

## Medical Insurance Policy

### 1. Introduction

Inazuma.co is committed to the health and well-being of its employees. To support this, Inazuma.co provides a comprehensive medical insurance plan ("the Plan") for eligible employees and their dependents. This policy document outlines the terms and conditions of the Plan, including eligibility, coverage details, claims procedures, and other important information.

### 2. Purpose

The purpose of this policy is to:

- Provide access to quality healthcare for employees and their eligible dependents.
- Offer financial protection against the costs of medical treatment.
- Promote a healthy and productive workforce.
- Ensure compliance with all applicable laws and regulations.
- Clearly define the terms and conditions of the medical insurance plan.

### 3. Scope

This policy applies to all regular full-time employees of Inazuma.co who meet the eligibility criteria outlined in Section 4. The policy also extends to

eligible dependents of the employees.

### 4. Eligibility

- **4.1 Employee Eligibility:**
  - All regular full-time employees of Inazuma.co are eligible to enroll in the Plan.
  - Employees must have completed [Number] months of continuous service to be eligible.
  - Part-time employees working at least [Number] hours per week may be eligible, subject to [Specific Conditions].
- **4.2 Dependent Eligibility:**
  - The following dependents of eligible employees are eligible for coverage under the Plan:
    - Legal spouse
    - Children (biological, adopted, or stepchildren) up to the age of [Age]
    - Children over the age of [Age] who are:
      - Full-time students up to the age of [Age]
      - Incapable of self-support due to a physical or mental disability
    - Parents - as defined under the policy.
- **4.3 Enrollment:**
  - Eligible employees may enroll themselves and their eligible dependents in the Plan within

[Number] days of their date of hire or during the annual open enrollment period.

- Changes to enrollment (e.g., adding or removing dependents) may only be made during the annual open enrollment period or within [Number] days of a qualifying event (see Section 7).

## 5. Plan Details

### • 5.1 Insurance Provider:

- Inazuma.co has partnered with [Insurance Company Name] to provide medical insurance coverage under this Plan.

### • 5.2 Type of Plan:

- The Plan is a [Type of Plan, e.g., Group Health Insurance, Preferred Provider Organization (PPO), Health Maintenance Organization (HMO)] plan.

### • 5.3 Coverage Period:

- The Plan coverage period is from [Start Date] to [End Date] (e.g., calendar year, fiscal year).

### • 5.4 Sum Insured:

- The sum insured under this policy is [Amount] per employee per policy year.
- The sum insured for dependents is [Amount] per dependent per policy year.
- Floater sum insured option is also available, where the sum

insured is [Amount] per family.

### • 5.5 Key Features:

- Cashless hospitalization at network hospitals
- Reimbursement for non-network hospital expenses
- Coverage for pre-existing diseases after a waiting period
- Maternity coverage
- Coverage for daycare procedures
- Ambulance charges coverage
- Pre-hospitalization and post-hospitalization expenses

## 6. Coverage Details

The Plan provides coverage for the following medical expenses, subject to the terms and conditions outlined in this policy:

Covered Expenses	Description	Sub-Limits/Conditions
Inpatient Hospitalization	Expenses incurred for room rent, nursing care, ICU charges, operation theater charges, surgeon's fees, anesthetist's fees, and other	Room rent is limited to [Percentage] of the sum insured. ICU charges are limited to [Percentage] of the sum insured.

	related medical expenses during hospitalization for more than 24 hours.		Daycare Procedures	Expenses incurred for specified medical treatments and surgical procedures that require hospitalization for less than 24 hours.	Covered for a list of [Number] specified procedures .
Pre-hospitalization Expenses	Medical expenses incurred for diagnostic tests, consultations, and medications for a period of [Number] days immediately preceding hospitalization.	Subject to a maximum of [Amount].	Maternity Expenses	Expenses related to childbirth (normal and cesarean), including prenatal and postnatal care.	Limited to [Amount] for normal delivery and [Amount] for cesarean delivery. Waiting period of [Number] months applies.
Post-hospitalization Expenses	Medical expenses incurred for follow-up consultations, medications, and physiotherapy for a period of [Number] days immediately following discharge from the hospital.	Subject to a maximum of [Amount].	Newborn Baby Cover	Expenses incurred for the treatment of the newborn baby.	Covered from birth up to the sum insured.
			Ambulance Charges	Expenses incurred for ambulance services used to transport the insured	Limited to [Amount] per hospitalization.

	person to the hospital in an emergency.	
Domiciliary Hospitalization	Expenses incurred for medical treatment taken at home.	Subject to conditions.
Organ Donor Expenses	Expenses incurred for an organ donor's treatment for organ transplantation.	Subject to conditions.
AYUSH Treatment	Expenses incurred for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy treatments.	Subject to specified limits.

## 7. Qualifying Events

Changes to employee enrollment in the Plan, including adding or removing dependents, may be made within [Number] days of the following qualifying events:

- Marriage
- Birth or adoption of a child

- Death of a spouse or dependent
- Divorce
- Loss of dependent eligibility (e.g., a child reaching the maximum age)
- Change in employment status (e.g., from ineligible to eligible)

## 8. Pre-Existing Diseases

- Pre-existing diseases (PEDs) are illnesses or medical conditions that the insured person had prior to the effective date of their coverage under this Plan.
- PEDs are covered after a waiting period of [Number] years of continuous coverage.
- Some PEDs may have a shorter waiting period, as specified by the insurance provider.

## 9. Exclusions

The Plan does not cover the following medical expenses:

- Cosmetic surgery
- Dental treatment (except when necessitated by an accident)
- Eye examinations and corrective lenses
- Maternity expenses (during the waiting period)
- Treatment for self-inflicted injuries
- Treatment for HIV/AIDS
- Experimental or unproven treatments
- Outpatient Department (OPD) treatment (unless specified)
- War or any act of war

- Nuclear perils
- Congenital external diseases
- Non-allopathic treatment

## 10. Claims Procedure

- **10.1 Cashless Hospitalization:**
  - In the event of planned hospitalization at a network hospital, the insured person must obtain pre-authorization from the insurance provider.
  - The hospital will coordinate with the insurance provider for direct settlement of the medical bills, up to the sum insured.
- **10.2 Reimbursement:**
  - In the event of hospitalization at a non-network hospital, the insured person must pay the medical bills upfront and submit a claim for reimbursement to the insurance provider.
  - The following documents are required for reimbursement claims:
    - Claim form, duly filled and signed
    - Discharge summary from the hospital
    - All original medical bills, receipts, and reports
    - Prescriptions for medications and diagnostic tests
    - Any other documents as required by the insurance

provider

- **10.3 Claim Submission:**
  - Claims for reimbursement must be submitted to the insurance provider within [Number] days of the date of discharge from the hospital.
- **10.4 Claim Settlement:**
  - The insurance provider will process the claim in accordance with the terms and conditions of the Plan.
  - The insurance provider will settle the claim within [Number] days of receiving all required documents.

## 11. Premium

- **11.1 Premium Payment:**
  - The premium for the Plan will be paid by [Employer/Employee/Shared].
  - Employee contributions, if any, will be deducted from their salary on a [Monthly/Bi-weekly] basis.
- **11.2 Premium Rates:**
  - The premium rates for employee and dependent coverage are as follows:

Coverage Type	Employee Contribution	Employer Contribution	Total Premium
Employee Only	[Amount]	[Amount]	[Amount]

Employee + Spouse	[Amount]	[Amount]	[Amount]
Employee + Childre n	[Amount]	[Amount]	[Amount]
Employee + Family	[Amount]	[Amount]	[Amount]

- 11.3 Changes to Premium:**
  - Inazuma.co reserves the right to modify the premium rates, subject to applicable laws and regulations and with prior notice to employees.

## 12. Grievance Redressal

- In case of any grievance or dispute related to the Plan, employees may contact the HR department.
- The HR department will work with the insurance provider to resolve the issue in a fair and timely manner.
- Employees may also contact the insurance provider directly, as per the contact information provided in the policy documents.

## 13. Renewal

- The Plan will be renewed annually, subject to the terms and conditions agreed upon between Inazuma.co and the insurance provider.
- Employees will be notified of any

changes to the Plan or premium rates prior to the renewal date.

## 14. Policy Administration

The HR department is responsible for the administration of this policy, including:

- Enrolling employees and dependents in the Plan
- Maintaining accurate records of enrollment and coverage
- Communicating Plan details and changes to employees
- Assisting employees with claims and grievances
- Liaising with the insurance provider
- Reviewing and updating the policy as needed

## 15. Amendments

Inazuma.co reserves the right to modify, amend, or terminate this policy at any time, subject to applicable laws and regulations and with prior notice to employees.

## 16. Disclaimer

This policy document is intended for informational purposes only and does not constitute a contract of insurance. The terms and conditions of the Plan are governed by the agreement between Inazuma.co and the insurance provider. In case of any discrepancy between this policy document and the

agreement with the insurance provider,  
the latter shall prevail.

