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Prepared for: LTIMindtree Medical Insurance

1st Jan 2023



Employee Benefits Guide Medical Insurance 2023

Your Mediclaim Insurance Policy



The Group Health Insurance Program provides pre-defined insurance coverage to all employees & their dependents for expenses related to hospitalization due to illness, disease or injury.

In the event of a hospitalization claim (more than 24 hours), the insurance company will pay the insured person the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such insured person, but not exceeding the sum insured in aggregate mentioned in the policy

INSURER
The Oriental Insurance
Co. Ltd



**Oriental
Insurance**

TPA
Medi Assist Insurance
TPA PVT. LTD



Medi Assist

- Room charges,
- Nursing expenses,
- Surgeon, anaesthetist, medical practitioner, consultant, specialists fees,
- Anaesthesia, blood, oxygen, operation theatre charges surgical appliances, medicines & drugs, & similar expenses.

Your Mediclaim Insurance Policy Year 2023(01st Jan 23 –30th Sep 23)

- LTIMindtree provides medical insurance coverage to employees as part of employee benefit plan.
- This policy is applicable to all employees on rolls of LTIMindtree. This year policy has 4 plans ,Details mentioned as below-

Base Policy (This is default Plan) - Employee, Spouse ,3 Children up to age of 25 Years (for onsite employees- Applicable Premium for this section to be borne by employee)

Voluntary Employee Top-Up -Employee, Spouse ,3 Children up to the Age of 25 Year
(Same set of dependents covered under ESC policy will be covered under Top up . Applicable Premium for this section to be borne by employee)

Voluntary Parental Policy - Mother ,Father ,Mother - In-Law ,Father-In-Law
(Cross combination is allowed - cross gender only. i.e.: same gender cannot be enrolled. Applicable Premium for this section to be borne by employee)

Voluntary Parental Top-Up - Mother ,Father , Mother -In-Law , Father-In-Law (Same set of dependents covered under Voluntary Parental policy will be covered under Top Up. Applicable Premium for this section to be borne by employee)

Salient Features of ESC & ESC top up policy (Indian Employees)

- Default plan coverage is for : Employee + Spouse + 3 Dependent Children (Up to age of 25 yrs) .This is company Sponsored Program
- Maximum sum Insured under Group Mediciclaim per annum -For L4 and below – INR 6 Lakhs
- You may further enhance your coverage through "Voluntary top-up" plan. Same set of dependents covered under ESC section will be covered under Top up plan.

If you are L7 & below -Available voluntary Top-up options are - INR 4, 8, 20 Lakhs (ESC only)

- You have Flexibility to Enhance benefits through Top-up. There are two packages : You have to opt for any one.

Package 1 - Provide Top-up with Enhanced Maternity + Room Rental + other Benefits

Package 2 - Provide Top-up with Enhanced Room Rental + other Benefits

- Co-Pay - No copay for Employee Spouses and Children policy

Salient Features of Voluntary Parental & Top up policy

- This is Separate Policy for Parents for INR 3 Lakh (Voluntary program).
- You can choose to cover 4 parents :Father, Mother, Father in law, Mother in law .
- You may further enhance your coverage through "Voluntary parental top-up" plan. Same set of dependents covered under Voluntary parental section will be covered under Top up plan.
- Top up Sum insured options are- 2L,4L,6L,8L.
- **Locking Period - For Voluntary parental policy**
 - If you availed any claim in the current policy year, you will not be allowed to opt-out during the subsequent Year.
 - If you opt out of the policy in current year , you will not be allow to enter policy for the next two years. i.e - employee opting out during renewal of 2023, can only enter in the policy during 2025 renewal.
- **Locking Period - For Voluntary parental Top up policy**
 - If you have opted for parental top-up plan and you availed any claim in the current policy year, you will not be allowed to opt out of Top-up plan. However you will have an option to choose higher Sum Insured under top-up in the subsequent renewal.
 - If you have claim free year in the top-up, then you can choose to opt out or choose to drop the Sum insured under parental top- up.
 - Co-pay : The co- Pay applicable for parents claims 15 % or INR 50,000 (whichever Lower)

Salient Features onsite Employees

- You can cover yourself & your immediate dependent (Spouse & 3 children -up to age of 25 years) by paying Premium
- You can opt for Voluntary Top-up plans (ESC as well as Parental policy) by paying additional Premium.
- Employees deputed on international assignment during the policy period will continue to get benefit of the plan in India till the end of policy period
- Lock in & Copay features remains similar as per policy for Indian employees
- Number of installments will be 2 installments.

General guidelines & Important points covering policy

- LTIMindtree provides medical insurance coverage to employees as part of employee benefit plan.
- If you do not register your dependents through the online tool, they will not be covered under LTIMindtree Group Mediclaim policy for the policy year 2023
- Mid-term inclusion of dependents (spouse and child) is permitted only in case of marriage or childbirth/adoption and the enrolment needs to be completed within 30 days of the event by writing to Medi Assist (ltimindtree@mediassist.in)
- No refund of premium in case of international assignment, transfer, or separation from the company. Policy to be deactivated on the date of separation. For international assignment and transfer cases, policy will continue till the end of policy period (Policy period: January '22 to September'23)
- Provision to include LGBTQ+ has been introduced in the policy.
- In case of any failure to pay applicable premium before stipulated date would result in deactivation of the policy, no future recourse will be available to cover parents when at international assignments.

General guidelines & Important points covering policy

- Employee or dependent can be covered only once in the same policy. Therefore, husband and wife working with LTIMindtree should fill only one proposal form.
- Employees are advised to adhere to the type of room as applicable to their cadre, since reimbursements will be made as per the maximum limit of room tariff (including Nursing), they are eligible for the room tariff exceeds the maximum limit, all other expenses related to hospitalization will increase proportionately and the said increased amount will not be eligible for a claim. As a result, all medical expenses in excess to the norm above would need to be borne by You

Employee (ESC) Policy 2023

Policies at a glance: Base Medclaim Policies



Employee Grade	Sum Insured & Family Scope
Grade-L4 & below	INR 6,00,000 per Family (Employee + Spouse +3 Children)

Policies at a glance: Base Medclaim Policies



Premium for Onsite employees ESC

Employee Grade	Sum Insured & Family Scope	Premium Amount
Grade-L4 & below	INR 6,00,000 per Family (Employee + Spouse +3 Children)	9670

Policies at a Glance: Coverages Under ESC Policy

Policy details	Description
Policy Start & End Date	1st Jan 2023 to 30th Sep 2023
Sum Insured	Grade Wise - INR 6 Lac
Covered Members	1 + 4 (Employee + Spouse + 3 Children), Live in relationship covered
Family Definition	Employee + Spouse + 3 Children up to 25 Years.
Pre-existing Diseases	Covered
30 days waiting period for non - accidental claims	Waived off
Pre & Post Hospitalization Expenses	30 days pre and 60 days post hospitalization expenses to be covered
Cashless Facility	Cashless facility available at all TPA & PPN network hospital
Reimbursement Facility	Available at Non TPA and PPN network
Day Care Procedures	Covered as per the standard list of The Oriental Insurance Co. Ltd.
Terrorism Related Hospitalization	Covered
Ambulance & Air Ambulance charge	INR 2,000 per person incident

Policies at a Glance: Coverages Under ESC Policy

POLICY DETAILS	DESCRIPTION
Maternity Benefit Limit for No of Children	Limited to 2 living children
Maternity Sublimit	INR 50,000 for Normal and INR 50,000 for Caesarean delivery
9 month waiting period for maternity	*Higher maternity cover is available by opting for Top-Up. Not applicable
Pre & Post Natal Expenses	Covered for IPD and maximum limit of Rs 5000 for OPD within maternity limit.
Special Maternity Limit	3 children may be covered if one of the instances is twins.
New Born Baby	From Day 1 within the family floater sum insured.
Well baby care/ Healthy baby expenses	Covered within maternity limit, includes vaccination/ immunization expenses
Invitro Fertilization (IVF)	L7 & Below - INR 100,000 for IPD, OPD limited to INR 50,000 With in Sub limits of 1,00,000..
HIV / AIDS	Hospitalisation expenses towards treatment of accidentally contracted HIV, example during blood transfusion

Policies at a Glance: Coverages Under ESC Policy

POLICY DETAILS	DESCRIPTION
Room Rent for Normal Hospitalization	Room Rent for City and Tier wise- Tier A -(Delhi & NCR, Kolkata, Chennai, Mumbai, Bangalore, Pune, Hyderabad/Secunderabad) Tier B - Rest all other Indian Cities
	For L4 and below Tier A City - 4000 Per Day, Tier B City - 3500 Per Day.
	Proportionate clause applicable if members opt for higher room rent category
Room Rent for ICU/ICCU	At actuals.
Co-Payment	Not applicable
Ailment Capping	Cataract up to INR 30,000 per eye
Congenital Diseases – External	Covered only for Medical / life threatening conditions and not for cosmetic reasons
Congenital Diseases – Internal	Covered

Policies at a Glance: Coverages Under ESC Policy

POLICY DETAILS	DESCRIPTION
External Devices	<ul style="list-style-type: none"> * Prosthetic Implant (Capped at INR 85,000 per Implant) • Continuous Positive Airway Pressure (CPAP) and Mandibular advancement device (MAD) for Obstructive Sleep Apnoea (OSA) (Capped at INR 50,000 equipment/device cost only)
Robotic Surgeries	Covered up to the Sum Insured
Vision - Lasik surgery	Covered - If power is beyond +/- 6.5
Eye (ARMD) treatment	Covered
Ayurvedic Treatment	Covered only as IPD in registered hospital
Accidental OPD Expenses Reimbursement for Employees	Reimbursement of OPD expenses for Employee only, up to INR 5,000 for treatment towards any accident/ injury. Payable under reimbursement mode, original bills to be submitted.
Instrumental charges & Oral chemotherapy	Instrument - 25,000 , Oral chemo is covered with capping of Rs 50,000

Policies at a Glance: Coverages Under ESC Policy

POLICY DETAILS	DESCRIPTION
OPD Expenses Reimbursement for Disability of Child	Reimbursement of OPD expenses upto maximum INR 10,000, Payable towards treatment on disability of child / children who are covered in the policy. Disability considered as per the definition under the I.T. Act
No deduction in case of Death	In case of death during the hospitalization 100% claim paid by Insurer up-to the family Sum Insured
Room Rent Limit for Pandemic/ Epidemic claims	To be on Actual Basis. GIC rate should not be applicable
Advance Surgical Procedure	Covered
Cataract Limit	L7 & below - 30,000 per eye
Domiciliary Hospitalization	As per Standard GMC policy coverage
Psychological treatments	C7 and below - Covered up-to INR 50,000 on IPD & OPD
Gender Realignment Cover	C7 and below - not covered

Employee Voluntary Top up Policy 2023

Voluntary Employee Top Up Mediclaim Policy

- You may further enhance your coverage through "Voluntary top-up" plan. Same set of dependents covered under ESC section will be covered under Top up plan

If you are L7 & below -Available voluntary Top-up options are - INR 4, 8, 20 Lakhs (ESC only)

- You have Flexibility to Enhance benefits through Top-up. There are two packages : You have to opt for any one.

Package 1 - Provide Top-up with Enhanced Maternity + Room Rental + other Benefits

Package 2 - Provide Top-up with Enhanced Room Rental + other Benefits

- Below is Package wise Premium summary for reference:

Premium for Package 1- Enhanced Maternity + Room Rental + Benefits			
Top Up	INR 400,000	INR 800,000	INR 20,00,000
Premium	8843	15895	22029
Premium for Package 2- Enhanced Room Rental + Benefits			
Top Up	INR 400,000	INR 800,000	INR 20,00,000
Premium	6196	11924	17616

Voluntary Employee Top Up Mediclaim Policy– Package 1

Package 1- Enhanced Maternity + Room Rental + Benefits			
Major Categorisation	INR 400,000	INR 800,000	INR 20,00,000
Room Rent for Tier A city	L4 & below - INR 4200	L4 & below - INR 5000	Single Private AC Room
Room rent for Rest of India.	L4 & below - INR 3700	L4 & below - INR 4200	Single Private AC Room
Maternity Limit Enhanced	Normal - 55,000 Caesarean - 60,000	Normal - 60,000 Caesarean - 75,000	Normal - 75,000 Caesarean - 100,000
Consumables to be reimbursed	50% with maximum limit INR 10,000.	50% with maximum limit INR 12,000.	50% with maximum limit INR 15,000.
OPD Benefit (Dental, Vision, Doctor consultation, Medicine bill) as prescribed by Doctor and Doctor prescription (No Cosmetic treatment for Dental & Vision)	INR 10,000 per family with 10% co pay (L4 & below only)	INR 20,000 per family with 10% co pay (L4 & below only)	INR 20,000 per family with 10% co pay (L4 & below only)
Cataract Limit enhanced	INR 35000	INR 40000	INR 40000
Cervical vaccine for girl child	NO	Two Cervical vaccine for girl child.	Three Cervical vaccine for girl child.
Psychological treatments limit enhanced	NO	Enhanced to INR 100,000 (Current base 50 K+ Top-up 50 K)	Enhancement INR 150,000 (Base 50K + Top-up 100K)
Genetic limit enhanced (Top up Enhancement 250K)	NO	Enhancement INR 300,000 (Base 50K + Top-up 250K.).	Enhancement INR 400,000 (Base 50K + Top-up 350K.).
Executive Health Check up	NO	Yes (Self or Spouse)	Yes (Self and spouse) including Teeth cleaning Executive health check-up Cochlear Implant with limit of INR 500,000

Voluntary Employee Top Up Mediclaim Policy – Package 2

Package 2- Enhanced Room Rental + Benefits			
Major Catgorisation	INR 400,000	INR 800,000	INR 20,00,000
Room Rent for Tiea A city	L4 & below - INR 4200	L4 & below - INR 5000	Single Private AC Room
Room rent for Rest of India.	L4 & below - INR 3700	L4 & below - INR 4200	Single Private AC Room
Consumables to be reimbursed	50% with maximum limit INR 10,000.	50% with maximum limit INR 12,000.	50% with maximum limit INR 15,000.
OPD Benefit (Dental, Vision, Doctor consultation, Medicine bill) as prescribed by Doctor and Doctor prescription (No Cosmetic treatment for Dental & Vision)	INR 10,000 per family with 10% co pay (L4 & below only)	INR 20,000 per family with 10% co pay (L4 & below only)	INR 20,000 per family with 10% co pay (L4 & below only)
Cataract Limit enhanced	INR 35000	INR 40000	INR 40000
Cervical vaccine for girl child	NO	Two Cervical vaccine for girl child.	Three Cervical vaccine for girl child.
Psychological treatments limit enhanced	NO	Enhanced to INR 100,000 (Current base 50 K+ Top-up 50 K)	Enhancement INR 150,000 (Base 50K + Top-up 100K)
Genetic limit enhanced (Top up Enhancement 250K)	NO	Enhancement INR 300,000 (Base 50K + Top-up 250K.).	Enhancement INR 400,000 (Base 50K + Top-up 350K.).
Executive Health Check up	NO	Yes (Self or Spouse)	Yes (Self and spouse) including Teeth cleaning Executive health check-up Cochlear Implant with limit of INR 500,000

Voluntary Parental Policy 2023

Policies at a glance: Coverages Voluntary Parents Policy



Parents Group	Sum Insured	Premium
Per Parents Or Per Parent in Law	3 Lakh	19087
Per Set of Parents	3 Lakh	22454
Per Set of parents In Laws	3 Lakh	22454

Policies at a glance: Coverages Voluntary Parents Policy



- There are 3 Criteria's for premium calculation under voluntary parental policy depending up on **Number of Parents covered**.
- If you covered only one parent , you to have pay premium for covering single parent.
- If you covered two parents (set of parents) , you have to pay premium for set of parent.
- If you covered 3 parents - for premium computation first Cross gender will be considered as set followed by single parent.
- If you covered all 4 Parents , per set Premium will be applicable

Policies at a glance: Features Voluntary Parents Mediclaim Policy

Policy details	Description
Policy Start & End Date	1st Jan 2023 to 30th Sep 2023
Sum Insured	3 Lac
Covered Members	Mother , Father , Mother -In-Law , Father-In-Law
	<p>Room Rent for City and Tier wise-</p> <p>Tier A (Delhi & NCR, Kolkata, Chennai, Mumbai, Bangalore, Pune, Hyderabad/Secunderabad)</p> <p>Tier B - Rest all other Indian Cities</p>
Room Rent for Normal Hospitalization	<p>For L4 and below</p> <p>Tier A City - 4000 Per Day,</p> <p>Tier B City - 3500 Per Day</p>
	Proportionate clause applicable if members opt for higher room rent category .
ICU	At actual

Policies at a glance: Features Voluntary Parents Mediclaim Policy

Policy Details	Description
Pre-existing Diseases	Covered
30 days waiting period for non - accidental claims	Waived off
Pre & Post Hospitalization Expenses	30 days pre and 60 days post hospitalization expenses to be covered
Cashless Facility	Cashless facility available at all TPA & PPN network hospital
Reimbursement Facility	Available at Non TPA and PPN network
Day Care Procedures	Covered as per the standard list of The Oriental Insurance Co. Ltd.
Terrorism Related Hospitalization	Covered
Ambulance & Air Ambulance charge	INR 2,000 per person incident
Co-pay	The co- Pay applicable for parents claims 15 % or INR 50,000 (whichever Lower)

Voluntary Parental Top Up Policy 2023

Policies at a glance: Coverages Voluntary Parents Top Up Policy



Voluntary Parents Top Up Premium For 2023 including 18% GST

Top UP	INR 200,000	INR 400,000	INR 600,000	INR 800,000
Pre Set of Parent	7310	11146	16674	33172
Pre Set of Parent in Laws	7310	11146	16674	33172

Voluntary Parents Top Up Policy

Policies at a glance–Parental Top Up Mediclaim Policy

Parental Top Up Insurance				
Major Catgorisation	INR 200,000	INR 400,000	INR 600,000	INR 800,000
Room Rent for Tier A city	Same as base Parental Plan	L4 & below - INR 4200 L5 to L7 - INR 6700 L8 & above - 16,000	L4 & below - INR 4200 L5 to L7 - INR 6700 L8 & above - 16,000	L4 & below - INR 4500 L5 to L7 - INR 7000 L8 & Above - 16,000
Room rent for Rest of India.	Same as base Parental Plan	L4 & below - INR 3700 L5 to L7 - INR 5200	L4 & below - INR 3700 L5 to L7 - INR 5200	L4 & below - INR 4000 L5 to L7 - INR 5500
Cataract Limit	INR 35000	INR 35000	INR 35000	INR 40000

Other Terms & Conditions of GMC Policy

Your Medicaid Insurance Benefits–Pre/Post

The expenses incurred in relation to the condition of hospitalization, generally 30 days prior to the date of hospitalization as well as 60 days post the discharge are reimbursed under the Pre & Post Hospitalization Clause.

These expenses include things like medication prescribed at the time of discharge, follow up treatment etc.

Pre-hospitalization Expenses

Covered for 30 days prior to
date of admission



Pre-hospitalization Expenses

Covered for 60 days post the
date of discharge

• Your Mediclaim Insurance Benefits–Maternity



- The maximum benefit allowable is INR 50,000 for Normal delivery and INR 50,000 for Cesarean the overall sum insured for the first two live births . There are special conditions applicable to the maternity expenses benefits as below:
- Claim in respect of delivery for only first two live births and / or operations associated therewith within will be considered.
- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.

Maternity Expenses:

Any maternity or pregnancy related expense other than those excluded (like voluntary termination of pregnancy in the first 12 weeks of delivery) will be payable. The maternity benefit is applicable for Normal / Cesarean delivery within the overall Sum Insured for the first two live births.

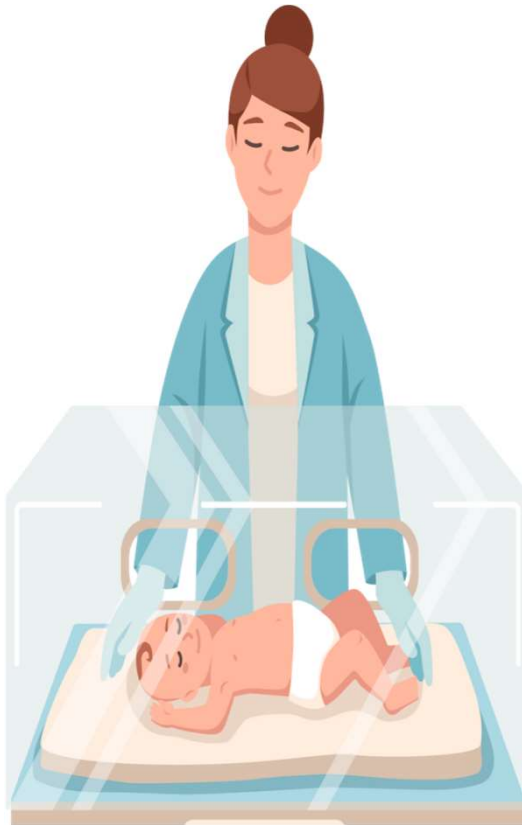
Up-to INR 50,000 for Normal & Cesarean deliveries

9 Month Waiting Period:

There is usually a 9 month waiting period for new joiners to claim maternity benefits under group health policy.

Waived off. Coverage start from Day1

• Your Mediclaim Insurance Benefits-Pre/Post



Baby Cover:

- Day 1 coverage (subject to declaration under policy)
- On delivery of a child, the child is prone to many health disorders like jaundice or expenses incurred for incubator for pre-mature births or any other complication to the child. Usually there is a 90 days waiting period for covering baby in the policy.
- The normal baby expenses like pediatrician visit, nursery charges, etc. prior to discharge from hospital post delivery is covered within the maternity sub-limit.
- In case of new born babies separate hospitalization post delivery followed by a active line of treatment, baby will be covered under family floater sum insured provided insurance company get a declaration.

- Room Rent Capping: (Nursing+ Bed + Duty Doctor)

Room rent is capped to a certain limit in the policy. Employees / dependents choosing to go for higher room category than what is specified in the policy will need to bear the incremental room rent amount. This would also apply to related expenses such as nursing charges, doctor's fees, etc. which is associated with the room category. This limit may differ for ICU.

Illustration I:

Below is an illustration of the proportionate deductions in case of a claimant opting for a higher room rent than the eligibility, for your ready reference considering room rent eligibility is INR 3,500 per day



Particulars	Actual bill amount	Final / eligibility amount
Room rent	INR 4,000	INR 3,500
Actual room rent	100%	87.50%
Calculation of eligibility amount @87.50% of actual billed amount (Excluding medicine, consumable & non payable charges)	Total amount	Proportion admissible amount @87.50%
Room rent (4,000*4 days)	INR 16,000	INR 14,000
Surgeon charges	INR 15,000	INR 13,125
Operation theatre charges	INR 6,000	INR 5,250
Doctor visit charges	INR 6,000	INR 5,250
Medicine charges	INR 2,000	INR 2,000
Other charges	INR 2,500	INR 2,188
Total admissible charges	INR 47,500	INR 41,813
Difference amount		INR 5,688
Other incremental charges paid by employee		INR 5,688

Room Rent Capping: (Nursing+ Bed + Duty Doctor)

Illustration II:

Room rent eligibility enhanced to will to INR 5,000



Particulars	Actual bill amount	Final / eligibility amount
Room rent	INR 4,000	INR 4,000
Actual room rent	100%	100%
Calculation of eligibility amount @100% of actual billed amount (Excluding medicine, consumable & non payable charges)	Total amount	Proportion admissible amount @100%
Room rent (4,000*4 days)	INR 16,000	INR 16,000
Surgeon charges	INR 15,000	INR 15,00
Operation theatre charges	INR 6,000	INR 6,000
Doctor visit charges	INR 6,000	INR 6,000
Medicine charges	INR 2,000	INR 2,000
Other charges	INR 2,500	INR 2,500
Total admissible charges	INR 47,500	INR 47,500
Difference amount		INR 0
Other incremental charges paid by employee		INR 0

- Enrol your dependent

Enrollment of your Dependents for Existing / New Joiners:



Welcome Mailer with Login
Credential will send to
Employees for Dependent
Enrollment from Medi Assist
TPA

Employee will login to
MediAssist portal and
Validate / declare their
dependents details with in
Window period

E-Cards uploaded on
MediAssist Portal within 45
working days post closure of
window period

Easy Step To Login the Medi Assist Portal

- You will get the welcome mails and login credentials form LTi@mediassist.in
- Portal Address - **portal.mediassist.in**
- Enter your User Name and Password
- User Name: LT<PS Number> Add prefix 'LT' followed by your PS number. Password: LT<PS Number>
- Please note that the initial password (LT<PS Number>) needs to be mandatorily changed after your first successful login.
- Link your Email Id and Mobile Number
- Enroll (Add , Edit or Delete) your dependent details.

- Medi Assist Portal

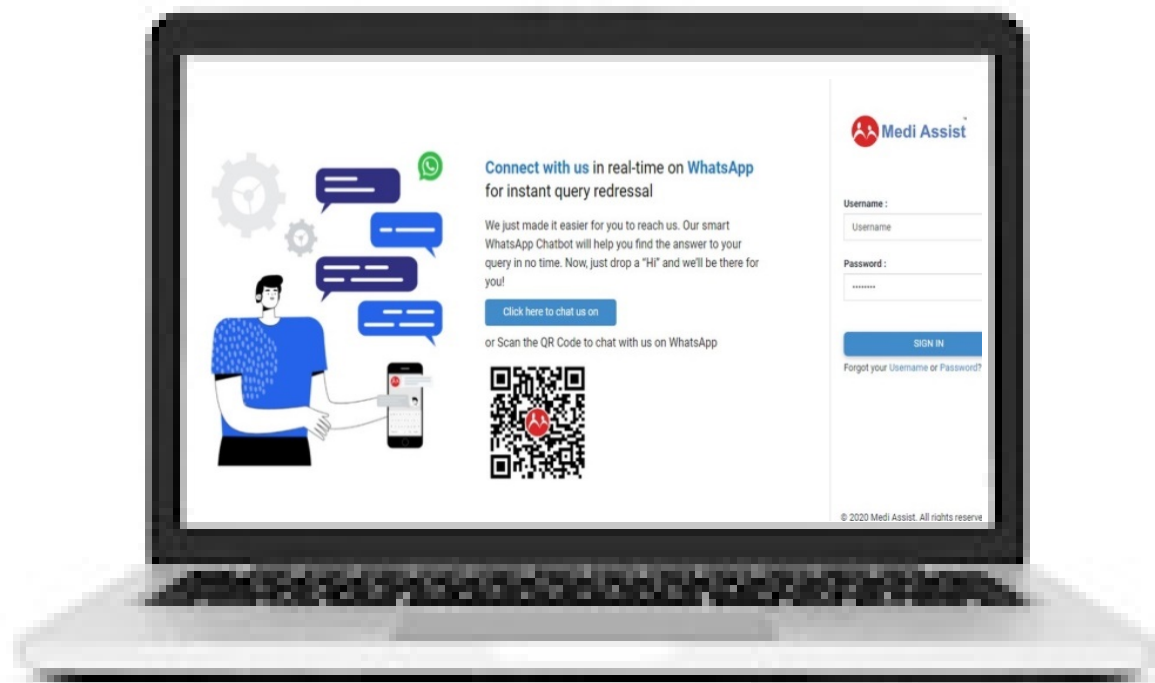
Download E-card

Find Network Hospital

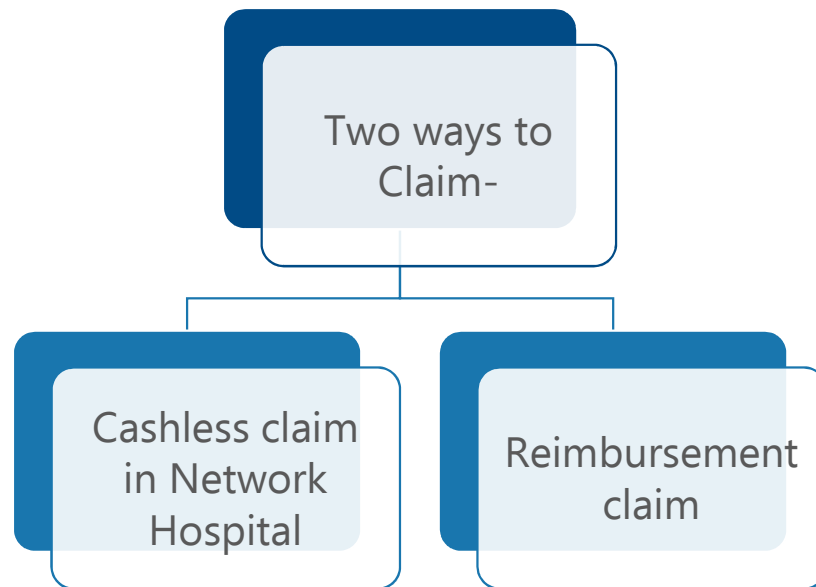
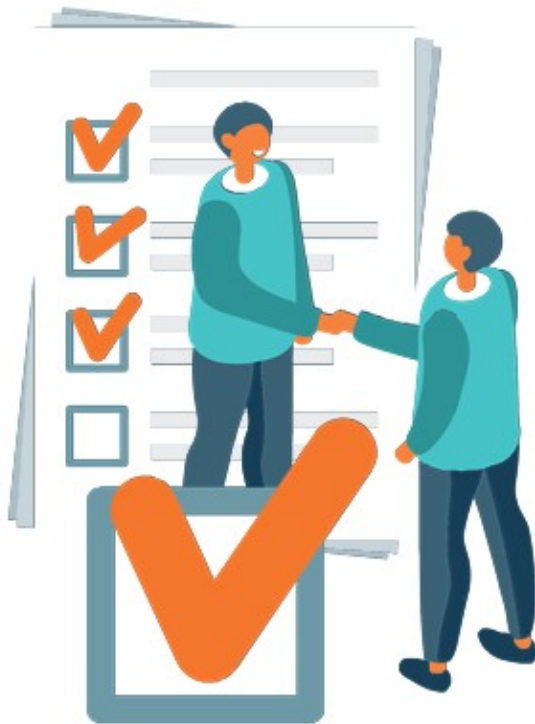
Online claims Submission

Track your claims

Policy Conditions and
Many More



- Claim process & forms



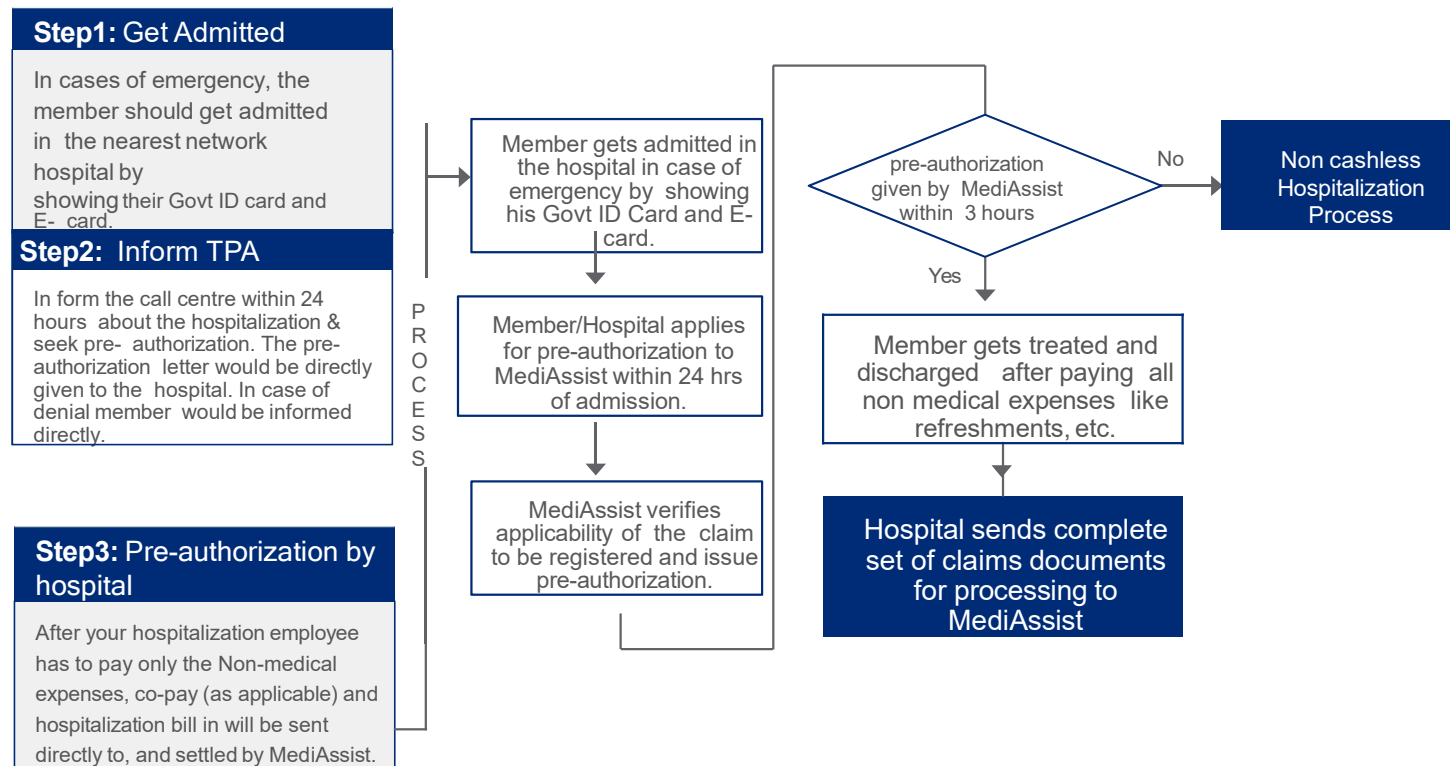
- **Claims - Cashless Facilities**

Cashless claim is a process where a customer can walk-in to the Hospital tied-up with insurer/TPA given him Medical expenses directly settled by them in case of hospitalization exceeding 24 hrs followed by active line of treatment.

Steps to avail cashless claims:

- Walk-in to a Network hospital with Government Photo ID , MediAssist E-card , Emp ID along with Dr. referral letter.
- Approach insurance or TPA Helpdesk at the hospital , you shall be handed over Pre- Authorization form.
- Fill you details on the form , rest of it shall be filled by hospital/ Treating Dr & sent to TPA along with documents submitted.
- TPA Shall revert to hospital in 4 hrs. either with initial approval or denial (if aliment is not covered under policy)

- Cashless Process– Hospitalization

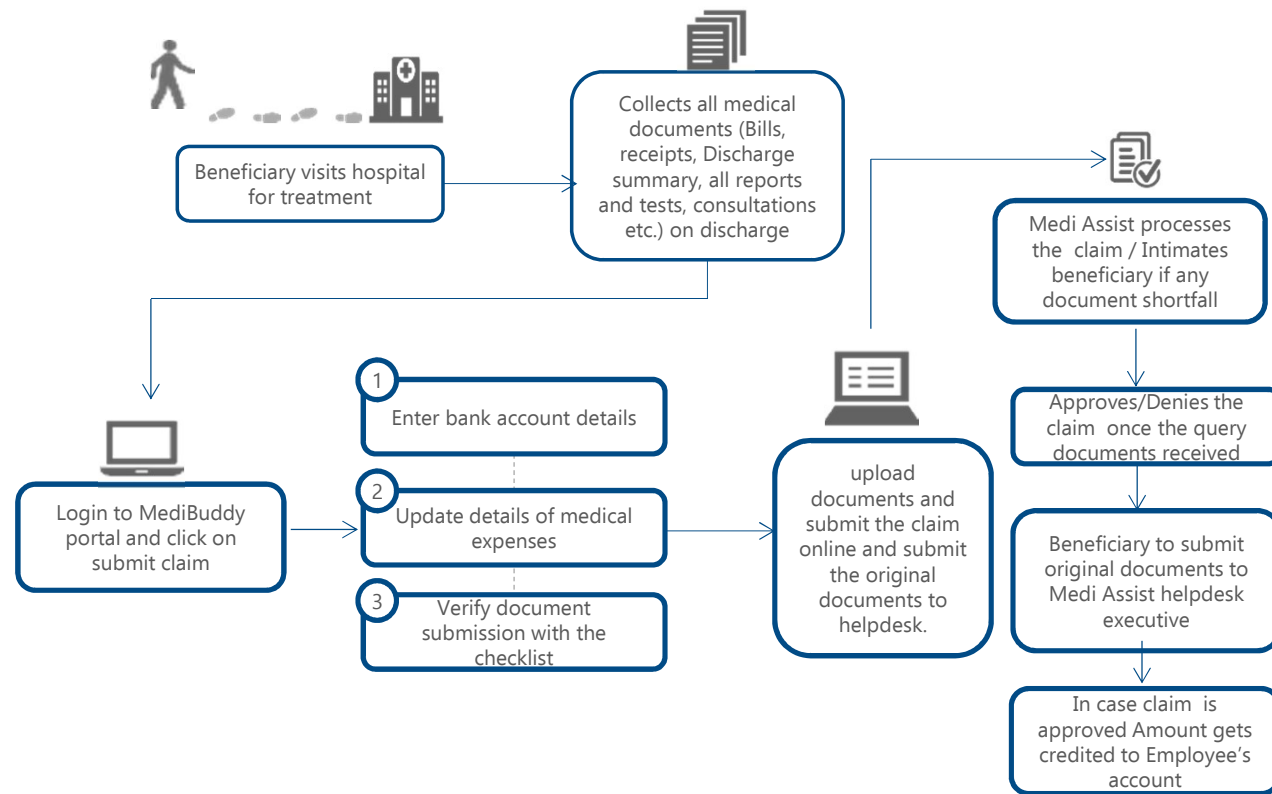


- Reimbursement claim Process

- **Employee can register re-imburement claim through both offline and online mode Admission procedure.**
- In case of non network hospital, you will be required to clear the bills and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as – discharge summary, investigation reports etc. for submitting your claim.
- **Submission of hospitalization claim: You must submit all the claims document on 'MediAssist' Portal with in 30 Day from the date of discharge from Hospital.**
- Portal Link - - <https://portal.mediassist.in/Home.aspx>
- **Please note that non-compliance of timelines mentioned above, will lead to rejection of claim**
- **Kindly note: It is mandatory to submit original documents in order to make payment**

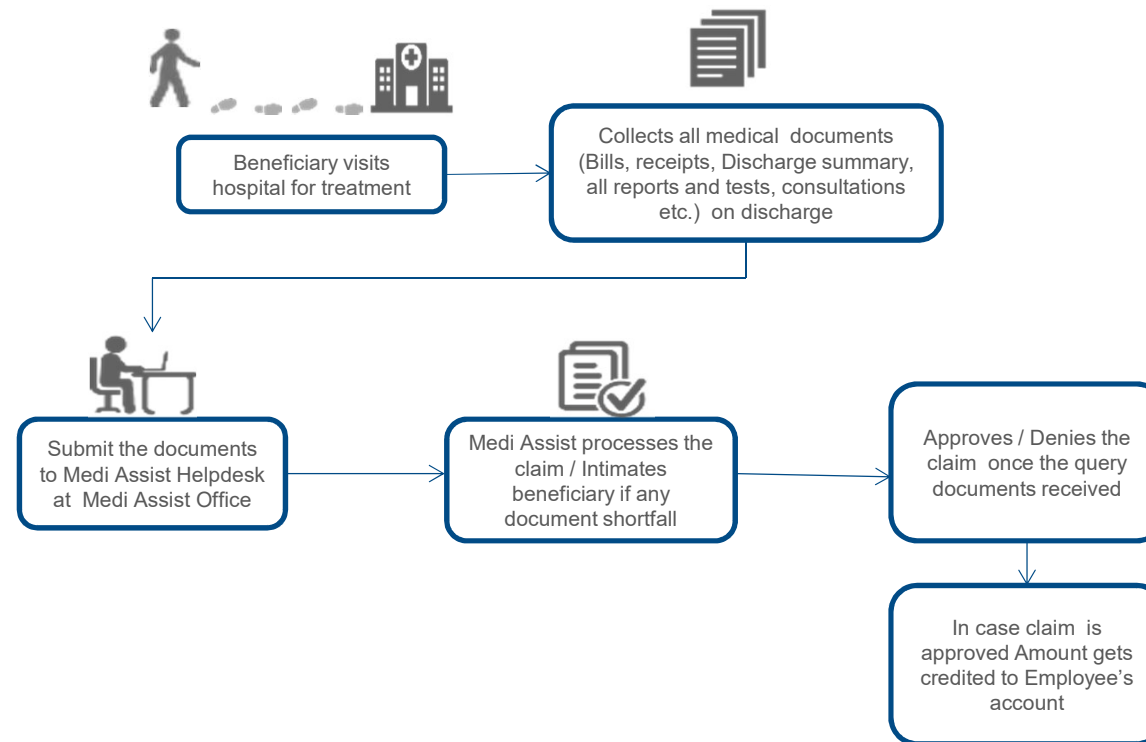
- Reimbursement Claim Process – **Online Process**

Reimbursement claim Online Process



- Reimbursement Claim Process – **Offline Process**

Reimbursement claim Offline Process



• Documents – Reimbursement claim

- Claim form duly filled and signed by the claimant.
- Cancelled cheque leaf with bank account No and IFSC code for NEFT Original Discharge Summary
- Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
- Attending doctors' bills and receipts (if separate from hospital bill) and certificate regarding diagnosis.
- Original reports of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original and Laboratory
- All original payment receipts must be taken from the hospital including invoices for implants and stickers in case of lenses
- Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
- Break up details of Pharmacy items, Materials, Investigations even though it is there in the main bill.
- 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.
- Claim documents need to be submitted within 30 days from the date of discharge. In case of pre & post hospitalization claim documents need to be submitted within 7 days from the date of completion of 60 days or treatment whichever is earlier.

• Standard Exclusions under policy

- Injury or disease directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, warlike operation or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
- Circumcision unless necessary for treatment of the disease, 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.
- Surgery for correction of eyesight, cost of spectacles, contact lenses, hearing aids.
- Dental treatment or surgery of any kind unless requiring hospitalization on account of Accident Cases.
- Convalescence, general debility 'run-down' condition or test cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury, all psychiatric and psychosomatic diseases/disorders, accident due to misuse of drugs/alcohol or use of intoxicating substance.
- Voluntary medical termination of pregnancy.
- 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 diseases, illness or injury whether or not requiring Hospitalization/Domiciliary Hospitalization.
- Naturopathy, unproven procedure/treatment, experimental or alternative medicine/treatment including acupuncture, acupressure, magneto therapy etc.
- Out patient diagnostic / medical / surgical procedures / treatments, non-prescribed drugs / medical supplies / hormone replacement therapy, sex change or any treatment related to this.
- Any kind of service charges / surcharges, admission fees / registration charges etc. levied by the hospital.
- Doctor's home visit charges / attendant, nursing charges during pre and post hospitalization period except in case of domiciliary hospitalization.
- Cosmetic or aesthetic treatments
- Only medical management and no active line of treatment

• Standard Exclusions under policy

- Diagnostics only (if not opted the top up benefits) 15.Intentional self destruction
- Usage of alcohol, drugs, tobacco, etc...
- Expenses on irrelevant investigations / treatment; private nursing charges, referral fee to family physician, outstation doctor / surgeon / consultant's fees etc.
- Lasik surgery is not Covered below +/- 5 power
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials. 20.Ayurvedic / homeopathy / naturopathy treatment on OPD basis.
- External/durable medical / non medical equipment's of any kind used for diagnosis / treatment, CAPD, infusion pump etc., ambulatory devices like walker / crutches / belts / collars / caps/ splints / slings / braces / stockings / diabetic foot wear / glucometer / thermometer & similar related items & any medical equipment which could be used at home subsequently.
- Non medical expenses including personal comfort / convenient items / services such as telephone / television / barber / beauty services / diet charges / baby food / cosmetics / napkins / toiletries / guest services etc.
- Treatment for obesity or condition arising there from (including morbid obesity) and any other weight control program services / supplies.
- Injury arising from any hazardous activity including scuba diving, motor racing parachuting, hand gliding, rock or mountain climbing etc.
- Treatment received in convalescent home / hospital, health hydro / nature care clinic and similar establishments. 26.Any device / instrument / machine that does not become part of the human anatomy / body but would contribute / replace the function of an organ, is not covered. (refer specific inclusion list)
- The cost of spectacles and contact lenses, hearing aids

• Non-Payable items

- Surcharge, service charge, luxury tax if any
- Registration fees / admission fees / miscellaneous charges
- Baby foods
- Thermometer
- Vaccinations
- Baby utilities / cradle charges
- Tips / private nursing charges

- Extra set of documents / photocopying charges
- Telephone charges
- Instrumental Charges
- Extra bed for relative
- Walking aids
- Nebulizers, inhalers, knee braces, splints, cervical collar, diabetic footwear, etc.
- Any other non medical expense

*Above mentioned & attached list is indicative & not exhaustive.
Please check with MediAssist SPOC*
Independent SPOC For specific details with regards to your claim



Thank You