like situations

Treatment of Mental Retardation, Arrested or Incomplete development of mind of a person, Subnormal Intelligence, Cerebral Palsy, Cretinism, Mongolism, Mental/Intellectual Disability, Parkinson's disease, Alzheimer's disease and Dementia will not be covered under the policy.

Any claim taken form blacklisted hospitalization will not be payable

Treatment related to Genetic Disorders, Physiotherapy/Speech fTherapy, Psychiatric Ailments & Terrorism activity is not covered.

General Exclusions

Septoplasty for cosmetic purpose shall be excluded from the scope of the policy.

Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations.

Circumcision unless necessary for the treatment of disease, vaccination, cosmetic treatment, or plastic surgery other than necessitated

HIV and AIDS & its related complications.

Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, etc.

Cost of spectacles, contact lenses, hearing aids.

Any cosmetic or plastic surgery except for correction of injury.

Hospitalization for diagnostic tests only.

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Claim Process

Process of Cashless Claim

Members must inform Policy Bazaar about hospitalization using the specified Pre- Authorization format at least 48 hours in advance.

Policy Bazaar Assists →

TPA register the claim on same day if it's a network hospital

Yes →

TPA authorizes cashless within 2 hours for planned hospitalization to the hospital.

Policy Bazaar Assists ↓

Pre-Authorization Completed

No ↓ *Policy Bazaar Assists*

Follow Reimbursement/ Non-Cashless Process

Network Hospital link - https://https://vidalhealthtpa.com/vidalhealthtpa/network-hospital.html

Process for Cashless Hospitalization

Pre-Authorization

All non-emergency hospitalization instances must be pre-authorized with the TPA, as per the procedure detailed below.

This is done to ensure that the best healthcare possible, is obtained, and the patient/employee is not inconvenienced when taking admission into a Network Hospital.

Policy Bazaar Assists

Admission, Treatment and Discharge

After your hospitalization has been pre-authorized (as per policy terms and conditions), you need to secure admission to a hospital.
TPA to the hospital. Kindly present your Health Card number along with a photo ID card at the Hospital admission desk.
The employee is not required to pay the hospitalization bill in case of a network hospital. The bill will be sent directly to, and settled by the TPA

Patients seeking treatment under cashless hospitalization are eligible to make claims under pre and post-hospitalization expenses. For all such expenses, the bills and other required documents need to be submitted t TPA separately as part of non-cashless claims.

Process for Planned Cashless Hospitalization

1 Get Admitted

In cases of emergency, the member should get admitted in the nearest network hospital by showing their Health ID card

Policy Bazaar Assists

2 Pre-Authorization by hospital

Relatives of admitted members should call Policy Bazaar CRM within 24 hours of the hospitalization
Policy Bazaar will assist in getting the pre-authorization letter.
In case of denial, members would be informed directly with reasons

Policy Bazaar Assists

3 Pre-Authorization by hospital

After the hospitalization has been pre-authorized the employee is not required to pay the hospitalization bill in case of a network hospital. The bill will be sent directly to, and settled by the TPA.
The patient has to pay only for the non-medical expenses.

Patients seeking treatment under cashless hospitalization are eligible to make claims under pre and post-hospitalization expenses. For all such expenses, the bills and other required documents need to be submitted t TPA separately as part of non-cashless claims.

Process of Reimbursement Claim

Admission procedure

If you select a non-network hospital, you'll need to coordinate directly for admission and send the claim intimation to Policy Bazaar. Nevertheless, we recommend following the cashless procedure to access immediate benefits, including discounted billing as per Agreed tariff.

Discharge procedure

If you visit a non-network hospital, you'll need to settle the bill and then submit a claim to Policy Bazaar for reimbursement from the insurer. Please ensure that you gather all essential original documents, including discharge summaries, and investigation reports.

Submission of hospitalization claim

After the hospitalization and discharge, it's essential to submit the final claim within 10 days from the discharge date from the hospital.
(This applies specifically in the case of Non-Network hospitals)

Please note that the mentioned documents are necessary for the initial processing.
The TPA's medical experts will communicate if any additional requirements are needed after scrutinizing these documents

Required Documents for Claim Submission

1. Claim form Part A duly filled and signed by the insured (employee).
2. Claim form Part B duly filled and signed by the treating doctor.
3. Personalized cancelled cheque. If not available, attach the bank statement with the cheque leaf. Additionally, provide Aadhar card and PAN card (KYC) of both the employee and patient.
4. Copy of the hospital registration certificate issued by a government body
5. Original inpatient hospital bill with a detailed breakdown.
6. Original hospital discharge card/summary.
7. Original receipt for the hospital payment made
8. Original medication bills with supporting doctor's prescription.
9. Original investigation bill receipt with supporting reports, films, and doctor's advice letter
10. Original consultation bill receipt with supporting consultation paper
11. For accidental cases, include a copy of the FIR and MLC as mandatory documents.

Note :-

1.Reimbursement Claims in Blacklisted Hospitals will not be considered for reimbursement

2. Reimbursement Claims in Network hospital is not at all suggested. Still if any claim is received, the same will be processed without taken into consideration any sort of discounting and the claimant will end up paying huge amount from his/her own pocket.

Network Hospital Link - **https://vidalhealthtpa.com/vidalhealthtpa/network-hospital.html**

Time limit for submission of Claim Documents:

Submission period within 10 days from the Date of Discharge

Claim Intimation has to done within 24 hrs of Admission

Frequently Asked Question

Q. What is a Mediclaim policy?

Mediclaim policy reimburses hospitalization expenses incurred as an inpatient for the treatment of sickness or accident occurring during the period of insurances

Q. What is the duration of the policy?

One year effective from the date of inception of policy , i.e., Date 21 June 2025 to 20 June 2026

Q. Is there a minimum time limit for stay within the hospital under Mediclaim?

Under Mediclaim, the minimum stay within the hospital must be for a minimum of 24 hours with confirming the active line of treatment. However for dialysis, chemotherapy, eye surgery, etc (as per the defined list) – the stay can be for less than 24 hours.

Q. Who is a Third Party Administrator (TPA)?

TPA is an agency appointed by the insurance company to take care of claim settlements in health insurance. (Vidal Health is your TPA)

Q. Who is an Insurance Broker ?

An Insurance broker is appointed by Policybazaar to assist you in all your Insurance related requirements. Policybazaar for Business is your Insurance Broker.

Q. What is Sum Insured?

Sum insured is the maximum amount that can be claimed under the policy. Their is a limit in the policy period as per different slabs.

Q. Where does claimant have to submit documents for "Reimbursement cases"?

Claimant have to share all the original documents in case of REIMBURSEMENT CASES to Vidal Health insurance TPA Private Limited.

Q. What is the duration of claim documents submission in case of "REIMBURSEMENT CASES" ?

Within 10 working days from Date of Discharge from the hospital.

Q. What are claim reimbursement?

In the event where cashless hospitalisation is not availed, you need to submit all original bills along with the claim form of the insurance company/TPA and the hospitalisation expenses will be reimbursed to you.

Frequently Asked Questions

Q. What are the network hospitals? What should I do when I reach the hospital (Network)

- There are hospitals where TPA has a tie up for the cashless hospitalization. There are two kind of network hospitals; PPN Network hospitals where cashless services can be obtained for emergency and planned treatments and Standard (Non PPN) network hospitals where cashless services can be obtained for planned hospitalisation.
- Once you have reached there please show your ID card for identification. TPA will also send a letter of credit (on pre-authorisation) to the hospital to make sure that they extend credit facility. Please complete the pre-authorisation procedure listed earlier. If the pre-authorisation is not done, you must collect all reports and discharge card when you get discharged. Please make sure that you sign the hospital bill before leaving the hospital. You can then submit the claim along with all the necessary documents to TPA as a reimbursement. If however you go to non-network hospital, it is advisable to fill the pre authorisation form (use the copy attached with the benefit manual). Please fill the claim form, attach the relevant documents and send it to TPA office for reimbursement.

Q. How can I claim my pre & post hospitalisation claim?

- The policy covers pre-hospitalisation expenses made prior to 30 days of hospitalisation and incurred towards the same illness/disease due to which hospitalisation happens. It also covers all medical expenses for up to 60 days post discharge as advised by the medical practitioner. All bills with summary have to be sent to TPA as a reimbursement.

Q. Is pre-authorisation necessary

- Yes, This will help you in the following ways:
- You will be informed in advance regarding your coverage for the treatment and whether it is covered under your medical plan or not. This will help you know in advance if your claim may get rejected at a later stage and you do not end up paying out of pocket.

  It will help you ensure that the treatment cost is appropriate and not inflated. As the TPA will be able to cross check with the hospital in question. This will also help TPA planning your hospitalisation expenditure such that you do not run out of the cover that you are entitled to.
- It will help TPA in registering the impending claim with the insurer.

Frequently Asked Questions

Q. What are the key points I must remember when using benefits under this policy

- Submit your reimbursement claims within timelines from the hospital. Please do not postpone this till later as it may mean that your claim gets rejected due to late submission.
- Please check that your documents are submitted completely at the first instance itself and originals are submitted wherever requested for.
- Do note that incomplete submission will not be considered as an exception by the insurers and will only delay the process further for you and a delay may lead to the claim getting closed.
- Please retain a copy of all claim documents submitted to the insurer
- Please do a pre-authorization for all claims including a proposed reimbursement as it will clarify issues regarding coverage for you well in advance of an expense being undertaken.

Q. What are the key reasons why a claim under the medical policy could be completely rejected under the plan?

The following are some common reasons for rejection although there are NOT the only reasons why a claim could be rejected.

- Treatment taken after leaving the organization. (If you have been transferred from one Group business to another please confirm with your HR that have been included for coverage under your new entity)
- Treatment that should have been taken on an outpatient basis (Unnecessary inpatient admission and/or no active line of treatment.) or where hospitalization has been done primarily from a preventive perspective. Please remember that on occasion, your personal doctor may recommend hospital admission for observation purposes however such admissions are not covered under your medical plan
- Treatment taken is not covered as per policy conditions or excluded, under the policy. Please go through the list of standard exclusions listed earlier. (for example, Ailment is because of alcohol abuse is a standard exclusion, similarly cosmetic treatments or treatments for external conditions like squint correction, etc are not covered).
- Hospitalization taken in a hospital which is not covered as per policy conditions (Ex. less than 10-bed hospitals), admission is before/after the policy period, or details of the member not updated on the insurer's list of covered members.
- Additionally, in case original documents are not submitted as per the claim submission protocol.

Frequently Asked Questions

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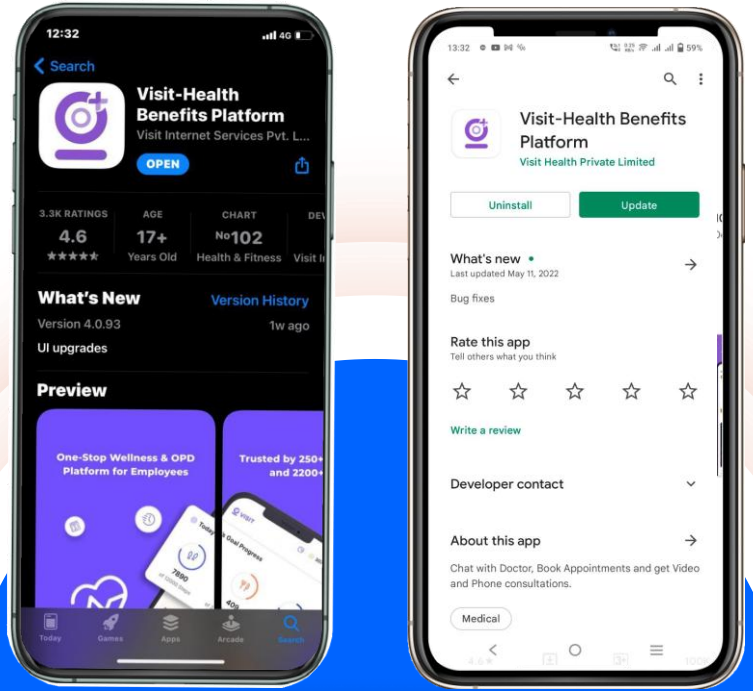
- Download & Register
- How to access Ecards
- Wellness & benefits features
- Employee Assistance Program
- Booking Consultations
- Ordering Medicines
- Booking lab Tests
- Hospitalization Requests/claims status

Download Visit Application

Apple Users:

Click on the below icon to Download the Visit App on your Apple phone

iOS APP ON APP STORE



Android Users:

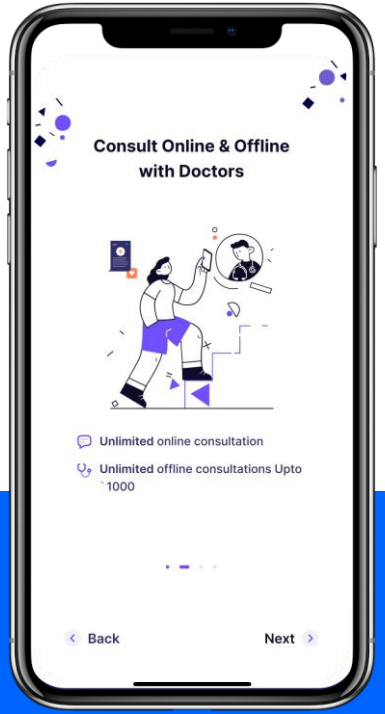
Click on the below icon to Download the Visit App on your Android phone

ANDROID APP ON GOOGLE PLAY

Register on Visit Application

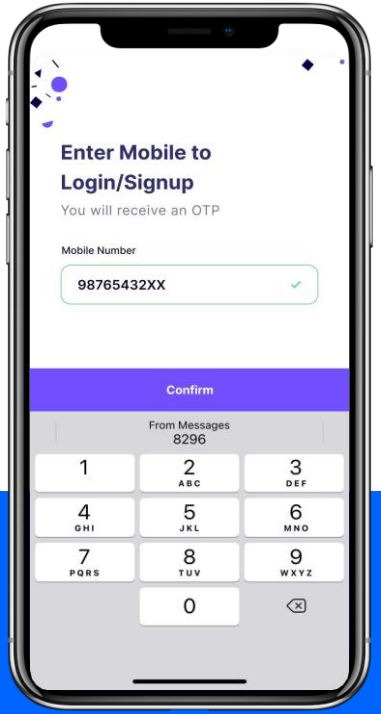
Step 1

Tap on Get Started



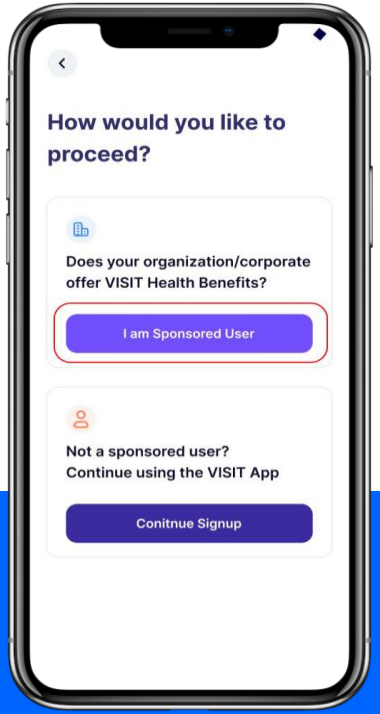
Step 2

Sign up with your mobile number



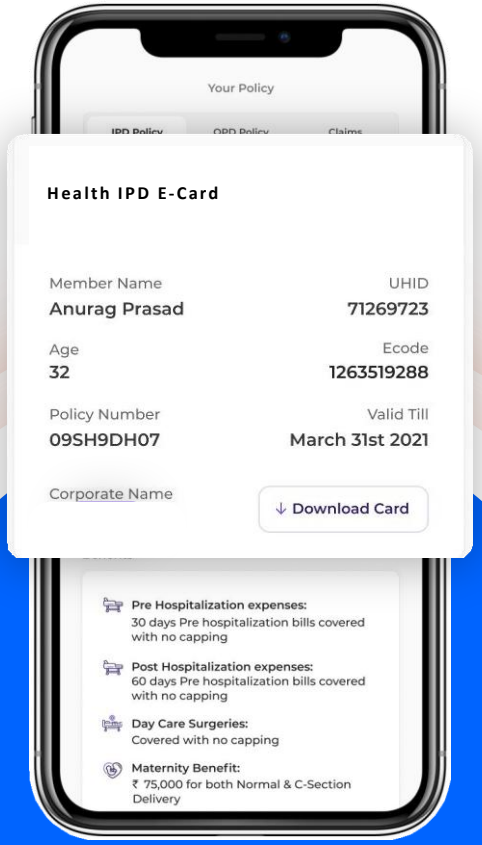
Step 3

Log in using your work email & complete the signup process



How to access E- card

Click on the Benefits Tab to view all the Policy Benefits and E-Cards



Claims Support (Reimbursement & Cashless) @ Policybazaar for Business			
Team	**Name**	**Contact Number**	**Mail ID**
Cashless	Chirag Sharma	8448180973	cashlessclaims@policybazaar.com
Reimbursement	Supriya singh	9355827182	corporateclaims@policybazaar.com
Claims Support (Reimbursement & Cashless) @ Vidal TPA			
Team	**Name**	**Contact Number**	**Mail ID**
Level 1	Mahesh Kumar	9205593459	Mahesh.k@vidalhealth.com
Service & Enrollment Support @ Policybazaar for Business			
Level 1	Kumar Alish	9910665915	kumaralish@policybazaar.com
Level 2	Brijesh Maurya	9355006476	brijeshmaurya@policybazaar.com

THANK YOU