



US Technologies
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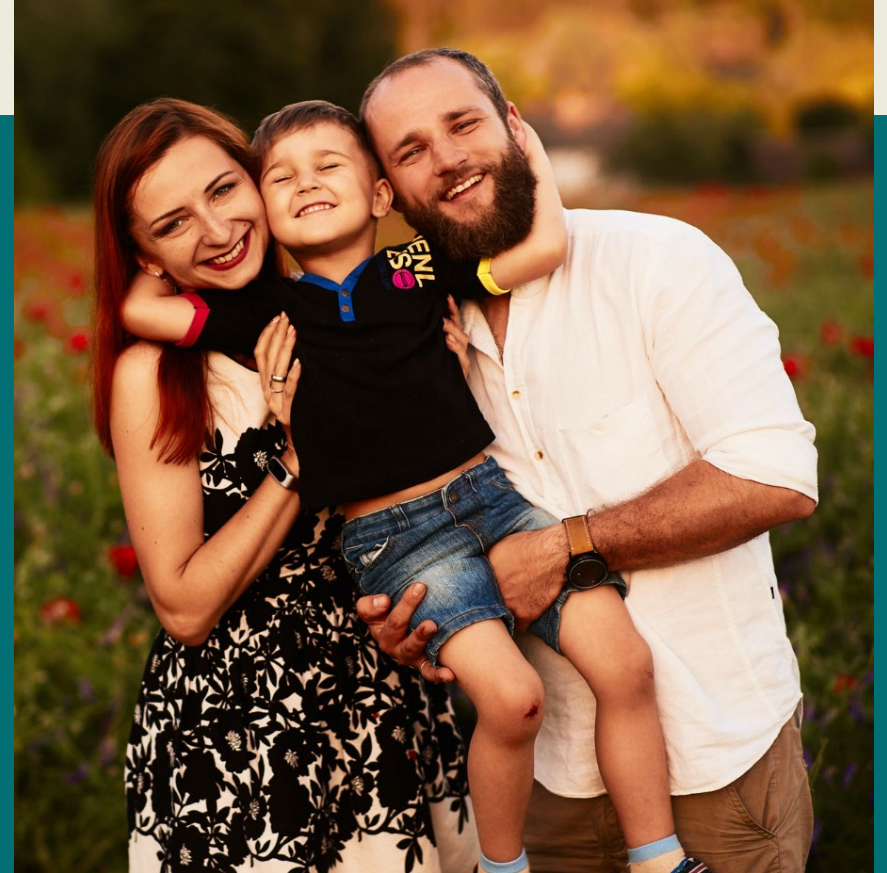
An HR benefits initiative

USTShield

Your World of Personalised Benefits

Employee Benefits Manual

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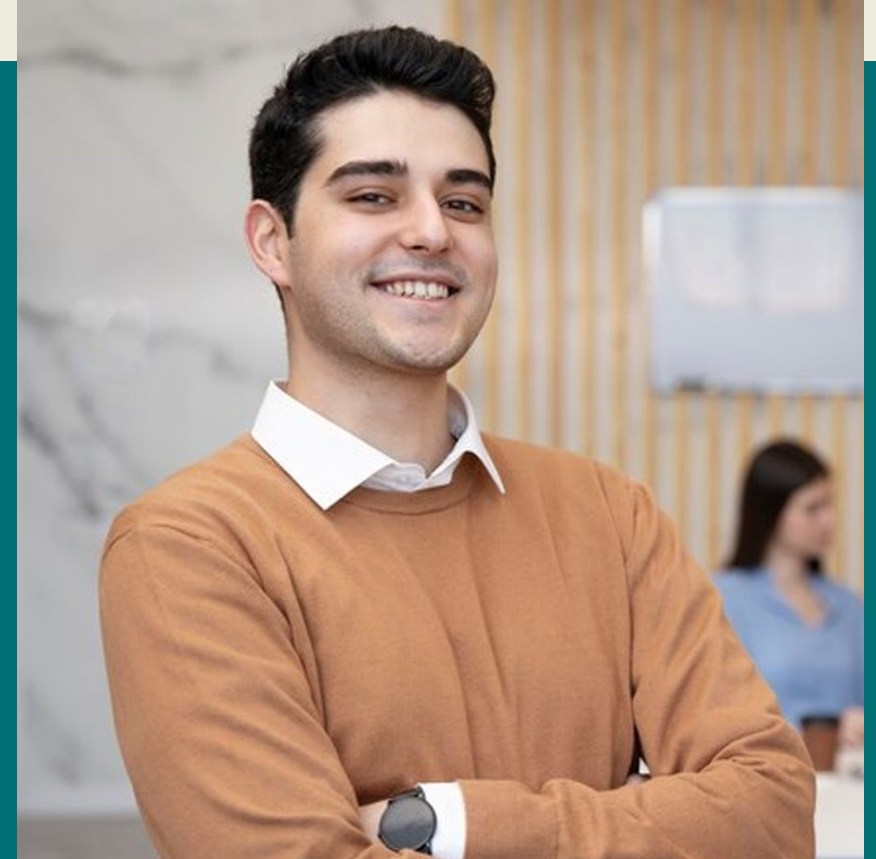
Disclaimer

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This benefits manual will serve as a guide to the benefits provided by UST. The information contained herein is only a summary of the terms and conditions agreed upon with the insurer. If there is a conflict in interpretation, then the terms and conditions of the policy will prevail.

In no event will we be liable for any loss or damage, indirect or consequential loss or damage, or any loss or damage whatsoever arising from, or in connection with, the use of this benefits manual.

Prepared by:
Prudent Insurance Brokers Pvt. Ltd



Objective

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The objective of this presentation is to help you understand and familiarise you with the benefits & process of insurance.

Members are requested to raise their individual concerns to the following email IDs:

- General queries: ustInsurance@prudentbrokers.com
- Claims-related: bangaloreclaims@prudentbrokers.com
- Annual enrolment technical queries:
prudentplusadmin@prudentbrokers.com



Content

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- Introduction to insurance and GMC
- Flex plan details
- Group medical critical illness coverage policy
- Policy claims
- Contact details



Coverage Details For Employee Base Policy

Policy Parameters	
Insurer/TPA/ broker	<ul style="list-style-type: none">• The New India Assurance Co. Ltd.• Medi Assist Insurance TPA Pvt. Ltd.• Prudent Insurance Brokers Pvt. Ltd.
Family coverage - default plan	Family floater policy (1+4) Employee + spouse + 3 dependant children
Policy start date	May 31, 2024
Policy end date	May 30, 2025
Sum insured	INR 4,00,000 floater
Mid-term enrolment of new dependants (Spouse/Children)	Allowed, up to 30 days from date of event
Room rent limits including boarding and nursing expenses, duty medical officer/resident medical officer charges	Normal – INR 4,000 for Kerala and INR 5,000/ for rest of the states. ICU - INR 8,000 per day. In case of COVID-19, ICU limit is INR 16,000 per day

Coverage Details For Employee Base Policy

Policy Parameters	
Co-pay	No co- pay for employee; 10% of co-pay for spouse & child on all claims. In case of COVID-19, no co-pay is applicable
Genetic treatment	Covered upto 50% of sum insured, hospitalisation is mandatory
Sleep apnea	Covered with 50% copay, machine cost shall not be covered
Infertility treatment	Infertility coverage up to INR. 50,000 on an IPD basis only
Ayurvedic treatment	INR 50,000 on registered ayurvedic hospitals on admission only
Power correction	Vision correction cover +/- 5 D power correction done by LASIK surgery is covered
Coverage for siblings	Mentally/physically challenged siblings are covered under the policy

Maternity Benefits For Employee Base Policy

Benefit Details	
Benefit Amount	INR 50,000 for normal and INR 70,000 for C-section deliveries
Restriction on no. of children	Maximum of two deliveries
9-month waiting period	Waived off
Pre and post-natal expenses	IPD cover of INR10,000 and OPD cover restricted to INR 5,000 only per family. OPD scan payable only if medically recommended by gynecologist in a registered hospital
Well baby expenses	Covered within maternity limit

These benefits are admissible in case of hospitalisation in India.

- Covers first two deliveries only. Those who already have two or more living children will not be eligible for this benefit.
- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered

Coverage Details For Parents Base Policy

Policy Parameter	
Insurer	The New India Assurance Company Limited
TPA	Medi Assist Insurance TPA Pvt. Ltd.
Policy start date	May 31, 2024
Policy end date	May 30, 2025
Coverage type	Dependant parents/parents-in-law

Coverage Details For Parents Plan

Policy Parameters	
Sum insured	Option of INR 2 lac, INR 3 lac, and INR 4 lac
Room rent capping including boarding and nursing expenses, duty medical officer/resident medical officer charges	<ul style="list-style-type: none">▪ Room rent of 1.5% of the sum insured subject to a minimum of INR 3,000 and a maximum of INR 5,000 and 2% for ICU with proportionate clause applicability
Co-pay	<ul style="list-style-type: none">▪ Employees who have not previously opted for either parents or parents-in-law can now opt to cover either parents or parents-in-law or both as a combination. The co-pay is 20% applicable.▪ The employees who have opted in the expiring policy to cover parents, if now opt to cover parents-in-law also – the co-pay applicable will be 15% for parents-in-law▪ If employees who have opted in the expiring policy to cover parents-in-law now opt to cover Parents also, the Co-pay applicable will be 15% for parents▪ For new joiners who opt for either parents or parents-in-law or both, co-pay will be 20%. Those who don't opt at the time of joining will not get another option during the policy period
Cataract limit	INR 24,000 per eye

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Flex Plan



UST Shield

Your world of personalised choices

- As a part of benefits strategy, UST is committed to providing a comprehensive benefits plan to employees. Hence, we have revamped our benefits plan to meet the changing needs and lifestyles of our diverse, multigenerational workforce.

Objective

To evolve from a fixed one-size-fits-all approach to a choice-based plan that enables employees to customise their plan.

UST and Prudent have negotiated and chosen the best coverage for you and your family



Flexibility

To choose what is right for your family and you



More benefits options

Best-in-class benefits at negotiated rates



Wider protection

Plethora of new products to cover every aspect of life

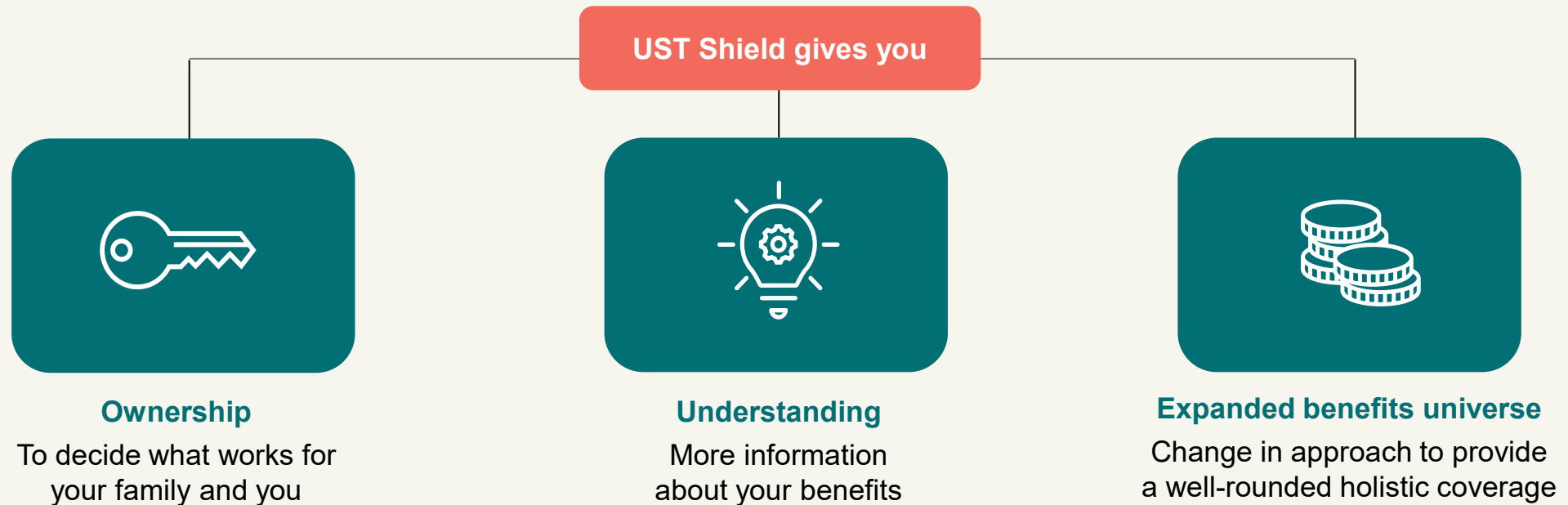
The New India Assurance Co. Ltd
will be your insurer for Group Mediclaim Cover (GMC)

Medi Assist will be our TPA for medical insurance.

Flexible Benefits (UST Shield)

Your world of personalised choices

Through **Prudent Plus**, we offer a wider range of benefits, including existing core plans plus new plans, that will empower you to build a customised benefits package that is more suitable to your needs.



Medical insurance plan – What's New?

CURRENT PLAN	FUNDING
Base Medical plan <ul style="list-style-type: none"> Coverage ESC INR 4 lac 	Funded by UST
Voluntary Plans <ul style="list-style-type: none"> Option to enhance ESC sum insured: INR 1,2,3,6,10,15,20 lac with additional room rent on 10-20 lac Option cover P/PIL INR 2,3,4 lac Option to enhance P/PIL sum insured: INR 1,2,3 lac with reduced co-pay to 15% as incentive 	Paid by employee



E - Employee, S – Spouse/Partner, C - 3 Children, P - 2 Parents, PIL - 2 Parents-in-law

CHOICE BASED PLAN	FUNDING
Base Medical plan <ul style="list-style-type: none"> Coverage ESC INR 4 lac Enhanced Benefits: 5% Employee co-pay removed, gender reaffirmation, STD Coverage, fertility treatment, external prosthetic devices, artificial limb coverage 	Funded by UST
Voluntary Choices: ESC <p>Choice 1: Top-up sum insured INR 1.5 lac - 20.5 lac</p> <p>Choice 2: Additional enhancements for ESC including higher maternity limit, PCOD/PCOS treatment, infertility treatment, physiotherapy, extended AYUSH coverage, and many more</p> <p>Choice 3: OPD cover – Helps manage out-patient expenses Includes doctor consultation expenses, pharmacy, annual health check, dental treatment, etc.</p> <p>Choice 4: Critical illness – lump sum benefit cover Offers financial protection against additional expenditure arising out of advanced illness</p>	Funded by employee
Voluntary Choices: P/PIL <p>Choice 1: Sum insured INR 2 lac – 4 lac, and top-up sum insured from INR 1 lac – 3 lac</p> <p>Choice 2: Additional benefits for P/PIL Includes palliative care, physiotherapy, co-pay buyback, donor expenses, and many more</p> <p>Choice 3: OPD cover - Helps manage out-patient expenses Includes doctor consultation expenses, pharmacy, annual health check, dental treatment, etc.</p>	Funded by employee
Non-Insurance benefits <p>Curated non-insurance benefits including elder care, pregnancy care, cancer care and pet insurance.</p>	Funded by employee

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Choice 1 – Health Insurance Benefits



Choice 1 - Health Insurance - ESC

The medical insurance plan provides insurance benefits to pay for hospitalisation care.

UST and Prudent have worked to increase the top-up benefit by INR 50,000 for all top-up plans at the same cost.

Coverage type	Family Definition	Total Family Floater Cover	Price
Default (funded by UST)	Employee, Spouse/Partner, up to 3 Children	+ INR 4,00,000	Company sponsored
Top-up	Employee, Spouse/Partner, up to 3 Children	+ INR 1,50,000	INR 1,387
Top-up		+ INR 2,50,000	INR 2,079
Top-up		+ INR 3,50,000	INR 2,426
Top-up		+ INR 6,50,000	INR 3,003
Top-up		+ INR 10,50,000	INR 4,019
Top-up		+ INR 15,50,000	INR 7,161
Top-up		+ INR 20,50,000	INR 9,009

Kindly note:

- Price tags for all optional benefits are available on the Prudent Plus portal
- Co-pay of 10% on spouse and children claims
- In case an employee does not participate in the annual enrolment, they will be automatically moved into the previous policy year (2023-24) plan selection
- Other terms and conditions remain the same across policies

E - Employee, S – Spouse/Partner, C - 3 Children, P - 2 Parents, PIL - 2 Parents-in-law

Choice 1 - Health Insurance – Parents / Parents in Law

The medical insurance plan provides insurance benefits to pay for hospitalisation care, if you or your declared dependant family members become sick or get injured and are hospitalised for a period of 24 hours or more.

Parents Base plan								
Sum Insured	31-35	35-40	41-45	46-50	51-55	56-60	61-65	66 & Above
INR 2,00,000	5,888	5,888	7,363	10,349	11,918	13,535	15,417	17,045
INR 3,00,000	8,221	8,221	10,253	14,737	17,057	19,405	22,225	24,928
INR 4,00,000	10,252	10,252	13,965	18,792	23,789	24,851	28,538	31,700

Parental Top-Up Premiums	
Sum Insured	Premium incl. GST
100,000	INR 3,382
200,000	INR 5,207
300,000	INR 6,521

Kindly note:

- Employees can cover up to four elders in the plan, through the various sum insured options available
- Price tags for all optional benefits are available on the Prudent plus portal
- Co-pay of 15% -20% applicable on all claims basis the continuation of dependant parents in the policy
- In case an employee does participate in the annual enrolment, they will be automatically moved into the previous policy year (2023-24) plan selection
- Other terms and conditions (inclusions and exclusions) will remain same across all options

E - Employee, S – Spouse/Partner, C - 3 Children, P - 2 Parents, PIL - 2 Parents-in-law

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Choice 2 – Additional Modules



Choice 2 - Additional Modules (optional selection)

- Employees can choose to make their medical plan more robust by buying these additional modules
- These modules get plugged-in as part of the base medical plan under the eligible sum insured
- Additional benefits will be extended to employee and the dependants covered in the medical insurance plan

How it works?

Plans are offered by insurance company and can be availed through reimbursement or cashless facility.

When to choose?

Employees can select these plans during enrollment

Insurance module 1 Price - INR 11,210

- Eligibility: Employee, spouse and child**
- Cervical Cancer Vaccination (E&S) – INR 10,000 (Up to age 35 years)
 - Higher maternity (additional INR 10,000) cover within full sum insured for normal and C-section
 - Higher infertility (additional INR 10,000) cover within full sum insured on IPD basis
 - Coverage for PCOD/PCOS treatments up to INR 20,000 within full sum insured
 - Cochlear implant co-pay reduced to 25% from 50%
 - Stem cell coverage enhanced to INR 75,000 per family from INR 50,000 within full sum insured

Insurance Module 2 Price - INR 5310

- Eligibility: Employee, spouse and child**
- Standalone physiotherapy up to INR 25,000 within full sum insured
 - Robotic surgery coverage enhanced to 75% from 50% of full sum insured
 - AYUSH cover enhanced to INR 1,00,000 from INR 50,000 within full sum insured
 - All hospitalisation expenses for donor up to full sum insured
 - Psychiatric disorders coverage enhanced to INR 1,00,000 from INR 50,000 on IPD basis for employee and dependants
 - Enhanced pre and post-hospitalisation of 60 and 90 days respectively (only in critical illness and accidental claims)

Insurance Module 3 Price – INR 5310

- Eligibility: Parents/Parents-in-law**
- Palliative care up to 50% of the sum Insured. Maximum limit of INR 2,00,000
 - Robotic Surgery cover enhanced to 75% of the sum insured from 50%
 - Standalone physiotherapy up to INR 10,000 within the full sum insured
 - All hospitalisation expenses for donor up to the full sum insured

Insurance Module 4 Price - INR 29500

- Eligibility: Parents/parents-in-law**
- Co-pay buy back (New copay 0% from 15% and 20% respectively)
 - AYUSH cover enhanced to INR 1,00,000 from INR 50,000
 - Standalone physiotherapy up to INR 10,000 within full sum insured
 - Care for Parkinson's, Dementia, Alzheimer's at home up to 50% of sum insured. Maximum limit of INR 1,00,000
 - Enhanced cataract plan limit - INR 35,000 from INR 24,000 within full sum insured

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Choice 3 – OPD Plans



Choice 3 - OPD Plans - ESC (optional selection)

- OPD Cover is a specially designed insurance cover for out-patient treatment expenses that includes consultations, prescribed diagnostics, dental and vision expenses up to the sub-limits defined under each plan
- Employee can then choose to buy this plan through salary deduction

How it works?

Plans are offered by insurance company and can be availed through reimbursement or cashless facility.

When to choose?

Employees can select these plans during enrollment upon selecting the respective dependants under Choice 1

E - Employee, S – Spouse/Partner, C - 3 Children, P - 2 Parents, PIL - 2 Parents-in-law

OPD plan limit	INR 5,000 Price-INR 1770	INR 10,000 Price-INR 5900	INR 20,000 INR 11800
Family definition	E only	ESC	ESC
Doctor consultations (general physician, specialist, super specialist)	Up to full OPD limit	Up to 50% OPD sum insured on reimbursement basis and up to 100% of OPD limit on cashless basis	Up to 50% OPD sum insured on reimbursement basis and up to 100% of OPD limit on cashless basis
Prescribed pharmacy (only cashless)	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured
Annual health check-up	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured
Non-cosmetic dental treatment	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured
Non-cosmetic vision treatment	Not covered	Not covered	Up to 50% of OPD sum insured
Prescribed diagnostic tests, vaccination (WHO-approved)	Discounted	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured
Claim type	Cashless only	Cashless & reimbursement	Cashless & reimbursement

Choice 3 - OPD Plans - P/PIL (optional selection)

- OPD cover is a specially designed insurance cover for out-patient treatment expenses that includes consultations, prescribed diagnostics, dental and vision expenses up to the sub-limits defined under each plan
- Employee can then choose to buy this plan through salary deduction

How it works?

Plans are offered by insurance company and can be availed through reimbursement or cashless facility.

When to choose?

Employees can select these plans during enrollment upon selecting the respective dependants under Choice 1

E - Employee, S – Spouse/Partner, C - 3 Children,
P - 2 Parents, PIL - 2 Parents-in-law

OPD plan limit	INR 10,000 Price-INR 7080	INR 20,000 Price-INR 12980
Family definition	Parents	Parents
Doctor consultations (general physician, specialist, super specialist)	Up to 50% OPD sum insured on reimbursement basis and up to 100% of OPD limit on cashless basis	Up to 50% OPD sum insured on reimbursement basis and up to 100% of OPD limit on cashless basis
Prescribed pharmacy	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured
Annual health check-up	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured
Non cosmetic dental treatment	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured
Non cosmetic vision treatment	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured
Prescribed diagnostic tests, vaccination (WHO-approved)	Up to 50% of OPD sum insured	Up to 50% of OPD sum insured
Claim type	Cashless & reimbursement	Cashless & reimbursement

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Choice 4 - Critical Illness



Choice 4 - Critical Illness (optional selection)

- When a serious illness strikes, Critical illness insurance can provide financial support to help you through a difficult time
- This plan is applicable for employee only

Critical Illness

- Employee gets a lump sum amount upon diagnosis of the critical illness
- Helps in managing out of pocket expenses
- Coverage for critical illnesses including:
 - First heart attack
 - Cancer of specified severity
 - Kidney failure requiring regular dialysis
 - End stage liver failure
 - Major organ/Bone marrow transplant
 - Open Chest CABG
 - Open heart replacement
 - Permanent paralysis of limbs
 - Stroke resulting in permanent symptoms

Eligibility and coverage

Employee only – INR 5,00,000 (INR 1,888)

Employee only – INR 10,00,000 (INR 3776)

Employee only – INR 20,00,000 (INR 6797)

Employee only – INR 25,00,000 (INR 10195)

- 30 day survival period

- 90 days waiting period applicable

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Choice 5 - Care Plans



Choice 5 - Care Plans (optional selection)

How it works?

- Plans are offered through a wellness provider
- You can register for the plan by giving required details on vendor's website
- Payment will be done directly by employee using the payment gateway

When to choose?

You can select these plans any time during the year. Plans will be applicable for a year from the date of purchase

Elder Care Plan

Physician consult, telemedicine, discounted physiotherapy sessions/nurse home visits, curated health content, second opinion service
INR 11,21 per parent

Pregnancy Care Plan

Providing access to ante-natal care, health content, nutrition counselling, regular consultation
INR 649 per person

Cult Fitness Pack

Access to online and at –center workouts across locations
12-month plan
Cult Elite membership
INR 11,278 per person

Pet Insurance

Insurance plan, providing coverage for surgeries up to INR 50,000, hospitalisation expenses and much more.

Genetic Study

Comprehensive blood test including complete hemogram, kidney function test, lipid profile, liver function test, cardiac, thyroid, diabetes, vitamin and mineral test
INR 2,655 Center Visit
INR 2,832 Home Visit

Standard hospitalisation: 24-hours

Cashless/reimbursement of expenses related to

- Room and boarding
- Doctors' fees
- Intensive Care Unit
- Nursing expenses
- Surgical fees, operating theatre, anaesthesia, oxygen, and their administration
- Physiotherapy - follow up post-hospitalisation & surgical event only
- Drugs and medicines consumed at the premises
- (such as laboratory, X-ray, diagnostic tests)
- Dressing, ordinary splints, and plaster casts
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy

A hospital or a nursing home means any institution in India established for indoor care and treatment of sickness and injuries, and which 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 complies with minimum criteria, as follows:

1. Has a minimum of 10 beds if located in towns having a population of less than INR 10 Lakhs (class-C towns) or a minimum of 15 in-patient beds in other towns
2. Has a fully-equipped operation theatre
3. Has a fully qualified doctor-in-charge and nursing staff around the clock
4. Maintains a daily medical record for each of its patients

- Over 140+ daycare procedures covered under the mediclaim policy
- Kindly refer to the attachment for the list. This may change from time to time, hence, please check with the TPA prior to the procedure

[Click here to download](#)
General day care procedures

Pre and post-hospitalisation expenses

30 days



60 days

General Exclusions

Hospitalisation is only for investigation and observation, oral medication without an active line of treatment for an any ailment - not payable in the policy

- Less than 24-hour hospitalisation
- Circumcision, unless necessary for treatment of disease
- All types of dental treatments
- HIV and AIDS (except self, spouse, & children)
- Venereal diseases
- Hospitalisation for convalescence, general debility, rest cure, intentional self-injury, use of intoxicating drugs/alcohol
- Naturopathy, homeopathy treatment any other nonallopathic treatment which is not approved by the policy
- Any surgeries/treatments could be performed on an out-patient basis by using local anesthesia intervention
- Hospitalisation is for only investigation and observation without an active line of treatment for an ailment
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, disposable items, and any reusable items consumed at the premises, etc.
- Cost of spectacles, contact lenses, hearing aids
- Any cosmetic or plastic surgery except for correction of injury caused by accident s
- Charges incurred primarily for diagnostic, X-Ray, or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of any ailment, sickness, or injury
- Vitamins and tonics unless used for the treatment of injury or disease
- Injury or disease caused directly or indirectly by nuclear weapons
- Injury or disease directly or indirectly caused by or arising from or attributable to war or war-like situations

Cashless Process

Cashless means the administrator may authorise upon a policyholder's request for direct settlement of eligible services and it's according charges between a network hospital and the administrator. In such case the administrator will directly settle all eligible amounts with the network hospital and the insured person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent as these services are covered under the policy.

Note: Patients seeking treatment under cashless hospitalisation are eligible to make claims under pre and post-hospitalisation expenses. For all such expenses the bills and other required documents needs to submitted separately as part of the claim's reimbursement. .

Network Hospital list:
(please refer to the website for
the updated list)

For Updated List visit to Medi Assist link as below:
<https://www.medibuddy.in/networkHospitals>

Admission procedure

- In case you choose a non-network hospital you will have to liaise directly with the hospital for admission
- However, you are advised to follow the pre authorisation procedure to ensure eligibility for reimbursement of hospitalisation expenses from the insurer

Discharge procedure

- In case of non-network hospital, you will be required to clear the bills and submit the claim to Medi Assist for reimbursement from the insurer. Please ensure that you collect all necessary documents such as – discharge summary, investigation reports etc. for submitting your claim

Submission of hospitalisation claim

- You must submit the final claim with all relevant documents within 60 days from the date of discharge from the hospital

Escalation Matrix

TPA : Medi Assist India TPA Pvt. Ltd.

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Level	Name	Designation	Email Address	Phone #
Level 1	Kairmal Balakrishnan	Executive	kaimal.balakrishnan@mediassist.in	+91 63648 71470
Level 2	Arulambeth	Senior Executive	arulambeth.t@mediassist.in	+91 74115 00621
Level 3	Ganesh	Team Leader	ganesh.gunasekar@mediassist.in	+91 70226 25837
Level 4	Balaji AK	Manager	balaji.ak@mediassist.in	+91 72042 54940

Prudent Escalation Matrix

Level	Name	Phn. no	Mail id
Level 1	Sachin C	080692 25407	ustinsurance@prudentbrokers.com
Level 2	Sonali Bharti	080692 25407	ustinsurance@prudentbrokers.com
Level 3	Mahendran MC	+9197315 89700	mahendran.mc@prudentbrokers.com



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www.prudentbrokers.com

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Certificate of Registration No. 291 (Validity: 18th February 2023 to 17th February 2026) |
CIN No.: U70100MH1982PTC027681

Insurance is a subject matter of solicitation



Prudent Insurance Broker Pvt. Ltd. is the Composite Broker registered with IRDAI and does not underwrite the risk or act as an Insurer. Prudent's team offers you a chance to compare the best insurance plans, services offered by Indian insurance companies and then buy a plan. Although Prudent may provide advice and recommendations, all decisions regarding the amount, type or terms of coverage are the ultimate responsibility of the insurance purchaser, who must decide on the specific coverage that is appropriate to its particular circumstances and financial position. Insurance coverage is subject to the terms, conditions, and exclusions of the applicable individual policies. Policy terms, conditions, limits, and exclusions (if any) are subject to individual underwriting review and are subject to change. Insurance products are obligations only of the Insurance company. All claims under the policy will be solely decided upon by the Insurance Company. The contract of insurance shall be between Insurance Company and the insured. Prudent's service obligations to you are solely contractual in nature. Please also note that all wellness services mentioned in this document, would be provided by third parties who are not employed by Prudent and are independent contractors. Accordingly, Prudent shall not be responsible for or be liable for the advice of such third parties, their actions, conduct or omissions and any consequence of you following their advice, actions or conduct. You acknowledge that, in performing services, Prudent and its affiliates are not acting as a fiduciary for you, except to the extent required by applicable law, and do not have a fiduciary or other enhanced duty to you.