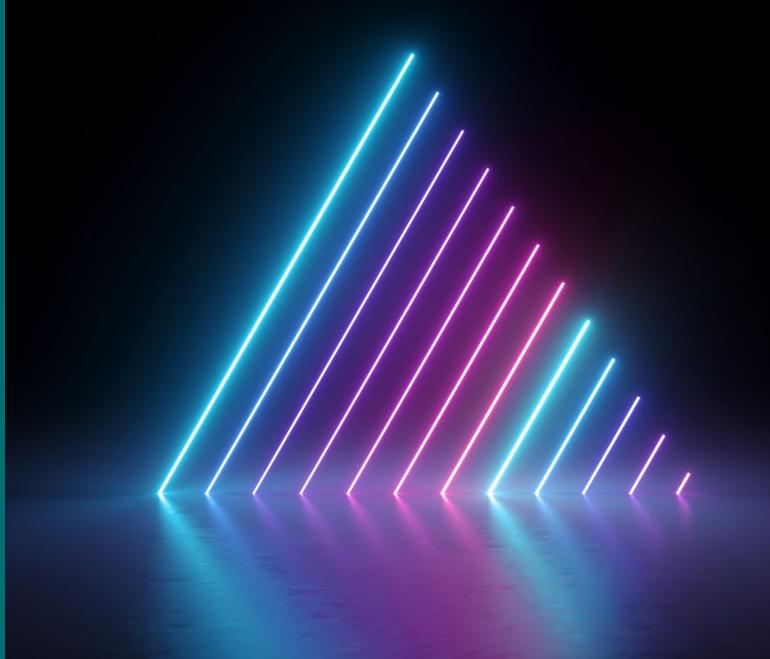


# USTShield Your World of Personalised Benefits

# Frequently Asked Questions





Policy terms and conditions

#### Q1.Who is our insurance broker partner?

Prudent Insurance Brokers Pvt. Ltd. is the insurance broker for UST.

#### Q2. Who is our insurer?

The New India Assurance Co. Ltd. is our insurance partner from May 31, 2024 till May 30, 2025.

#### Q3. Who is a Third-party Administrator (TPA)?

The TPA is an agency appointed by the insurance company to process health insurance claims daily and provide cashless services.

#### Q4. What is the duration of the policy?

The policy is effective for UST employees from May 31, 2024 to May 30, 2025.

#### Q5. What are the features of the Group Mediclaim (GMC) policy?

A mediclaim policy covers hospitalisation expenses for the employee and their dependants when they are admitted as in-patients for treatment of sickness or injury during the insurance period. The coverage is based on the terms and conditions of the benefits program agreed upon with your employer and will be communicated to you or confirmed with your Third-party Administrator (TPA).

#### The benefit covers the following:

- Room rent (inclusive of nursing charges, duty doctor charges, and tax)
- Boarding charges
- Nursing expenses
- Surgeon
- X-ray and other tests pertaining to the hospitalisation
- Implants

The policy covers treatment expenses incurred within India only per the terms agreed upon by UST & the insurer.

#### Q6. What is the sum insured?

Your eligible sum insured is the maximum amount to be claimed for the policy period. Future expenses will not be covered under the policy. However, when the policy is renewed, your annual limit of insurance is reinstated at the start of the new policy.

#### Q7. What is a network hospital?

A hospital with an agreement with the insurer/TPA to provide cashless services is referred to as a network hospital.

#### Q8. Where can I find the list of network hospitals?

You can review the list of network hospitals on the TPA's website to confirm if your hospital is on the network as per the below steps. If your hospital is not on the list, you can avail of treatment on a reimbursement basis <a href="https://mediassisttpa.in/network-hospital-search/">https://mediassisttpa.in/network-hospital-search/</a>

Choose City > I Know my Insurer > Choose The New India Assurance Co. Ltd. > (This will showcase a list of hospitals, or you can search for a specific hospital).

#### Q9. What is a cashless claim?

In a cashless claim, UST employees or their dependants can be admitted to the specified network hospital and receive treatment without paying the hospital any money. However, this is subject to the limits and sub-limits mentioned in the policy. Non-medical expenses will not be included in the approval, and members must pay for these at the hospital at the time of discharge.

#### Q10. How do I make a cashless claim?

Cashless claims can be made only at network hospitals. In case of planned hospitalisation, a pre-authorisation request should be sent at least 72 hours in advance to TPA contacts. Once you produce your TPA health ID card/e-card and any patient's government- issued ID to the hospital's insurance helpdesk, a request is sent by the hospital for authorisation of treatment and expenses. The Medi Assist India TPA Pvt. Ltd. doctor will verify whether the treatment is admissible under the policy. If the treatment is admissible, the TPA will send the initial authorisation approval to the hospital to start the treatment. Further review of the claim will be done at the time of discharge based on the treatment documents provided by the hospital. The pre-authorisation request should indicate the following details:

- The provisional diagnosis or the reason for getting admitted
- The proposed date of admission
- Approximate expenses
- Name of the hospital and consultants
- Approximate duration of stay at the hospital
- Once the letter is received, the network hospital extends cashless treatment to the member
- The network hospital forwards the claim documents to the TPA for settlement
- At the time of admission, the hospital may ask for a deposit to cover

- non-medical or non-payable costs for certain charges like registration fees, telephone charges, and diet charges for attendants, etc., that are typically not covered by the policy and have to be deducted from the deposit
- If the initial amount requested by the hospital is not sufficient for the surgery, then an interim bill can be sent to the TPA with the details before sending the discharge summary and the final bill for approval
- At the time of discharge, the original discharge summary and the final bill have to be sent to the TPA for final approval

# Q11. Is it possible to add dependants after the enrolment window period is completed?

No, if you have not declared dependants during the enrolment window, you cannot do so during the policy period.

## Q12. I want to change my previously-submitted dependants details. What should I do?

You can edit dependant details only during annual enrolment, except in case of life events.

#### Q13. Is mid-term inclusion of dependants allowed?

Mid-term inclusion of dependants or replacement of other dependants during the policy is not allowed for any reason whatsoever, including the death of dependants. Changes can only be made during the enrolment cycle at the next renewal. However, in the case of a spouse on account of marriage or birth of a child, this can be included within your family, provided that the intimation is given to the Medi Assist & insurer within 30 days of the event.

## Q13. What base are the medical insurance policy (UST policy) coverage limits?

The employee base policy covers a family floater of INR 4,00,000 and parental base coverage of INR 2,00,000, INR 3,00,000, or INR 4,00,000 at an additional cost borne by the employee.

#### Q14. What is the top-up policy?

A top-up policy is over and above the base sum insured provided by the company for employees and over and above the sum insured opted by individuals for parents. This sum insured can be utilised when the base policy sum insured is exhausted.

#### Q15. Do we have a room rent/ICU cap in the UST employee base policy?

Eligible room rent & ICU rent for critical illness ailments alone, inclusive of nursing charges (for employees, spouse, and children)

Room type	Kerala	Others
Normal room	INR 4,000	INR 5,000
ICU	INR 8,000	INR 10,000

#### Q16. Is a co-pay applicable on claims?

No co-pay for the employees; 10% for spouse and children, and 15-20% for parents or parents-in-law claims.

#### Q17. How will I enrol under the UST flex plan program?

You can enrol into UST's flex plan program by logging on to the flex portal. Complete enrolment in three easy steps: Log in to the portal: You can access the Prudent Plus portal on the intranet using this link through single sign-on (SSO). Please ensure you are connected to the VPN. Our portal best works with Google Chrome.

#### Q18. What happens if I don't complete my enrolment by the deadline?

If you do not enrol for benefits during the annual enrolment, your last year's medical insurance plan selection will be rolled over.

#### Q19. When can I make my selection on the portal?

You can make selections in the plan until the enrolment window closes. You can make multiple changes until the window closes, and the final selection will be considered your plan for the year.

#### Q20. How will it work if I have a newly-wed or newborn?

You can add the newborn or newly-wed within 30 days of their birth or marriage, respectively.

#### Q19. When will I get my insurance card?

Insurance card for your dependants and you will be available on the Prudent Plus portal. You can download the same from Prudent portal. Cards will be available within 45 days of enrolment completion; please contact the Prudent claims if there is a need for a cashless claim.

#### Q20. Will I get a confirmation mail from the portal?

Yes, you will receive an email from Prudent Plus after you confirm your benefits selection. Additionally, the system will notify you by sending an email every time you change your selected benefits.

#### Q21. Can I waive the co-pay?

Yes, you may waive off the co-pay applied to parental claims by buying the Insurance module 4 from the portal.

#### Q22. What is the OPD plan?

OPD cover is specially designed insurance coverage for out-patient treatment expenses, including consultations, prescribed diagnostics, dental, and vision expenses up to the sub-limits defined under each plan.

#### Q23. Who is eligible for critical illness coverage?

All full-time employees at UST are covered for critical illness cover to meet the medical expenses.

#### Q24. How much will I be covered under critical illness cover?

An employee who has been detected with a critical illness for the first time will be eligible to claim a lump sum of INR 5,00,000 and INR 10,00,000 under the policy year period. The claim will be processed only on reimbursement.

# Q25. Will I be eligible to claim the critical illness coverage in the next policy year/period? And what are the terms for this coverage?

No, this coverage is only for employees who have detected critical illness for the first time in a current policy year. Conditions for the same are:

- 30 days survival period
- 90 days waiting period is applicable

#### Q26. What is maternity coverage?

Maternity coverage is INR 50,000 for normal and INR 70,000 for C-section deliveries. However, selecting the modular plan for ESC can enhance this by another INR 10,000.

# Q27. How many children & deliveries will be covered under the corporate plan?

You may cover up to three children in the default plan, and the first two deliveries are covered in the policy.

#### Q28. What are pre and post-natal benefits?

Pre and post natal is covered up to 30 and 60 respectively, under IPD cover of INR 10,000 and OPD cover restricted to INR 5,000 only per family. OPD scan payable only if medically recommended by gynecologist in a registered hospital.

### **CLAIM RELATED - FAQ's**

#### Q1. Is my claim being admissible?

We would like to inform you that, the admissibility could not be confirmed without documents. It will be confirmed only after scrutiny of all relevant documents. Hence, we request you to submit original hard copy of documents, then the claim will process as per the policy's terms and conditions.

#### Q2. How do I claim pre/post hospitalisation?

Relevant medical expenses incurred during period up to 30 days prior to hospitalisation will be considered as pre-hospitalisation. 30 days will be counted from the date of admission in the hospital.

Relevant medical expenses incurred during period of 60 days after hospitalisation is considered as post-hospitalisation. 60 days will be counted from the day of discharge from the hospital. Under both the cases only a possible reimbursement will be applicable.

#### Q3. How do I avail cashless?

As per your request, following is the cashless procedure for your reference:

- 1. Patient should visit only thenetwork hospitals
- 2. Following documents are to be carried during cashless hospitalisation:
- Employee ID card copy
- · Copy of Medi AssisteE-Card
- Government photo ID proof of the patient
- Doctor referral letter
- · Medical documents

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# **Contact Matrix**

### TPA: Medi Assist India TPA Pvt. Ltd.

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: USTInsurance@prudentbrokers.com

Level	Name	Phn. no	Mail id
Level 1	Sachin C	080 6922 5407	ustinsurance@prudentbrokers.com
Level 2	Sonali Bharti	080 6922 5407	ustinsurance@prudentbrokers.com
Level 3	Mahendran MC	+91 97315 89700	mahendran.mc@prudentbrokers.com