

You + Amex
Better Together



INDIA HEALTH PLAN 2022

DIGITAL PLAYBOOK

Introduction

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Backing you and your family has always been our priority. And one of the ways we do just that is through the best healthcare benefits under India Health Plan. This year we have closely heard your benefits experiences and gathered that there was scope for us to make changes and enhance it further. Therefore after a detailed evaluation, we are pleased to introduce **Vidal Health Insurance TPA** as our preferred Third Party Administrator (TPA).

Deciding which benefits are right for you and understanding all the details can seem a little daunting. This digital playbook gives you easy access to India Health Plan information. Click on the topic you want to know more about and you'll be taken straight to an overview.

This playbook is designed as an aid to understanding. Every effort has been made to ensure accuracy in the guide. Keep reading to find out what's new and improved this year.



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What's Inside?

Navigation Tips:

- Click on the category that you wish to read more about, by hovering the mouse over the section
- Click on 'Next' button to move to the next category
- Click on 'Back' button to return to the category
- Click on 'the Home button' to return to this page
- Select CTRL +F and type your query word to quickly search the document

For example: Your plan essentials at a glance > Eligibility



Your Plan Essentials at A Glance

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Core Coverage

Voluntary Coverage

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Core Coverage

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Eligibility

- All existing colleagues (active on the payroll of the company) and their declared dependents, are covered effective May 10th 2022 till May 9th 2023
- All new joiner colleagues and their enrolled dependents will be covered effective their date of their joining
- This policy does not apply to interns, individuals on fixed term contracts, consultants, contractors for services or foreign nationals on assignment in the country who are not on the Amex payroll

Core Coverage is borne by Amex

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Plan Features

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Plan Name	Group Medical Plan
Policy Holder	American Express India
Inception date	10 th May 2022
Expiry date	9 th May 2023
Insurer	ICICI Lombard
TPA	Vidal Health Insurance TPA
Geographical limits	India



Family Definition: Core Coverage (1+3) + Voluntary Coverage - 4

Members Covered: Core Coverage - colleague, spouse, dependent children (biological/adopted)

- **Voluntary Coverage** - covered within the same family sum insured - parents, parent-in-law, siblings
- Parents of partners of LGBT colleagues are now covered

Age Limit: Colleagues - 62 years
Dependent Children - 30 years

Sum Insured: INR 500,000 + INR 200,000 for Critical Illness
(Covid is included as a critical illness)

Room Rent:

- Single standard AC for normal room. ICU charges will be paid as per actual cost
- Coverage: Room charges, boarding and nursing expenses
- Exclusions: Any charges related to voluntary upgrade of the room

Co-pay: 10% of the claimed amount for all claims including maternity (exc. cap ailments) up to INR 25,000

Standard Hospitalization:

- Charges towards treatment requiring longer than 24-hour hospital stay
- Exclusion: Hospitalization for observation, when no active line of treatment is present

Pre & Post Hospitalization: 60 and 90 Days

Daycare: 142 Ailments covered. To find out more

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COVID 19

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Coverage:

- COVID 19 test charges are paid (irrespective of the outcome)
- COVID 19 vaccination/booster costs covered as per govt. guidelines

For all COVID 19 positive cases:

- Inpatient hospitalization, Quarantine, isolation and home treatment are covered
- PPE kits and other consumables

Please Note:

- The room charges are per bed availability. ICU charges are covered on actuals.
- Home Quarantine, isolation, and treatment expenses (under the recommendation of hospitals) including
 - Doctor consultations
 - Hotel/ isolation facility
 - Medicines, covid related tests

Exclusion: Standard exclusions and items like BP machine, Oxi meter etc.

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Day Care Coverage

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Coverage: Certain treatments exempt from the 24 hour minimum hospitalization criteria covered under day care

- To refer to the Day Care Procedures List,
- Additionally, fracture treatment and ligament tears treated on day care will be covered over the standard day care list

Exclusion: Procedures not mentioned in the Day Care Procedures List

New Enhancement

Income Protection Plan

Coverage: Cash benefit of INR 10,000 per week up to 10 weeks in case of hospitalization due to critical illness, medical reasons (if hospitalization is more than 14 days), Covid recovery and mental disability leading to loss of pay

- This benefit is only available for colleagues who are covered under the plan
- This benefit can only be triggered by critical illnesses listed under the list or due to medical reasons which lead to hospitalization is more 14 days, covid recovery and mental disability leading to loss of pay.
For list,
- The benefit is applicable once the colleague completely utilizes the sick/casual/privileged/paid leaves
- Paid from the time the colleague goes on a leave without pay till 10 weeks

Exclusion:

- This benefit is not available for dependents
- Benefit expires with policy and even if 10 weeks have not been completed
- Benefit stops when colleague returns to work



Air Ambulance

Coverage: The provision of a medically equipped airplane or helicopter, used to move patients to and from healthcare facilities and accident scenes

Charges up to corporate limit of INR 1,000,000

Exclusion: There is a defined maximum limit for air ambulance charges available as outlined above

Domiciliary Expenses

Coverage: Up to INR 15,000 for family sum insured

- All currently approved day care procedures that can be taken at home including medical management that cannot be taken under OPD
- Also certain medical procedures not under daycare list may be covered subject to insurer approval. It is mandatory to take prior approval from insurer for the same

Exclusion:

- Treatments that can be taken on OPD basis
- Cashless facility cannot be availed for home care

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Voluntary Coverage

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Top-Up



In addition to the core coverage sponsored by Amex, India Health Plan also provides an opportunity for colleagues to enhance their medical coverage by choosing from the various top-up options. Voluntary Coverage can be chosen based on colleague's requirements and preferences, the premium is to be paid by the colleague.

Coverage:

- Sum Insured options – INR 200,000, INR 300,000, INR 500,000, INR 1,000,000 or INR 1,500,000 (INR 15 Lacs is new enhancement)
- The dependents covered in base policy will be covered under the top-up policy only
- Coverage for parents/parents-in-law without any medicals
- Cashless hospitalization facility
- Standard Hospitalization Coverage for minimum 24 hours
- 30 days waiting period is applicable for new joiners
- Pre-existing covered from day 1

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- Any claims made during the policy period will first be applied the Amex-provided medical insurance, which covers up to an annual maximum of INR 5 Lakhs. Once the sum insured is exhausted in the base policy, the additional policy will trigger in and all expenses shall be covered up to the extent of the additional policy sum insured, subject to the terms and conditions of the policy
- All terms and conditions as per the GMC Base Policy except joint replacements (e.g.: hip, knee etc.)
- Income tax benefit under section 80D of Income Tax Act
- Premium deduction will happen in 3 installments starting the month of August 2022
- If you do not confirm your details on the portal, your last year's Top-up plan will **NOT** be carried forward

 Clicking on the text will take you to more details, wherever applicable

Cost of Top-Up Coverage

TOP UP RATES 2022-23	
Sum Insured	Premium Inclusive of GST
INR 200,000	INR 14,455
INR 300,000	INR 16,815
INR 500,000	INR 23,895
INR 1,000,000	INR 36,875
INR 1,500,000	INR 46,093

Parental and Sibling Coverage

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- Sum Insured (same as base policy):**

INR 500,000 + INR 200,000 for Critical Illness

- Age Limit:** Siblings - 25 years; and no age limit in case of physical and mental disability, Parents/parents-in-law entry age till 80 years

- Parents of partners of LGBT colleagues

- The parental premium is on voluntary basis and the premium has to be borne by the colleague

- The voluntary dependents will be carried forward to the next year. In case you want to remove them from the policy coverage, please deactivate them during the enrollment window period

Parental Coverage	Premium Inclusive of GST
Single Parent	INR 15,377
Both Parents	INR 22,316
3 Parents	INR 29,233
4 Parents	INR 36,172
Single Sibling	INR 10,738
2 Siblings	INR 15,562



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Your Benefits in Detail

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These coverage highlights are for frequently used benefits.



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Maternity and Child Benefits

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Maternity Coverage

New Enhancement INR 1,00,000 for pregnancy related expenses payable for first 2 living children only

- Normal delivery, C-section delivery, forceps delivery, vacuum delivery, ectopic pregnancy, spontaneous or medically necessary abortions
- Maternity expenses baby expenses for routine newborn care are covered within maternity limit
- Maternity complications will be covered from family sum insured
- Room rent charges for mother accompanying a baby in neonatal ICU are covered as per the policy's room rent limit
- Co-payment of 10% applicable on admissible amount
- Maternity coverage for surrogate mother*
- Pre and post-natal expenses from date of conception to 60 days post-delivery including routine antenatal care, abortion

Exclusion: Expenses in case of voluntary medical termination of pregnancy (MTP) during the first 12 weeks from the date of conception not covered

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Surrogacy Coverage

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Coverage: Delivery charges along with pre and post-natal are covered on both IPD and OPD basis for the Surrogate and will be covered under the maternity limit

According to the Surrogacy (Regulation) Bill 2020:

- Commercial Surrogacy is banned and only altruistic surrogacy is allowed
- Only married couples, and certain single women (widow or divorcee between 35 to 45 years of age) will be allowed to utilize surrogacy
- The surrogate can be a willing woman and doesn't necessarily need to be a close relative

Infertility Treatment Coverage

Coverage: INR 150,000 for fertility related treatments including artificial modes of reproduction over and above the maternity benefit limit

- IPD and OPD treatments related to infertility procedures

Exclusion: Standard exclusion of the policy

External Congenital Treatment

Coverage: Hospitalization expenses related to external congenital treatment will be covered from the Sum Insured

Exclusion:

- Treatment related to cosmetic removal of external congenital
- Standard exclusions of the policy may apply

Vaccinations for Children

Coverage: Vaccinations for children age 0 to 5 with a limit of INR 10,000 per family using Indian Medical Association recommended vaccines

Exclusion: Adult vaccinations, vaccines not in the annexure

Coverage for Specially-abled Children

Coverage: Treatments for disability of any etiology without any age cap

- Hospitalizations up to full sum insured
- OPD expenses for physiotherapy, occupational therapy, speech therapy, behavioral therapy etc. with a sub-limit of INR 10,000 per therapy session

Exclusion: OPD charges for consultations, medications and diagnostics

Inclusive Benefits for your Family

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In addition to the essential benefits mentioned under your plan essentials, below are some more inclusions to your family benefits coverage.

Coverage for Dependents in case of Colleague's Death

Coverage: Dependents continue to stay covered till the end of policy period in case of colleague's death

- No coverage deduction in case of death during hospitalization
- Only existing dependents can avail for this coverage. And benefit can be availed up to the remaining sum insured
- Charges like non-medical expenses, co-pays, ailment caps will not be applicable

Exclusion: Standard exclusions of the policy apply. Any amount over sum insured is to be paid by the colleague's family.

Coverage for Same-Sex Partners

Coverage: Medical coverage to domestic same-sex partners

- Inclusion of same-sex partners offered under family definition

Exclusion: Standard exclusions of the policy apply

Mental Health Benefits (Psychiatric Care)

Coverage: Mental health coverage on IPD and OPD as per conditions outlined below:

- IPD/Hospitalization expenses up to Sum Insured INR 500,000
- OPD Cover : Overall INR 50,000 per family with the below sub-limits
 - Consultations - up to 50,000 (INR 2000 per consultations limit will apply)
 - Screening for Mental health covered with a sublimit of INR 10000/per life
 - Prescribed diagnostics - INR 50,000 per family
 - Medications - INR 50,000 per family
 - Therapies capped at INR 5K per session (max up to 10 sessions)

Exclusion: Standard exclusions of the policy apply

Cancer Coverage

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Coverage: Hormonal treatments, diagnostics and oral chemotherapy as outlined below;

- Hormonal treatments for cancer given on day care and hospitalization basis up to sum insured
- Targeted therapies like Monoclonal Antibodies and Small Molecule Drug
- Diagnostic tests done after completion of cancer treatment are covered up to INR 50,000
- Conventional oral therapy up to sum insured

Exclusion:

- Oral hormonal anti-cancer drugs
- Tests taken abroad, experimental diagnostics
- Non-conventional oral chemotherapies. Please contact your insurer in advance to check whether the medicines are covered by insurance

Genital Urinary Coverage

Coverage:

- Hospitalization expenses related to genital urinary will be covered up to sum insured
- Additional 2 Lakhs cover from critical illness is provided in case of kidney failure

Exclusion: Standard exclusions of the policy may apply

Cardiovascular Coverage

Coverage:

- Hospitalization expenses related to heart/cardiovascular will be covered up to sum insured
- Coverage for Biodegradable Stent is up to INR 150,000
- Additional 2 Lakhs coverage from critical illness is provided in case of Aplastic Anemia; Aorta Graft Surgery; Coronary Artery Bypass; Coronary Artery Disease; Angioplasty (PTCA), Heart Attack/Myocardial Infraction; Heart Valve Replacement; Primary Pulmonary Hypertension; Stroke; Cardio Myopathy

Exclusion: Standard exclusions of the policy may apply

Gastrointestinal Coverage

Coverage:

- Hospitalization expenses related to gastrointestinal will be covered up to sum insured
- Appendicitis treatment is capped at INR 100,000
- Additional 2 Lakhs coverage from critical illness is provided in case of end stage liver failure, Fulminant Hepatitis

Exclusion: Standard exclusions of the policy may apply

Respiratory Coverage

Coverage:

- Hospitalization expenses related to respiratory will be covered up to sum insured
- Additional 2 Lakhs coverage from critical illness is provided in case of end stage lung disease; Good Pasture's Syndrome (immune disease that affects lungs and kidneys mainly); Pneumonectomy

Exclusion: Standard exclusions of the policy may apply

Muscle Bone and Skeletal Coverage

Coverage:

- Hospitalization expenses related to muscle bone and skeletal will be covered up to sum insured
- Additional 2 Lakhs coverage from critical illness is provided in case of Motor Neurone Disease; Muscular Dystrophy; Paralysis/Quadriplegia

Exclusion: Standard exclusions of the policy may apply

Vision Coverage

Coverage:

- Hospitalization expenses related to Cataract will be covered up to INR 45,000
- Additional 2 Lakhs coverage from critical illness is provided in case of Total Blindness; Progressive Supranuclear Palsy

Exclusion: Standard exclusions of the policy may apply

Injuries Coverage

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Coverage:

- Hospitalization expenses related any Injury will be covered up to sum insured
- Jaw injuries will only be covered if secondary to accident and requiring hospitalization
- Additional 2 Lakhs coverage from critical illness is provided in case of road accidents with head injury or fractures in 2 or more limbs (upper/lower) or RTA injury requiring ventilation support; Major Burns - 20%; Major Burns - 30%; Major Burns - 45%; Major Burns - 50%; Major Head Trauma
- Bone fracture and ligament tear along with the other ailments covered in a standard hospitalisation will be covered under day care

Exclusion:

- Standard exclusions of the policy may apply
- Any teeth related treatment done on OPD basis even if due to an accident
- Any teeth/jaw related treatment if not caused due to any accident

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HIV/AIDS Coverage

Coverage: Coverage for HIV/ AIDS treatment and related complications

- Diagnostics, prescription medications, and home nursing care required by the patients with HIV/AIDS and complications

Exclusion: Standard exclusions of the policy may apply

Physiotherapy Coverage

Coverage: Physiotherapy is covered on post-hospitalization and on OPD basis upon medical practitioners prescription

- Physiotherapy up to INR 10,000 per person on post-hospitalization
- Coverage up to INR 50,000 per annum upon doctor's prescription without requirement for hospitalization

Exclusion: Physiotherapy taken without medical practitioner's recommendation. Other therapies like acupressure, acupuncture etc. are not covered.

Cervical Vaccination Coverage

Coverage: Vaccinations for Cervical Cancer with a limit of INR 10000 per family

Exclusion: any other adult vaccinations.

Home Modification Coverage

Coverage: Due to any medical reason after/during hospitalization if any home modification is required, they will be covered with a limit of INR 50,000

Exclusion: Any modification which is not due to hospitalization (nor due to medical disability) and is on stand alone basis.

Advanced Procedure Coverage

 Clicking on the text will take you to more details, wherever applicable

Stem Cell Transplant

Coverage: Stem cell transplantation for medically proven indications

- 50% co-payment applicable

Exclusion: Experimental treatments, stem cell storage

Robotic Surgery

Coverage: Up to sum insured for the approved robotic procedures by the Drug Controller General of India (DCGI)

Exclusion: Experimental treatments

Cyber-Knife

Coverage: Up to sum insured with a 50% co-pay for the approved robotic radiation therapy procedures by the Drug Controller General of India (DCGI)

Exclusion: Experimental treatments

Gender Reassignment

Coverage: Hospitalization expenses related to gender change surgery

Exclusion: Cosmetic procedures

Advanced Procedure Coverage

 Clicking on the text will take you to more details, wherever applicable

Cover for Deep Brain Stimulation

Coverage: Hospitalization expenses will be covered

Exclusion: Sleep study

Cover for Keratoconus

Coverage: Treatment cost with a limit of INR 22000

Exclusion: Standard policy exclusions

Others

Coverage: Immunotherapy, Intravitreal injections, Intra-operative neuromonitoring

Exclusion: Standard policy exclusions

Alternate Treatment Benefits

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Coverage: Ayurvedic, Unani and Homeopathic treatments are covered up to INR 125,000

- All medically necessary treatment requiring in-patient stay longer than 24 hours
- To avail for this benefit, your treatment must be taken in a government hospital

Exclusion: Cosmetic/aesthetic treatments, spa/massage therapies, rejuvenation therapies, treatment taken in non-government hospitals, day care or OPD treatments

New Enhancement

Alternative Medicine Coverage

Coverage: Coverage for Chiropractor, acupressure, acupuncture are covered with a limit of INR 50,000 per family with policy limit of 2,000,000.

Exclusion:

- Any other type of treatment that is not mentioned above
- Standard exclusion of the policy

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Ambulance Coverage

Coverage: Charges for ambulance up to INR 5,000 per person

- Applicable for ambulance movement between home to hospital or from one hospital to another when medically necessary

Exclusion: Return journey to home by ambulance

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Additional Capping

- Coverage for Hernia up to INR 150,000
- Coverage for Nasal Sinus surgeries up to INR 35,000
- Coverage for Mobility Aids up to INR 10,000

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Additional Support For You

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Portability

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You can provide one single coverage for your family and parents. All insured members as per the current policy need to opt for this product and no anti-selection allowed.

- Maximum sum insured available is up to 20 Lakhs
- The standard benefits of retail medical plan will apply. The waiting periods for pre-existing and time-bound ailments will be reduced or removed based upon your tenure at Amex. Colleagues who have been with Amex for 4 or more years will not have any waiting periods applicable in the retail plan for the same sum insured
- If higher sum insured is chosen upon portability, waiting periods will be applicable on the higher sum insured
- No medical test required for portability for same sum insured as covered in group policy (including parents)
- No capping/limits on surgery. Day Care Procedures are covered
- In case of insured member above 65 years, entry age 20% co-payment will be applicable. All exclusions of standard retail policy will apply

Disclaimer: The above mentioned portability benefits are specifically from "Oriental Health Insurance Co. Ltd". Also the terms & conditions of the policy are as per Oriental insurance.

Acceptance of portability proposal depends on health status and declaration as per insurance risk parameters.

Process for Portability

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- Colleague will contact portability champion for portability request with details like - Last Working Day (LWD), insured members and their DOB, coverage under GMC and first inception date
- Request for portability can be made 30-45 days prior to LWD
- Portability champion will share premium, proposal form, portability form, NEFT details and format for HR letter with colleague
- The colleague is required to share the scan copies of filled proposal form, portability form, hr letter, and KYC and payment confirmation with portability champion
- Portability champion will forward all the details to insurer for policy issuance
- Insurance company will share the policy soft copy in 7 working days and hard documents in 15 working days

Contact details of Portability Champion

Name: Shashi Yadav

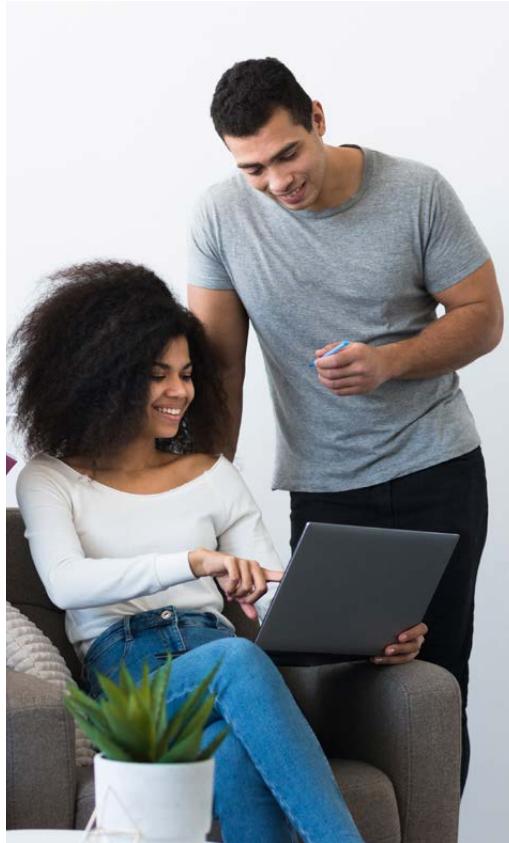
Contact No. : 7045843034

E-mail ID: Shashiprakash.Yadav@marsh.com

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Coverage for International Transfer Cases

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Coverage: The provision to cover family in case of overseas transfer for an assignment

- Only dependents already covered in the base plan in India till the end of policy period
- The benefits as per the base plan outlined above
- Colleague to bear the premium

Exclusion:

- Standard exclusions of the policy apply
- Changing or adding dependents is not permissible
- Colleague himself or herself will not get coverage

Please note:

- Amex will not administer or manage this contract, as it will be exclusively between the colleague and the insurer
- You can apply for portability 30 days prior to the end of the policy period if you wish to port the cover into a retail plan post the cease of this cover. Please check the portability section for more details

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Additional Coverage for Critical Illnesses

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Coverage: This is an additional financial coverage available in case of listed critical illness

- Additional coverage of INR 200,000 is available over and above the base sum insured of INR 500,000
- This will be triggered upon exhaustion of base
- Customized education material
- Significant discounts available for screening, diagnostic tests, stem cell banking and ante-natal classes

Exclusion:

- The ailments not available in the critical illness list

Second Opinion Coverage

Coverage: Up to a maximum of INR 1,000

- Applicable only as pre-hospitalization or post-hospitalization claim
- Only consultation charges are covered

Exclusion: Standard exclusions of the policy apply

Enroll Your Dependents

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Process for Enrollment through Portal



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Base Policy Guidelines

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- You must validate your details i.e. name, Amex ID, date of birth and date of joining as it appears in My Info
- Ensure that all of your dependent details are accurate in My Info, as this information will be sent across to **Vidal Health Insurance TPA** for insurance policy enrollment
- You will receive an e-mail from **Vidal Health TPA** with user name and password. Then please log on to <https://tips.vidalhealthtpa.com/vidalhealth/>
- Please validate your dependents details on Vidal TPA portal to ensure that the details are correctly reflecting on the portal
- You would need to activate parents/parent-in-laws/siblings to be covered as dependents if applicable
- If you don't make any changes in the dependent details, then the defaulted dependents of the last year will be carried forwarded

For Enrollment steps

Please note:

- All of the steps need to be done during the specified enrollment period, which is within 30 days after receiving the Vidal Health enrollment e-mail for coverage under the annual renewal cycle. New joiners/rehires will have 30 days to complete the above enrollment from their date of joining
- Data transfer from My Info to Vidal Health takes up to 5 working days. The correct information needs to reflect on the Vidal Health portal by the 45th day for annual renewal cycle and 60th day for all mid-term inclusions, to ensure your plan coverage takes place
- For new joiners: Data transfer from My Info to Vidal Health takes up-to 5 working days. The correct information needs to reflect on the Vidal Health portal by the 60th day to ensure your plan coverage takes place
- If you do not confirm your dependents details for the medical coverage during the enrollment period, then they will not be covered for the entire policy period
- The Date Of Marriage must updated by colleagues at Vidal Health site within 60 days from the event
- If you don't receive any email with your user name and password, please contact: **Amexindia@vidalhealthtpa.com** within the enrollment period immediately

Enroll your dependents

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Voluntary Policies

 Clicking on the text will take you to more details, wherever applicable

- Colleagues are required to make a fresh selection for Voluntary Policies every year
- The default plan of last year will not be carried forward
- No changes are allowed in the mid-year. If you don't choose any voluntary plan, you must wait until the next enrollment cycle

For questions and support during enrollment or validation, please contact Dedicated Toll free number **18002022883**; raise your query directly on the Vidal Health portal or write in to us at **Amexindia@vidalhealthtpa.com**

Enrollment Steps:

To login using the portal:

- Go to "<https://tips.vidalhealthtpa.com/vidalhealth/>"
- Enter the login ID & password (please click 'Forgot Password' in case you do not remember your password)
- On successful login, and you will find relevant information about your dependents active and deactivate as per information from My Info
- To cover parents/in laws/Siblings under the policy please update My Info with the required details. It may take 5 working days post updating on My Info for the details to reflect in the Vidal Health portal. Lastly, please ensure to click **activate** in order to ensure coverage.
- Click on confirm members to ensure your coverage is updated.

Enroll your dependents

Enrollment Process for Dependents Coverage for Overseas Colleagues

For support with enrollment and premium calculation, to reach out to Vidal Health,

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Make Your Claim

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Claim Process

The process for making a claim varies depending on the type of provider or facility being used for treatment. Reimbursement claims should be submitted within 30 days of bill date or discharge date.

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Cashless Treatment

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If you avail for a cashless facility in case of planned hospitalization, you are not required to pay any deposit at the commencement (depending on the hospital) of the treatment or bills after the end of treatment - to the extent these medical expenses that are covered under the Policy.

Under the cashless treatment, Vidal Health may authorize direct settlement of eligible hospitalization expenses on your behalf when you are being discharged. The lists of cashless providers is available on the Vidal Health website.



Steps to avail Cashless Facility:

- Finalize the provider or hospital for treatment
- Inform the insurance helpdesk at least 4 days before your treatment or hospitalization, and at least 14 days before your maternity hospitalization. In case of hospitalization, please provide the following information to the helpdesk: hospital's name, location or address, contact number, package plan details (if any), room type, date of procedure
- You and your treatment physician must complete the pre-authorization form, sign it and submit it to the insurance helpdesk at the network hospital at least 72 hours before your hospitalization plan, and at least 10 days before your maternity hospitalization.
- You can print your patient E-card from the **Vidal Health website** and submit it along with proof of patient identification to the insurance desk at the hospital

[Make your claim](#)

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In case of cashless hospitalization, at the time of discharge:

- The hospital helpdesk will get the doctor's summary report on the treatment and send all documents, including the Discharge Voucher, which must be signed by the patient or attendant, to Vidal Health for pre-authorization. This will likely take 3-4 hours
- Vidal Health will check the policy and the doctor's summary report. They will follow up with the provider or hospital in case any clarifications are required and then approve the cashless transaction

Please note: The discharge process for cashless hospitalization can take between 8-12 hours. The approval will be given only once the hospital provides all the relevant documents and clarifications required by Vidal Health.

 Clicking on the text will take you to more details, wherever applicable

[Make your claim](#)

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Reimbursement after Treatment or Hospitalization

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If you choose a non-network provider or hospital (not a cashless facility), please liaise directly with the provider for admission. Upon being discharged from a non-network hospital, you will be required to pay the bill and submit the claim to Vidal Health for reimbursement from the insurer. You are also advised to follow the pre-authorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.



Reimbursement submission steps:

- Finalize provider or hospital for treatment
- Inform the insurance helpdesk within 4 days of planned treatment or hospitalization, 14 days of maternity hospitalization, and 24 hours of emergency hospitalization
- Within 30 days from the date of discharge, please [submit your claim](#) to Vidal Health
- Please submit/upload original documents only. Vidal Health may reach out if any additional documents are needed
- Once Vidal Health approves the claim, the amount for reimbursement will be credited directly to your bank account

[Make your claim](#)

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Checklist of documents for claiming Reimbursement

 Clicking on the text will take you to more details, wherever applicable

- Signed Claim Form
- Main hospital bills in original (with bill number, signed and stamped by the hospital) with all charges itemized and the original receipts
- Discharge Card (original)
- Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
- Original reports or attested copies of bills and receipts for medicines, investigations along with doctors prescription in original and laboratory
- Follow-up advice or letter for line of treatment after discharge from hospital from doctor
- Break up with details of pharmacy items, materials, investigations even if these are given in the main bill
- If the hospital is not registered, please get a letter on the hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock
- In non-network hospitalization, please get the hospital and doctor's registration number on the hospital letterhead and get the same signed and stamped by the hospital

[Make your claim](#)

Note: Vidal Health may come back if there are additional medical documents required for cases where the standard details submitted may not be enough to reach a conclusion on eligibility of the claim. Additional documents may be requested in order for Vidal Health to explore all possibilities of getting the claim settled. These specific documents could be:

- ICPs - hand written daily notes by doctors and nursing staff (very elaborate case details)
- Justification letters from treating doctors/hospital
- Reports confirming diagnosis
- Other documents depending on the individual cases

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Your Questions Answered (FAQs)

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Please click the following FAQ sections for your easy reference:

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FAQs - Coverage

💡 Clicking on the text will take you to more details, wherever applicable



- Q1.** I have exhausted my insurance coverage during my hospitalization. But I also have a personal hospitalization policy with me. Is it possible to utilize this policy to cover my remaining bills?
- Q2.** Can I increase the insurance coverage amount for me and my family?
- Q3.** If my hospitalization expenses exceed my eligible coverage amount, can I club next year's cover with this year? Or, in case I have not made any claims under hospitalization last year, can I carry forward the unutilized amount to this year?
- Q4.** Do I need to be admitted for minimum 24 hours to be qualified under hospitalization?
- Q5.** Can I claim for all expenses made during hospitalization?
- Q6.** What is my room rent eligibility? What if I take a higher category room?

I have exhausted my Insurance coverage during my hospitalization. But I also have a personal hospitalization policy with me. Is it possible to utilize this policy to cover my remaining bills?

Yes. Vidal Health will issue a settlement letter confirming amount they have paid out for the claim. Same letter can be submitted to insurer with whom individual has personal cover to claim for balance amount.

💡 Clicking on the text will take you to more details, wherever applicable

Can I increase the insurance coverage amount for me and my family?

Yes. You have the option to avail the top up plan by paying an additional premium. (Annual coverage per family = Base coverage of INR 5 Lakhs + Critical Illness coverage of INR 2 Lakhs). Critical Illness coverage will be available only in case of the hospitalization being on account of one of the pre-defined Critical Illnesses mentioned in the policy document. Top-up policy amount would be triggered only upon utilization of initial 5 Lakhs coverage.

If my hospitalization expenses exceed my eligible coverage amount, can I combine next year's coverage with this year's? Or, in case I have not made any claims under hospitalization last year, can I carry forward the amount to this year?

No, you can't combine any coverage from last year or next year with the current year. Your medical benefit is provided only for the current policy year.

Do I need to be admitted for minimum 24 hours for it to qualify under hospitalization?

Yes, the claim will stand rejected in case of less than 24 hours of hospitalization and if there is no active line of treatment except in cases of listed day-care procedures wherein the insured can undergo treatment and be discharged on same day.

Can I claim for all expenses made during hospitalization?

Please refer to the list of general exclusions in the policy document to understand what expenses cannot be claimed under hospitalization. For specific question on exclusions please reach out to Vidal Health Customer Service.

What is my room rent eligibility? What if I take a higher category room?

Room rent eligibility is Single Standard AC room, in case of a higher category room, proportionate deduction will apply.

Scenario:

Eligibility	Single standard room cost at Hospital	Room chosen	Deluxe room cost	Cost of surgery in Single standard AC	Cost of surgery in deluxe as choose by the colleague	Break up of payment
Single standard AC	INR 5,000	Deluxe	INR 6,000	INR 100,000 Non-Medical expenses: e.g. 10% Admissible amount: INR 90,000 Co-pay 10 % Payable = INR 81,000	INR 120,000 Non-Medical expenses: e.g. 10% Admissible amount: INR 108,000 Co-pay 10 % INR 97,200	Hospital charged INR 120,000 Insurance paid: INR 81,000 Out-of-pocket expense: INR 39,000

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FAQs - Enrollment

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Q1. How do I enroll myself and my dependents in the policy in the beginning of the policy period?

Q2. What if I don't confirm my dependents for medical coverage during the enrollment period?

Q3. If I am on maternity/long leave of absence and unable to declare dependents on Vidal website within the enrollment period. How do I proceed?

Q4. Can I cover 3 children in the plan?

Q5. Can I enroll my siblings as my dependents?

Q6. Can I cover my both sets of parents and parent-in-law?

Q7. What if there has been an emergency hospitalization and I claim it within the enrolment period, while I have not enrolled on Vidal as yet?



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How do I enroll myself and my dependents in the policy in the beginning of the policy period?

Ensure your My Info records and Vidal Health records are complete and updated. For further details please refer to sec.

What if I don't confirm my dependents for medical coverage during the enrollment period?

The Cover for your dependents shall not be available for the entire policy period.

If I am on maternity/long leave of absence and unable to declare dependents on Vidal Health website within the enrollment period. How do I proceed?

Leader should notify HR within the enrollment period; else the colleague will not have coverage for his/her dependents.

Can I cover 3 children in the plan?

Yes. Given that you can cover a total of seven dependents as per the family definition. There would however be different premium rates that would apply different scenarios. Please refer to policy document for further details.

Can I enroll my siblings as my dependents?

Yes, you can cover dependent siblings under the policy within the family definition. However it is a voluntary Cover and premium rates would apply that will have to be paid by you. Please refer to policy document for further details.

Can I cover my both sets of parents and parent-in-law?

Yes, you can cover all 4 parents and parent-in-laws, however, within the total family definition.

What if there has been an emergency hospitalization and I claim it within the enrolment period, while I have not enrolled on Vidal Health as yet?

If the dependent and all his/her details are accurately entered on My Info within the specified timeline, you can go ahead and make a claim for this dependent. Since the enrollment period is still in process you would need to keep the Vidal Health informed and they will be able to guide you on whether you could avail of cashless or would need to opt for the reimbursement claim route. Please note, in such a case it becomes mandatory for you to cover this dependent under the plan when you complete enrollment and pay the applicable premium as well, incase it's a parent/parent-in-law.

 Clicking on the text will take you to more details, wherever applicable

FAQs - Mid-term Inclusion of Dependents

💡 Clicking on the text will take you to more details, wherever applicable



- Q1.** How often can I change my declared dependents?
- Q2.** I had enrolled my parents in laws for coverage in 2021-2022 policy. Will there be a default enrollment for 2022-2023 policy?
- Q3.** If I have recently got married, how do I get coverage for my spouse?
- Q4.** How do I get coverage for my new born son/daughter?
- Q5.** If there is a death in my family or a divorce, can I cover another dependent in place of the deceased / divorced dependent?
- Q6.** Both my spouse and I work for American Express. If my spouse were to leave the company in the middle of the policy period, can I cover him/her midterm? Also, what about the dependents which were covered by him/her under the policy?

How often can I change my declared dependents?

You cannot change your declared dependents in the middle of the policy period, except during life changing events: marriage, birth, death or divorce. (In which case, please update Vidal Health within 30 days after the event).

I had enrolled my parents in laws for cover in 2021-2022. Will there be a default enrollment for 2022-2023 policy?

By default all your dependents (Spouse, Children, Parents/in-laws/Siblings) coverage will be carry forward from last year to current year 2022-23. In case you wish to deactivate your voluntary dependents (parents/in laws/siblings), please login to Vidal Health portal (<https://tips.vidalhealthtpa.com/vidalhealth/>) and deactivate them. For deactivation of primary dependents (Spouse and children), please login to My Info & delete them. Premium deductions would be made automatically from salary for the voluntary dependents. Colleagues should log in on the portal during the enrolment window period to opt out of the access benefit program.

If I have recently got married, how do I get coverage for my spouse?

You would need to register your spouse by updating your My Info records and you should cross check to see that the same is reflecting correctly on the Vidal Health website and update your date of marriage within 30 days of marriage. In case of any discrepancy, within the 30 day window granted for enrollment. In case, the details are not updated on the Vidal Health site within 30 days from date of event, your spouse will not be covered for the current policy period.

How do I get coverage for my new born son/daughter?

Please register your newborns by updating your My Info records. Please cross check to see whether it is reflecting correctly on the Vidal Health website within 30 days of birth. In case of any discrepancy, please notify Vidal Health within the 30 day window granted for enrollment. If the details are not updated on the Vidal Health site within 30 days from date of birth, your newborns will not be covered for the current policy period.

If there is a death in my family or a divorce, can I cover another dependent in place of the deceased/divorced dependent?

In case of death/divorce of a declared dependent, please update the details on My Info within 30 days of event. If, no claim has been made towards the deceased member, you can replace this dependent by another dependent for the remaining part of the policy period. The replacement must be as per policy rules of maximum 7 dependents.

For replacement, please complete these 2 steps:

1. Add your dependent's details in My Info (name, date of birth, relationship, gender etc.) Once the dependent information has been updated in My Info, please cross check that the information is reflecting correctly on the Vidal Health website. In case of any discrepancy, please notify Vidal Health within the 30 day enrollment window granted. If, the details are not updated on the Vidal Health site within 30 days from date of event, then the dependent will not have coverage under plan.
2. Write an e-mail with date of event - death or divorce and the details of replacement member to Vidal Health dedicated email id (Amexindia@vidalhealthtpa.com), or to your account manager Shivam Bhatia (shivam.bhatia@vidalhealthtpa.com), Bhupali Das (bhupali.das@vidalhealthtpa.com), and your HR-RL on the mail.

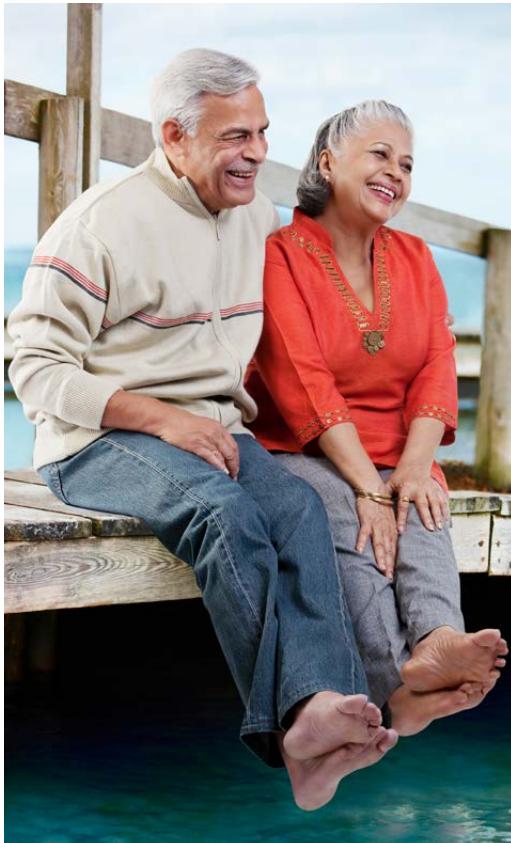
Both my spouse and I work for American Express. If my spouse were to leave the company in the middle of the policy period, can I cover him/her midterm? Also, what about the dependents which were covered by him/ her under the policy?

Mid-term inclusion of your spouse (and children) is allowed, if you spouse were to leave Amex during the policy period. Please ensure that your My Info is updated. Inform Vidal (cc your RL) within 30 days of separation. You will receive a confirmation email from Vidal. Apart from this, no further change/coverage of dependents will be allowed mid-term.

 Clicking on the text will take you to more details, wherever applicable

FAQs - Premiums for Parents and Siblings

💡 Clicking on the text will take you to more details, wherever applicable



- Q1.** Parental and siblings coverage will be provided as 'access benefit'. What does Access Benefit mean and how does it apply to me?
- Q2.** In case of enrolling parents/parents-in-law, how will the deduction for the premium be done?
- Q3.** Why is the parental/sibling premium recovered from colleague's salary over 3 payroll cycles?
- Q4.** Can I claim IT deduction for the insurance premium paid for parents coverage hospitalization?
- Q5.** In case I leave the company mid-year and have made no claim for my declared siblings/parents/parents-in-law. Will the premium amount contributed by me be refunded?

Parental and siblings coverage will be provided as 'access benefit'. What does Access Benefit mean and how does it apply to me?

While American Express picks up the complete premium for you, your spouse and children; if you enroll your parents/parents in-law/siblings as dependents for coverage under the Medical plan, you would need to contribute 100 % towards their premium. Access Benefit in insurance refers to colleague contributing full premium while having access to group policy with several advantages vis-à-vis a retail medical policy.

- Significantly discounted rates for coverage for both set of parents, parent in laws and siblings
- Enhanced benefits – include pre-existing diseases and critical illness coverage, no waiting period
- No mandatory health check-ups before coverage

This contribution will be as per the grid below. Parental/siblings coverage will be provided as an 'access benefit' and hence the complete premium will be borne by the colleagues.

Parental Coverage	Premium Inclusive of GST
Single Parent	INR 15,377
Both Parent	INR 22,316
3 Parents	INR 29,233
4 Parents	INR 36,172
Single Sibling	INR 10,738
2 Siblings	INR 15,562

In case of enrolling parents/parents-in-law, how will the deduction for the premium be done?

Basis declared dependents; the deduction will be done from your salary over 3 payroll cycles. After completion of the enrollment window, the first installment will be deducted in month 1, second in month 2 and third in month 3.

As an example, if enrollment window ends in July, first deduction will happen with August payroll, second in September payroll and third in October.

Why is the parental/sibling premium recovered from colleague's salary over 3 payroll cycles?

American Express pays upfront for you and your declared dependents' coverage to the insurer. Recovery of the parental/sibling premium via salary deduction should be done over 3 payroll cycles at the maximum. Any increase in number of cycles for deduction may lead to perquisite taxation as per IT laws.

Can I claim IT deduction for the insurance premium paid for Parents coverage hospitalization?

Yes, premium borne by you towards insurance coverage for your parents is eligible for deduction under Sec 80D. Your Form 16 would be updated accordingly by the company to reflect your contributions.

Please note that this deduction is not available for covering parents-in-law and siblings.

In case I leave the company mid-year and have made no claim for my declared siblings/parents/parents-in-law. Will the premium amount contributed by me be refunded?

In case no claim has been lodged in the policy period, there will be a refund of the premium, on a pro-rata basis that will be settled along with your full and final. Refund amount will be added to taxable income and be taxed accordingly.

 Clicking on the text will take you to more details, wherever applicable

FAQs - Co-payment

💡 Clicking on the text will take you to more details, wherever applicable

Q1. What are network hospitals?

Q2. Within these 12000+ network hospitals, is there a subset of hospitals specially qualified by Vidal Health for consistent quality healthcare?

Q3. How will the co-payment work in case of the claims?



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What are network hospitals?

Vidal Health has 12000+ hospitals within their network wherein cashless facility is extended. (To locate a network hospital, please log on to <https://tips.vidalhealthtpa.com/vidalhealth/>)

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Within these 12000+ network hospitals, is there a subset of hospitals specially qualified by Vidal Health for consistent, quality healthcare?

'Preferred network hospitals (PPN)' is a list of hospitals that has been drawn up where colleagues and dependents will get consistent, quality healthcare. Additionally, Vidal Health customers will get preferred treatment, and discounted prices at most of the PPN Hospitals.

The PPN list is dynamic and will be reviewed over the course of the year. In case there are any suggestions please feel free to write in to Vidal Health customer care marking your HR RL.

Refer to policy document for comprehensive list of current PPN Hospitals.

How will the co-payment work in case of the claims?

Scenario

Claim Amount (Single Standard A/C)	Admissible Amount	Co-payment – 10%; Maximum to INR 25000	Payable Amount
INR 150,000	INR 135,000 (Approx. Non-Medical expenses: e.g. 10%)	INR 13,500	INR 121,500
INR 300,000	INR 270,000 (Approx. Non-Medical expenses: e.g. 10%)	INR 25,000	INR 245,000

FAQs - Hospitalization Processes

💡 Clicking on the text will take you to more details, wherever applicable



- Q1.** How is pre-authorization helpful?
- Q2.** What should I do when I reach the hospital (network)?
- Q3.** What if I go to a non-network hospital?
- Q4.** What is an E-card?
- Q5.** How do I get an E-card?
- Q6.** Suppose the hospital does not accept my E-card?
- Q7.** What happens if I forget to bring my E-card at the network hospital?
- Q8.** How is cashless better than a reimbursement process?

How is pre-authorization helpful?

When using the cashless mode for making a claim, it is important to be mindful of the pre-authorization process. This will help you in many ways and contribute in reducing your burden during a planned or emergency hospitalization for you or a dependent. Cashless and pre-authorization helps in the following ways:

- You will be informed in advance regarding the coverage for your treatment so that your claim does not 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.
- It is convenient as once you get the formalities done you can focus on the treatment while the hospital/Vidal Health take care of your expenses.
- Post hospitalization documentation and claim process is eliminated, as the TPA takes this up with the hospital and Insurer.
- In case of planned hospitalization, cashless pre-authorization request should be submitted 7 days prior to date of hospitalization.

What should I do when I reach the hospital (network)?

Most importantly, you must produce your Vidal Health E-card for identification at the network hospital. You will also need to produce a valid photo ID proof (of the person being hospitalized) along with the E-card. The proof can be Aadhar card, driving license, passport etc. Kindly note that this is a MANDATORY requirement.

In case of planned hospitalization – where cashless has been pre-authorized, Vidal Health will also send a letter of credit (on pre-authorization) to the hospital to make sure that they extend credit facility a SMS will be sent to you. You will not need to pay any cash except for the co-payment applicable and non-medical expenditure as explained in policy document. You will also need to ensure that you sign on the cashless bills and discharge cards (in case you are not present at the hospital at the time of discharge, a relative can sign and mention the relation). This will ensure transparency in billing and treatment of the patient.

In case of emergency hospitalization – where cashless pre-authorization is not done, you must collect all reports, bills and discharge card when you get discharged. You can then submit the claim along with all the necessary supporting documents to Vidal Health for a reimbursement.

What if I go to a non- network hospital?

You will not have access to cashless hospitalization in the Non-network hospitals.

Incase you go to a hospital which is not covered under Vidal Health's network at all you would need to settle bills directly with the hospital and claim the same through reimbursement.

It is still advisable to fill the pre-authorization form, which can be downloaded /upload from the Policy document or Vidal Health website. Please fill the claim form, attach the relevant documents (most important is to attach discharge slip) and send it to Vidal Health for reimbursement or submit the claims online.

 Clicking on the text will take you to more details, wherever applicable

What is an E-card?

It is an identification card for each member covered under the Medical Plan, you would need to produce this card in case you wish to avail of any benefits at a network hospital, such as cashless or other negotiated benefits.

Information is available with Vidal Health customer service. Please remember that the E-card is not a credit card. The card does not entitle you to credit towards out-patient treatment pr pre/post hospitalization expenses.

To avoid any misuse of your card, the hospitals may ask you to furnish some photo identification card (like Voter ID, license, passport etc.)

How do I get an E-card?

As part of enrollment process each colleague will need to validate/ confirm details of the dependents they wish to cover under the Amex Medical plan. This will be on Vidal Health Website (<https://tips.vidalhealthtpa.com/vidalhealth/>). Post this, colleague will be able to login and print own and dependent's E-cards from the site itself.

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TIP: Please save these numbers in your mobile phone, so they are easily available in case of an emergency.

What happens if I forget to bring my E-card at the network hospital?

If it is planned hospitalization, show an Identification card to the hospital and call Vidal Health helpline for assistance.

How is cashless better than a reimbursement process?

For planned cashless, since you inform Vidal Health 5 days prior to hospitalization, a partial amount is cleared on request; and balance within 6-7 hours from completion of medical procedure and sign-off on discharge.

There are many significant benefits of using the cashless procedure; some of them are listed below:

- You will be informed in advance regarding the coverage for your treatment so that your claim does not 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.
- It is convenient as once you get the formalities done you can focus on the treatment and not worry about the expenses.
- Post hospitalization documentation and claim process is eliminated, as the TPA takes this up with the hospital and Insurer.

Overall, cashless results in better and faster service, and minimizing the stress of extensive documentation required to get a reimbursement claim cleared.

 Clicking on the text will take you to more details, wherever applicable

FAQs - Claims

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- Q1.** How do I submit my hospitalization claim for reimbursement?
- Q2.** What happens if I don't submit my claims within 60 days of discharge?
- Q3.** In case of road accident/burn/injury/suspected suicide cases, do i need to submit any additional documentation while submitting a hospitalization claim?
- Q4.** Will I be kept informed of my claim status post submission of required documents?
- Q5.** Can I get reimbursement for diagnostics, consults and medication?
- Q6.** Who can I reach out to for help with the enrolment, claim submission, policy, hospitals etc.?

How do I submit my hospitalization claim for reimbursement?

Claims can be submitted in one of the following ways:

- Physically at the Vidal Health helpdesk in your office
- Vidal Health Insurance TPA Pvt. Ltd. 531-532, Udyog Vihar Phase-5, Gurgaon Haryana - 122016
- **Login** to Vidal Health > Click on Claims Tab > Reimbursement > Claims Submission > Submit Claims > Fill in the details > Upload documents

Receive acknowledgement mail as soon as you submit the claims, you will be able to track your claim by clicking on the 'Claims Tab > Claims Summary' tab on the Vidal Health portal.

What happens if I don't submit my claims within 30 days of discharge?

Claim documents submitted later than 30 days from the date of discharge will be rejected. Claim documents and form can only be submitted post discharge as the discharge summary is necessary piece of documentation to make a claim.

In case of road accident/burn/injury/suspected suicide cases, do I need to submit any additional documentation while submitting a hospitalization claim?

In such cases, there may be a requirement of some additional documentation from a legal standpoint. Please reach out to your Vidal Health contact for further details.

Will I be kept informed of my claim status post submission of required documents?

Yes, all claims will be acknowledged by Vidal Health via mail on your official e-mail id (as per My Info records). In case of any additional documents being required or a rejection, the same will be intimated via email to your official mail id (as per My Info records) from Vidal Health TPA

Can I get reimbursement for diagnostics, consults and medication?

You can claim this under the pre and post hospitalization if the same results in a hospitalization.

Who can I reach out to for help with the enrolment, claim submission, policy etc.?

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For any general/claims related queries:
write to Amexindia@vidalhealthtpa.com

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FAQs - COVID 19

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- Q1.** COVID-19 treatment usually requires multiple tests, are they covered in the insurance plan?
- Q2.** Are home quarantine expenses covered under insurance?
- Q3.** Are hotel isolation charges covered under insurance?
- Q4.** Is there a COVID-19-only top-up available for colleagues that our health plan can offer?
- Q5.** Are there any restrictions on the network hospitals for BOTH quarantine and diagnosed cases?
- Q6.** For non-cashless claims, can we submit the soft copies during this time?
- Q7.** Will the vaccination cost be reimbursed?
- Q8.** Do I need to submit separate claims for every insured dependent being vaccinated?
- Q9.** Is the reimbursement taxable?
- Q10.** How long will it take for the reimbursement claims to be processed?

Q1. COVID-19 treatment usually requires multiple tests, are they covered in the insurance plan?

COVID-19 testing (RT PCR) costs, irrespective of the results, are fully covered for all full-time colleagues and their enrolled dependents under the India Health Plan. For COVID-19 positive cases, all related tests as prescribed are also covered for colleagues and their enrolled dependents. The test charges can be claimed as per the normal claim process. All claims are subject to T&C and the exclusions of the policy.

Q2. Are home quarantine expenses covered under insurance?

Yes, COVID-19 home quarantine expenses will be covered. This includes doctor consultations, medicines, COVID related tests.

Q3. Are hotel isolation charges covered under insurance?

Yes, COVID-19 isolation expenses in hospitals/hotels (as per government's notifications and as approved on the ICMR website) are covered for colleague and their enrolled dependents.

Q4. Is there a COVID-19-only top-up available for colleagues that our health plan can offer?

A COVID-19 specific top-up is not available, but the India Health Plan Voluntary top-up will cover COVID-19 treatment. COVID-19 is now also covered as a critical illness with an additional INR 2 Lakhs coverage for all enrolled in case of an emergency.

Q5. Are there any restrictions on the network hospitals for BOTH quarantine and diagnosed cases?

Only authorized hospitals can treat the COVID-19 patients.

For more information, please reach out to the ICICI Lombard's helpline number 040 66274205 between Monday to Saturday, 8 AM to 8 PM.

Q6. For non-cashless claims, can we submit the soft copies during this time?

Yes, soft copies can be used for reimbursement of non-cashless claims via the <https://tips.vidalhealthtpa.com/vidalhealth/>

Q7. Will the vaccination cost be reimbursed?

You can submit claims for yourself and/or your covered dependents after receiving the vaccination by following the usual claim process online via the Vidal Health portal (soft copy). The claim should be submitted within 90 days from the vaccination day. Share your claim documents with Vidal Health only after each/all dose(s) of the vaccine have been administered.

Q8. Do I need to submit separate claims for every insured dependent being vaccinated?

Yes, you must submit separate claims for every eligible dependent who received the vaccination. To speed up the reimbursement process, please share your claim documents to Vidal Health only after each/all dose(s) of the vaccine have been administered.

Q9. Is the reimbursement taxable?

The COVID-19 vaccination is tax free for full-time colleagues and their dependents. Income tax applicable on reimbursements for other dependents will be covered by American Express.

Q10. How long will it take for the reimbursement claims to be processed?

Complete reimbursement claims will typically be processed within 21 business days of submission.

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Resources at your Fingertips

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Network Hospital List

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To stay updated with the most current hospital network list, please



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Day Care Procedures List

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- Stapedotomy
- Stapedectomy
- Revision of a Stapedectomy
- Other Operations on the Auditory Ossicles
- Myringoplasty (Type-I Tympanoplasty)
- Tympanoplasty (Closure of an Eardrum Perforation/ Reconstruction of the Auditory Ossicles)
- Revision of a Tympanoplasty
- Other Microsurgical Operations on the Middle Ear
- Myringotomy
- Removal of a Tympanic Drain
- Incision of the Mastoid Process and Middle Ear
- Mastoidectomy
- Reconstruction of the Middle Ear
- Other Excisions of the Middle and Inner Ear
- Fenestration of the Inner Ear
- Revision of a Fenestration of the Inner Ear
- Incision (Opening) and Destruction (Elimination) of the Inner Ear
- Other Operations on the Middle and Inner Ear
- Excision and Destruction of Diseased Tissue of the Nose
- Operations on the Turbinates (Nasal Concha)
- Other Operations on the Nose

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- Nasal Sinus Aspiration
- Incision of Tear Glands
- Other Operations on the Tear Ducts
- Incision of Diseased Eyelids
- Excision and Destruction of Diseased Tissue of the Eyelid
- Operations on the Canthus and Epicanthus
- Corrective Surgery for Entropion and Ectropion
- Corrective Surgery for Blepharoptosis
- Removal of a Foreign Body from the Conjunctiva
- Removal of a Foreign Body from the Cornea
- Incision of the Cornea
- Operations for Pterygium
- Other Operations on the Cornea
- Removal of a Foreign Body from the Lens of the Eye
- Removal of a Foreign Body from the Posterior Chamber of the Eye
- Removal of a Foreign Body from the Orbit and Eyeball
- Operation of Cataract
- Incision of a Pilonidal Sinus
- Other Incisions of the Skin and Subcutaneous Tissues
- Surgical Wound Toilet (Wound Debridement) and Removal of Diseased Tissue of the Skin and Subcutaneous Tissues
- Local Excision of Diseased Tissue of the Skin and Subcutaneous Tissues

- Other Excisions of the Skin and Subcutaneous Tissues
- Simple Restoration of surface continuity of the Skin and Subcutaneous Tissues
- Free Skin Transplantation, Donor Site
- Free Skin Transplantation, Recipient Site
- Revision of Skin Plasty
- Other Restoration and Reconstruction of the Skin and Subcutaneous Tissues
- Chemosurgery to the Skin
- Destruction of Diseased Tissue in the Skin and Subcutaneous Tissues
- Incision, Excision and Destruction of Diseased Tissue of the Tongue
- Partial Glossectomy
- Glossectomy
- Reconstruction of the Tongue
- Other Operations on the Tongue
- Incision and Lancing of a Salivary Gland and a Salivary Duct
- Excision of Diseased Tissue of a Salivary Gland and a Salivary Duct
- Resection of a Salivary Gland
- Reconstruction of a Salivary Gland and a Salivary Duct
- Other Operations on the Salivary Glands and Salivary Ducts
- External Incision and Drainage in the Region of the Mouth, Jaw and Face

 Clicking on the text will take you to more details, wherever applicable

- Incision of the Hard and Soft Palate
- Excision and Destruction of Diseased Hard and Soft Palate
- Incision, Excision and Destruction in the Mouth
- Plastic Surgery to the Floor of the Mouth
- Palatoplasty
- Other Operations in the Mouth
- Transoral Incision and Drainage of a Pharyngeal Abscess
- Tonsillectomy without Adenoidectomy
- Tonsillectomy with Adenoidectomy
- Excision and Destruction of a Lingual Tonsil
- Other Operations on the Tonsils and Adenoids
- Incision on Bone, Septic and Aseptic
- Closed Reduction on Fracture, Luxation or Epiphyseolysis with Osteosynthesis
- Suture and other Operations on Tendons and Tendon Sheath
- Reduction of Dislocation under General Anesthesia
- Arthroscopic Knee Aspiration
- Incision of the Breast
- Operations on the Nipple
- Incision and Excision of Tissue in the Perianal Region
- Surgical Treatment of Anal Fistulas
- Surgical Treatment of Haemorrhoids
- Division of the Anal Sphincter (Sphincterotomy)
- Other Operations on the Anus
- Ultrasound Guided Aspirations
- Sclerotherapy etc.
- Incision of the Ovary
- Insufflation of the Fallopian Tubes
- Other Operations on the Fallopian Tube
- Dilatation of the Cervical Canal
- Conisation of the Uterine Cervix
- Other operations on the Uterine Cervix
- Incision of the Uterus (Hysterotomy)
- Therapeutic Curettage
- Culdotomy
- Incision of the Vagina
- Local Excision and Destruction of Diseased Tissue of the Vagina and the pouch of Douglas
- Incision of the Vulva
- Operations on Bartholin's Glands (Cyst)
- Incision of the Prostate
- Transurethral Excision and Destruction of Prostate Tissue
- Transurethral and Percutaneous Destruction Of Prostate Tissue
- Open Surgical Excision and Destruction of Prostate Tissue
- Radical Prostatovesiculectomy
- Other Excision and Destruction of Prostate Tissue

 Clicking on the text will take you to more details, wherever applicable

- Operations on the Seminal Vesicles
- Incision and Excision of Periprostatic Tissue
- Other Operations on the Prostate
- Incision of the Scrotum and Tunica Vaginalis Testis
- Operation on a Testicular Hydrocele
- Excision and Destruction of Diseased Scrotal Tissue
- Plastic Reconstruction of the Scrotum and Tunica Vaginalis Testis
- Other Operations on the Scrotum and Tunica Vaginalis Testis
- Incision of OHE Testes
- Excision and Destruction of Diseased Tissue of the Testes
- Unilateral Orchidectomy
- Bilateral Orchidectomy
- Orchidopexy
- Abdominal Exploration in Cryptorchidism
- Surgical Repositioning of an Abdominal Testis
- Reconstruction of the Testis
- Implantation, Exchange and Removal of a Testicular Prosthesis
- Other Operations on the Testis
- Surgical Treatment of a Varicocele and a Hydrocele of the Spermatic Cord
- Excision in the area of the Epididymis
- Epididymectomy
- Reconstruction of the Spermatic Cord
- Reconstruction of the Ductus Deferens and Epididymis
- Other operations on the Spermatic Cord, Epididymis and Ductus Deferens
- Operations on the Foreskin
- Local Excision and Destruction of Diseased Tissue of the Penis
- Amputation of the Penis
- Plastic Reconstruction of the Penis
- Other Operations on the Penis
- Cystoscopical Removal of Stones
- Lithotripsy
- Coronary Angiography
- Haemodialysis
- Radiotherapy for Cancer
- Cancer Chemotherapy
- Fractures
- Ligament tears

 Clicking on the text will take you to more details, wherever applicable

Critical Illness List

💡 Clicking on the text will take you to more details, wherever applicable

- Alzheimer's Disease
- Apallic Syndrome
- Aplastic Anemia
- Aorta Graft Surgery
- Bacterial Meningitis
- Benign Brain Tumour
- Cancer
- Coma
- Coronary Artery Bypass Surgery
- Coronary Artery Disease
- Angioplasty (Ptca)
- Deafness
- End Stage Liver Failure
- End Stage Lung Disease
- Heart Attack/Myocardial Infraction
- Fulminant Hepatitis
- Kidney Failure
- Loss of Speech
- Major Burns - 20%
- Major Burns - 30%
- Major Burns - 45%
- Major Burns - 50%
- Major Head Trauma
- Major Organ/Bone Marrow Transplantation
- Motor Neurone Disease
- Multiple Sclerosis
- Muscular Dystrophy
- Heart Valve Replacement
- Paralysis/Quadriplegia
- Primary Parkinson's Disease
- Primary Pulmonary Hypertension
- Stroke
- Systemic Lupus Erythematosus with Lupus Nephritis
- Terminal Illness
- Total Blindness
- Brain Surgery
- Cardio Myopathy

- Creutzfeldt-Jakob Disease (CJD)
- Encephalitis
- Good Pasture's Syndrome
- Multiple System Atrophy
- Pneumonectomy
- Progressive Scleroderma
- Progressive Supranuclear Palsy
- Road Accidents with Head Injury or fractures in 2 or more Limbs (upper/lower) or RTA injury requiring ventilation support
- COVID 19

List of General Exclusions

 Clicking on the text will take you to more details, wherever applicable

- Diseases, illness, accident or injuries directly or indirectly caused by or arising from or attributable to war, invasion, act of foreign enemy, war like operations (whether war be declared or not)
 - Circumcision whether or not necessitated by vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery unless necessary for treatment of a disease not excluded by the terms of the policy or as may be necessitated due to treatment of an accident
 - Circumcision unless necessary for treatment of disease
 - Cost of spectacles, contact lenses, hearing aids
 - Dental treatment or surgery of any kind unless requiring hospitalisation
 - Convalescence, general debility, run-down condition or rest cure, congenital external disease (in non life threatening cases) or defects or anomalies, sterility, venereal disease, intentional self-injury (whether arising from an attempt to suicide or otherwise) and use of intoxicating drugs and/or alcohol. Congenital external diseases will now be covered from family sum insured (only in case of life threatening cases)
 - 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
 - Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Medical Practitioner
 - Diseases, illness, accident or injuries directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionizing radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
 - Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception
 - Naturopathy treatment
 - Congenital external diseases or defects/anomalies
 - Venereal diseases
 - Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, etc.
 - Any cosmetic or plastic surgery except for correction of injury
 - Unproven or experimental treatment not approved by Indian Medical Council
 - Appliances and external durable devices
- This list is not exhaustive and may change hence would recommend checking with Vidal Health team before submitting a claim

List of Non Payable Items

💡 Clicking on the text will take you to more details, wherever applicable

There are certain expenses that are not payable under the India Health Plan. Items mentioned below range from consumables, non-medical items including toiletries, cosmetics, personal comfort or convenience items to certain elements of room charges and administrative charge such as telephone, laundry or internet costs etc. This list is standard as per IRDA (Insurance regulatory and development authority)

Toiletries/cosmetics/ personal comfort or convenience items

- | | | | |
|---|---|---|---|
| <ul style="list-style-type: none">• Hair Removal Cream• Baby Charges (unless specified/indicated)• Baby Food• Baby Utilities Charges• Baby Set• Baby Bottles• Brush• Cozy Towel/Towel• Hand Wash• Moisturizer Paste• Brush• Powder• Razor• Shoe Cover• Beauty Services• Belts/Braces | <ul style="list-style-type: none">• Buds• Barber Charges• Caps• Cold Pack/Hot Pack• Carry Bags• Cradle Charges• Comb• Disposables Razors Charges
(For site preparations)• Eau-De-Cologne/Room Freshener• Eye Pad• Eye Shield• Email/Internet Charges• Food Charges (Other than patient's diet provided by hospital) | <ul style="list-style-type: none">• Foot Cover• Gown• Leggings• Laundry Charges• Mineral Water• Oil Charges• Sanitary Pad• Slippers• Telephone Charges• Tissue Paper• Tooth Paste• Tooth Brush• Guest Services• Bed Pan• Bed under Pad Charges• Camera Cover | <ul style="list-style-type: none">• Cliniplast• Crepe Bandage• Curapore• Diaper of any type• DVD, CD Charges• Eyelet Collar• Face Mask• Flexi Mask• Gauze Soft• Gauze• Hand Holder• Hansaplast/
Adhesive Bandages• Infant Food• Slings |
|---|---|---|---|

Non Payable Items List Continued

💡 Clicking on the text will take you to more details, wherever applicable

Specific items excluded in the policies

- Weight control programs/supplies/services
- Cost of spectacles/contact lenses/hearing aids etc
- Dental treatment expenses that do not require hospitalization
- Hormone replacement therapy
- Home visit charges
- Infertility/subfertility/assisted conception procedure
- Obesity (including morbid obesity) treatment if excluded in policy
- Corrective surgery for refractive error
- Treatment of sexually transmitted diseases
- Donor screening charges
- Admission/registration charges
- Hospitalization for evaluation/diagnostic purpose
- Expenses for investigation/treatment irrelevant to the disease for which admitted or diagnosed
- Any expenses when the patient is diagnosed with retro virus + or suffering from/HIV/aids etc. is detected/directly or indirectly
- Stem cell implantation/surgery and storage

Items which form part of hospital services where separate consumables are not payable but the service is

- Ward and theatre booking charges
- Arthroscopy and Endoscopy instruments
- Microscope cover
- Surgical blades, harmonic scalpel, shaver
- Surgical Drill
- Eye kit
- Eye drape
- X-ray film
- Sputum cup
- Boyles Apparatus charges
- Blood grouping and cross matching of donors samples
- Antiseptic or disinfectant lotions not payable
- Band aids, bandages, sterile injections, needles, syringes
- Cotton
- Cotton Bandage
- Micropore/Surgical tape
- Blade
- Apron
- Torniquet
- Orthobundle, Gynaec bundle
- Urine container

Non Payable Items List Continued

💡 Clicking on the text will take you to more details, wherever applicable

Elements of Room Charge

- Luxury Tax
- House keeping charges
- Service charges where nursing charge also charged
- Television and air conditioner charges
- Surcharges
- Attendant charges
- IM IV injection charges
- Clean sheet
- Extra diet of patient
- Blanket/warmer blanket

Administrative or Non-Medical Charges

- Admission kit
- Birth certificate
- Blood reservation charges and ante natal booking charges
- Certificate charges
- Courier charges
- Conveyance charges
- Diabetic chart charges
- Documentation charges/administrative expenses
- Discharge procedure charges
- Daily chart charges
- Entrance pass/visitors pass charges
- File opening charges
- Incidental expenses/mis. charges (not explained)
- Medical certificate
- Maintenance charges
- Medical records

- Preparation charges
- Photocopies charges
- Patient identification band/name tag
- Washing charges
- Medicine box
- Mortuary charges
- Medico legal case charges (MLC charges)

External Durable Devices

- Bipap Machine
- Commode
- Cpap/Cap equipment's
- Infusion pump
- Oxygen Cylinder (For usage outside the hospital)
- Pulseoxymeter charges
- Spacer
- Spirometre
- Spir probe
- Nebulizer Kit
- Steam Inhaler
- Arm Sling
- Thermometer
- Cervical Collar
- Splint
- Diabetic Foot Wear
- Knee Braces (long/short/hinged)
- Knee Immobilizer/Shoulder Immobilizer
- Lumbosacral Belt
- Nimbus bed or water or air bed charges
- Ambulance Collar
- Ambulance equipment
- Micro Shield
- Abdominal Binder

Non Payable Items List Continued

💡 Clicking on the text will take you to more details, wherever applicable

Items payable if supported by a prescription

- Betadine\hydrogen peroxide\spirit\ disinfectants etc.
- Private nurses charges- special nursing charges
- Nutrition planning charges
- Sugar free tablets payable - sugarfree
- Creams powders lotions
- Digestion gels
- ECG electrodes
- Gloves sterilized gloves
- HIV kit
- Listerine/antiseptic mouthwash
- Lozenges
- Mouth paint
- Nebulization kit if used during
- Novarapid
- Volini gel/analgesic gel
- Zytée gel
- Vaccination charges routine vaccination not part of hospital's own costs and not payable
- Alcohol swabes
- Scrub solution/ sterilium

Others

- Aesthetic treatment/ surgery
- TPA charges
- Visco belt charges
- Any kit with no details mentioned [delivery kit, orthokit, recovery kit, etc]
- Examination gloves
- Kidney tray
- Mask
- Ounce glass
- Outstation consultant's/ surgeon's fees
- Oxygen mask
- Paper gloves
- Pelvic traction belt
- Referral doctor's fees
- Accu check (glucometry/strips)
- Pan can
- Sofnet
- Trolley cover
- Urometer, urine jug
- Ambulance
- Tegaderm/vasofix safety payable - maximum of 3
- Urine bag (payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs)
- Softovac
- Stockings essential for case like essential for case like CABG etc. where it should be paid

Key Definitions

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To help you understand the various expenses covered by the insurer and those which are not, we have included the definitions of certain terms (as explained by the insurer), which form the basis of coverage under the insurance policy.



- **Company:** All American Express entities operating in India.
- **Hospital/Nursing Home means** any institution in India established for indoor care and treatment of sickness and injuries and which Either has been registered either as a Hospital or Nursing Home with the local authorities and is under the supervision of a registered and qualified Medical Practitioner.

OR

Should comply with the minimum criteria as under

1. It should have at least 10 in-patient beds*
2. Fully equipped operation theatre of its own whenever a surgical operations are carried out
3. Fully qualified Nursing Staff under its employment round the clock
4. Fully qualified Doctor(s) should be in-charge round the clock
5. N.B. *in class "C" town condition of number of beds be reduced to 10

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- The term Hospital/Nursing Home does not include an establishment, which is a place of rest, a place for aged, a place for drug addicts or place of alcoholics, a hotel or a similar place.
 - Network Hospitals extensive list of 12000+ hospitals across India that is part of the TPA's Network. At all these hospitals colleagues can avail of cashless hospitalization facility. (The list can be seen on the Vidal Health portal as on date and will be updated / revised from time to time during the policy period).
 - Sum insured is the maximum value for a year that your insurer can pay in case you or dependents are hospitalized. Any amount above and beyond the sum insured will have to be taken out from your own pocket.
 - Surgical Operation means manual and/or operative procedures for correction of deformities and defects, repair of injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life.
 - Expenses on Hospitalisation for a minimum period of 24 hours are admissible, however, this time limit is not applied to specific treatments i.e. dialysis, chemotherapy, radiotherapy, eye surgery, dental surgery, lithotripsy (kidney stone removal), tonsillectomy, DNC taken in the hospital/nursing home and the insured is discharged on the same day, the treatment will be considered to be taken under hospitalisation benefit.
- Any one Illness Any one illness means continuous period of illness and includes relapse within 30 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken. Occurrence of same illness after a lapse of 45 days as stated above will be considered as fresh illness. Pre-existing diseases Any pre-existing ailments such as diabetes, hypertension, etc. or related ailments for which care, treatment or advice was recommended by or received from a Doctor or which was first manifested prior to the commencement date of the policy with the Insurer.
 - **Pre-Hospitalization** Relevant medical expenses incurred during period up to 60 days prior to hospitalization on disease/illness/injury sustained will be considered as part of claim.
 - **Post-Hospitalization** Relevant medical expenses incurred during period up to 90 days after hospitalization on disease/illness/injury sustained will be considered as part of claim.

✳ Clicking on the text will take you to more details, wherever applicable

- **Baby Coverage - Day 1** This policy is extended to cover the new born child of an colleague covered under the Policy from the time of birth. Colleague would need to update My Info records and Vidal Health to this effect within 30 days from DOB for this coverage to hold. Once the dependent information has been updated in My Info, colleague should cross check that the information is reflecting correctly on the Vidal Health website as well (within 5 working days of updating My Info). In case of any discrepancy, Vidal Health should be intimated within the 30 day window granted for enrolment. Female colleagues can enroll their new born children upon return from their maternity leave (6 months). However, the coverage will start from the date of declaration of the child.

- **Day Care Procedures** means the course of medical treatment or a surgical procedure which are undertaken under general or local anaesthesia in a Hospital by a Doctor in not less than 2 hours and not more than 24 hours. Generally the following procedures are covered - Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Dental Surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D & C.(Refer Annexure section for complete list of Day care procedures covered under the plan).

- **Ambulance Coverage** covers emergency ambulance and other road transportation by a licensed ambulance service to the nearest Hospital where Emergency Medical Services can be rendered. Coverage is only provided in the event of an Emergency. Coverage amount is of INR 5,000.
- **Cashless Facility** allows members covered under the Health Plan to get admission (subject to pre-authorization completion) into a hospital and get the treatment done without having to make a direct payment to the hospital. The approval for cashless will be sent to the hospital in two stages. First stage is initial approval of 30% - 40% of the estimated cost as per pre authorization form. Final approval will be sent to the hospital at the time of discharge after receipt of documents like final bill along with the breakups and discharge summary etc. At the end of the treatment the TPA interacts with the Insurer and hospital to settle the bill directly.
- **Network Hospitals** means the hospitals that are in the panel list of Vidal Health TPA, in the network hospital the patient gets admitted or seeks treatment using the cashless facility.

 Clicking on the text will take you to more details, wherever applicable

- **Non Network Hospitals** are those where you would be required pay the bills for your treatment and produce these bills to your TPA who would then reimburse the amount due to you, depending on your policy terms and conditions. These hospitals are not in panel with the Vidal Health hospital list.
 - **Co-payment on claims** means that the member getting hospitalized needs to fund a certain part (fixed %) of the hospitalization expenses covered under the policy himself/ herself.
 - **Medical Practitioner** means a person who holds a degree/diploma of a recognized institution and is registered by the medical council of the respective State of India. The term Medical Practitioner would include Physician, Specialist and Surgeon.
 - **Qualified Nurse** means a person who holds a certificate of recognized Nursing Council and who is employed on recommendation of the attending Medical Practitioner.
 - **Maternity Expenses Benefits** means treatment taken in Hospital/Nursing Home arising from or traceable to pregnancy, childbirth including normal Caesarean Section.
- **Domiciliary Hospitalization Benefit** means Medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/ nursing home but actually taken whilst confined at home in India under any of the following circumstances, namely:
 1. *The condition of the patient is such that he/she cannot be removed to the hospital/nursing home or*
 2. *The patient cannot be removed to the hospital/ nursing home for lack of an accommodation therein.*
 - **Ancillary expenses** include Anaesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-Ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs and Cost of Organs and similar expenses.
 - **Accident** means a sudden, unforeseen and fortuitous event, and Accidental shall have a corresponding meaning.
 - **Benefit** means the respective benefit, as stated in the policy schedule, payable by the insurer under the terms and conditions of this policy in respect of each event or loss covered by this policy.

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- **Bodily Injury** means injury sustained by an Insured Person resulting solely, directly and independently of all other causes from an Accident and caused by external, violent and visible means.
- **Civil Commotion** means a disturbance, commotion or disorder created by civilians usually against a governing body or the policies thereof.
- **Riot** means the act of any person taking part together with others in any disturbance of the public peace (whether in connection with a strike lock-out or not) or the action of any lawfully constituted governmental authority in suppressing or attempting to suppress any such disturbance or in minimizing the consequences of such disturbance.
- **Strike** means the wilful act of any striker or locked-out worker done in furtherance of a strike or in resistance to a lock-out or the action of any lawfully constituted authority in preventing or attempting to prevent any such act or in minimizing the consequences of any such act.
- **Terrorism** means use of force or violence and/or the threat thereof, of any person or group(s) whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed to political, religious, ideological or similar purpose including intention to influence any government and/or to put the public, or any section of the public in fear.

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COVID 19 Resources

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COVID 19 Resources to Back You

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Contact Details

* Clicking on the text will take you to more details, wherever applicable

Amex Contacts:

Call us on: **000-800-440-2473** | Visit our page:

First Level: Vidal Health Insurance TPA

Dedicated Helpline (24*7)	Toll Free No.: 1800-20-22883
Customer Service (Monday to Friday - 9am to 5pm)	Toll Free No.: 1800-20-22883

For any claims/general related queries: please write to Amexindia@vidalhealthtpa.com

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