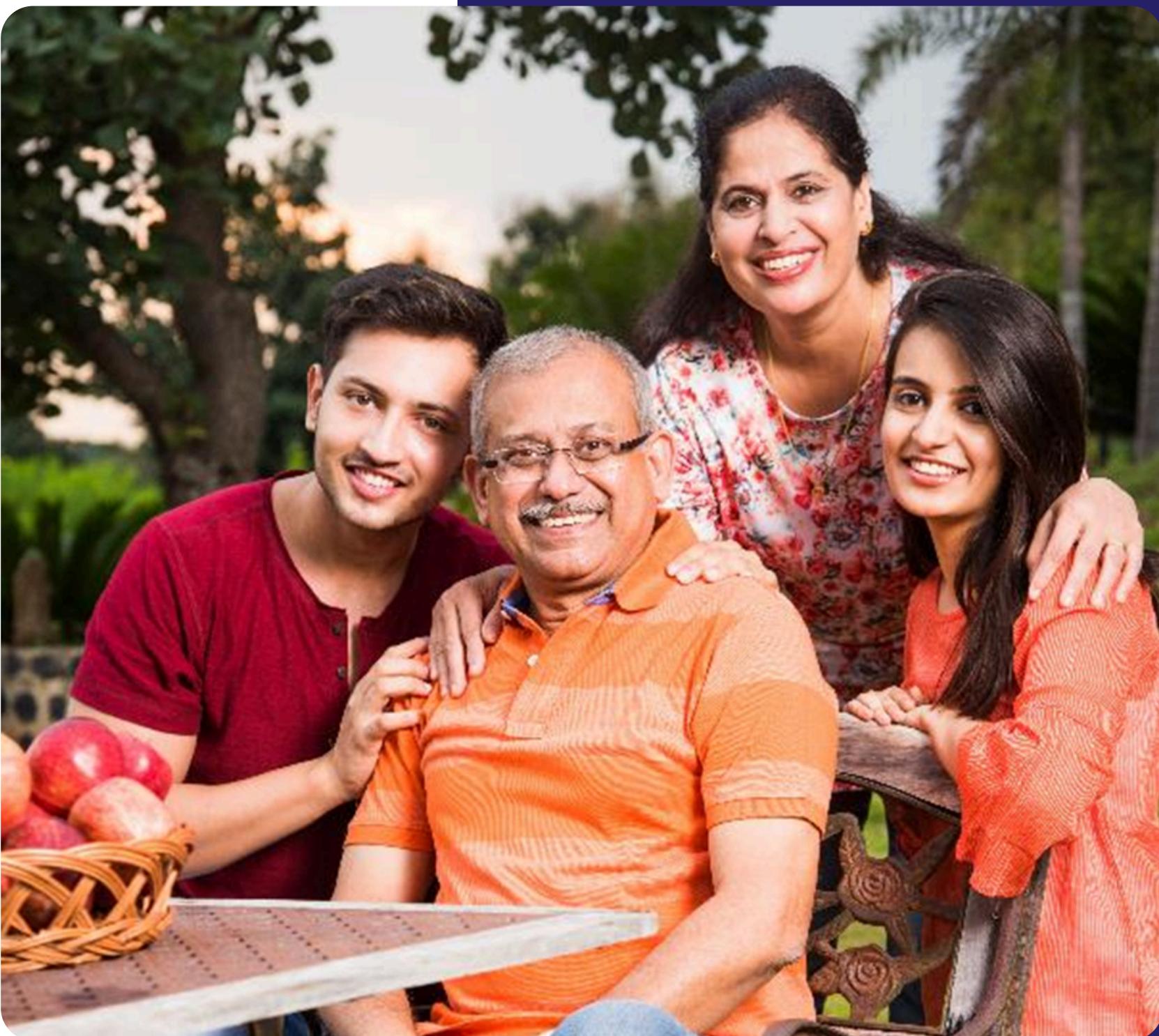




EMPLOYEE BENEFITS MANUAL 2025-26

Policy Period
July 13, 2025 to July 12, 2026



This Employee Benefits Manual will serve as a guide to the benefits provided by Limited.

The information herein only summarizes the terms and conditions agreed upon by the insurer. If there is a conflict in interpretation, then the terms and conditions of the policy will prevail.

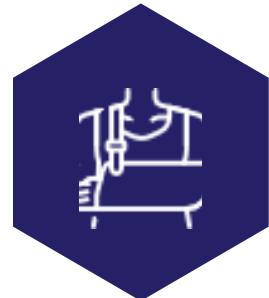
In no event will we be liable for any loss or damage, indirect or consequential loss or damage, or any loss or damage whatsoever arising from, or in connection with, the use of this benefits manual



Contents:



Group Mediclaim Policy:
Policy for all 24-hour sickness and accident hospitalization-related claims



Group Personal Accident Policy:
Accident-related death and disability cover



Contact Details



GROUP MEDICLAIM (GMC) POLICY



Policy Details for Employees:



1

Insurer:
TATA AIG General
Insurance Co Ltd



2

TPA
Genins India
Insurance TPA
Limited



3

Consultant
Veerendra



4

Policy Period
July 13, 2025 to
July 12, 2026



5

Sum Insured
INR 400,000

Salient Features

Benefits	Policy parameter
Family definition	Employee + Spouse + 4 dependent children + Parent/In-laws
Sum insured	Family floater sum insured of INR 4,00,000
Age bracket	Children: Up to 25 years
Parents/ In laws Coverages	Employees have an option to cover either Parents or Parents-in law. However only one set of parents are allowed to be covered (Cross combination of parents (e.g. - Father and Mother in law) is not allowed). And Age limit is 80 Years
Mid-term enrollment of new joiners	Allowed (New employees + their dependants)
Mid-term enrollment of new dependants	Allowed (spouse/children) within 30 days of new event
Pre-existing diseases	Covers from Day-1
LGBTQ Coverage	Inclusion of LGBTQ members Policy will also provide cover for LGBTQ members. However gender reassignment surgery and hormonal therapy shall be excluded





Benefits	Policy parameter
Pre/Post Hospitalization Expenses	Covered - 30 - 60 days
Day Care	Covered Up to 4 Lakhs Sum Insured
Copayment	No Copayments
AYUSH Cover	Applicable for All Members, Up to 25% of In-Patient Treatment Sum Insured in Govt. Recognised hospitals only
30 days waiting period/ Specified Disease Waiting Period/ PED waiting Period	No Waiting Periods - All treatments are covered from Day-1
Refractive Error Correction	Covered if correction index is +/- 6.5 D
Congenital External Cover	Covered upto 4Lakhs in Life threatening condition only
Dental Treatment	Covered in case of hospitalization due to accident on IPD basis only
Reasonable and customary charges	Indemnity under this policy shall be subject to Reasonable and Customary charges being applied on reimbursement claims to ensure consistency with the prevailing charges in the geographical area for identical or similar services taking into account the nature of the illness / injury involved.
Reimbursement Claim Intimation	Reimbursement Claims must be intimated to TPA within 24 hrs of Admission except for accidental claims
Modern treatment Limit	Covered with 50% Co Pay

Salient Features

- 3% of SI for Normal and 4% for ICU.
- Normal Room Rent is inclusive of Nursing Charges
- Proportionate Clause In the event of insured getting admitted in higher room category all hospital related expenses will be on proportionate basis to the eligibility limit as per room rent restriction. All other related charges in accordance with the room rent restriction or actuals whichever is lower
- The expenses are payable provided they are incurred in India and within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to
- Expenses on Hospitalisation for minimum period of 24 hours are admissible. However, this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Lithotripsy (kidney stone removal), taken in the Hospital/Nursing home and the insured is discharged on the same day of the treatment will be considered to be taken under Hospitalization Benefit
- Reasonable and customary charges will be applicable



Comprehensive Maternity

- Applicable for Self and Spouse for First two deliveries only
- For Normal Covered For Metro INR 50,000 & For Non-Metro INR 50,000
- For C-Section Covered For Metro INR 60,000 & For Non-Metro INR 60,000
- Maternity will be covered upto full sum insured in case of life threatening situation
- Waiting Period for Maternity 9 months Waived off
- Pre/Post Natal Cover - Covered upto Rs 5000 within Maternity Limit on IPD and OPD basis
- Baby Day One Cover - Covered Within Family SI
- These benefits are admissible in case of hospitalisation in India
- Covers first two children 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



Cashless Process

Cashless means the administrator may authorise upon a Policy holder's request for direct settlement of eligible services and it's according charges between a Network Hospital and the Administrator

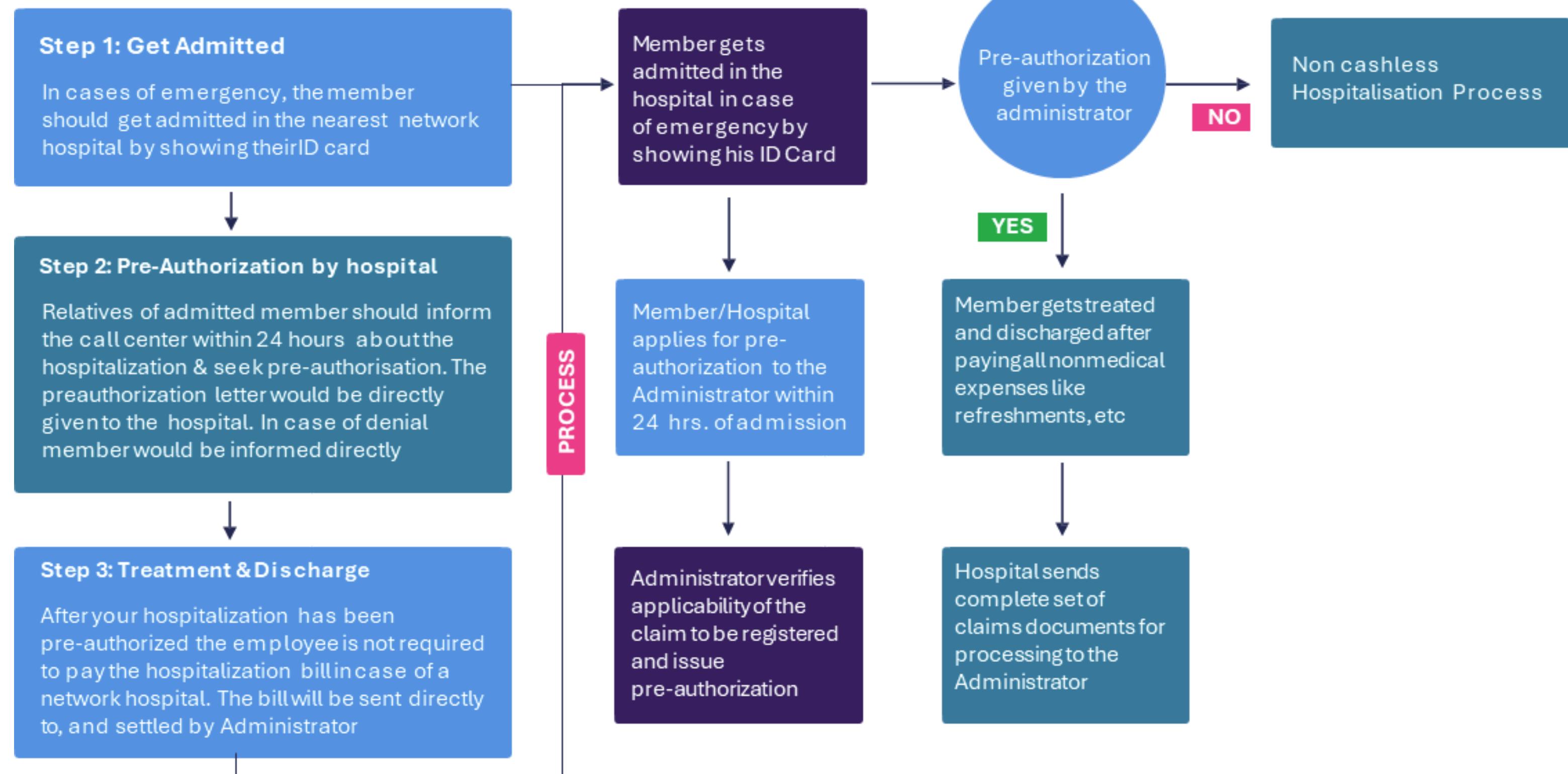
In such case the Administrator will directly settle all eligible amounts with the Network Hospital and the insured person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent as these services are covered under the Policy

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

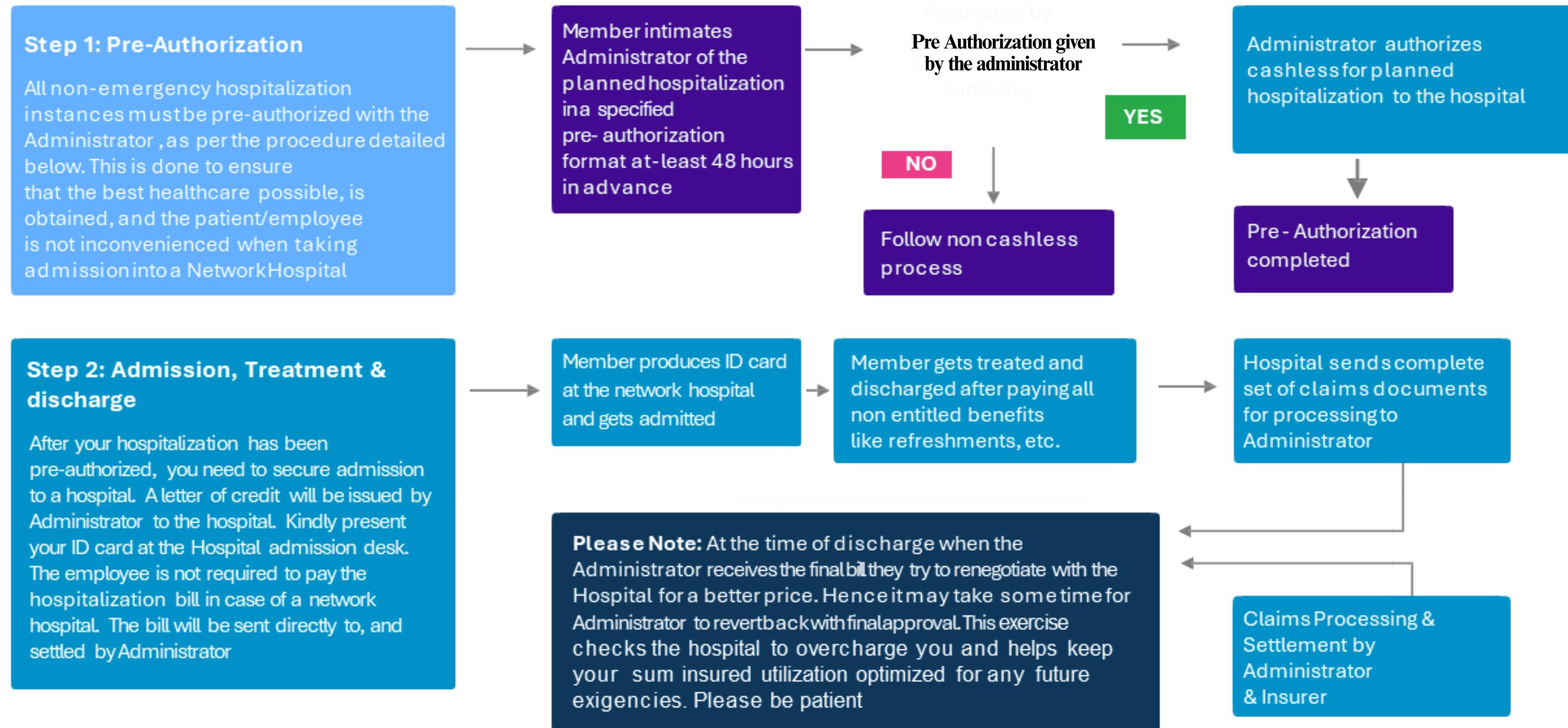
Link: <https://www.tataaig.com/locator/cashless-network-hospitals>

Open the Link ---> Enter City ---> Search Hospital by Name

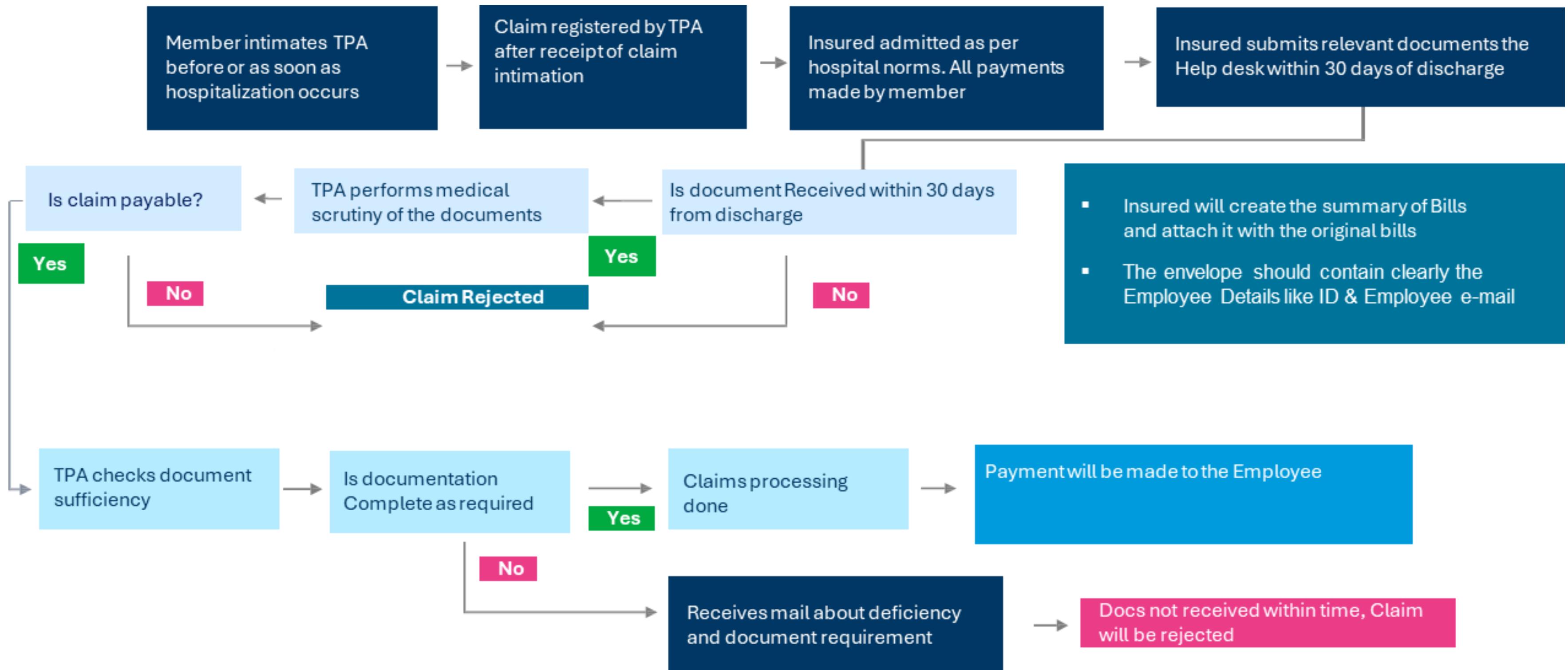
Cashless Hospitalization - Emergency



Cashless Hospitalization - Planned



Reimbursement Process:



Claims Administrator Details:

Name	GENINS INDIA INSURANCE TPA LTD
Address	1E/13,2ND FLOOR,JHANDEWALAN EXTENSION. DELHI 110055
Toll Free No.	
Email ID	INFO@GENINSINDIA.COM

Disease-wise Capping / Sublimit	Limit on Treatment/Illness/Surgery	Metro	Non Metro
	Appendix	No Capping	No Capping
	Eye related(Other than Cataract)	No Capping	No Capping
	Gall Bladder	No Capping	No Capping
	Hernia	No Capping	No Capping
	Hydrocele	No Capping	No Capping
	Hysterectomy	No Capping	No Capping
	Piles	No Capping	No Capping
	Urinary Stone (incl DJ stent removal for same stone)	No Capping	No Capping
	Joint Replacement including Vertebral joints	No Capping	No Capping



Claims Document List

- Completed Claim form with Signature
- Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
- Discharge Report/Certificate/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
- Provide Break up details including Pharmacy items, Materials, Investigations even though it is there in the main bill
- In case 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 hospital, you may have to get the hospital and doctor's registration number in Hospital letterhead and get the same



General Exclusion

- Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations Circumcision unless necessary for treatment of disease
- Hospitalization for convalescence, general debility, intentional self-injury, use of intoxicating drugs/ alcohol.
- Venereal diseases
- Injury or disease caused directly or indirectly by nuclear weapons
- Naturopathy
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, etc. Cost of spectacles, contact lenses, hearing aids
- Any cosmetic or plastic surgery except for correction of injury Hospitalization for diagnostic tests only
- Vitamins and tonics unless used for treatment of injury or disease Voluntary termination of pregnancy during first 12 Weeks
- OPD Claims not payable under the base Group Mediclaim Policy
- Claims (of high value) submitted without prescriptions/diagnosis
- Health foods
- Costs incurred as a part of membership/subscription to a clinic or health centre
- Cost of appliances, spectacles, contact lenses, hearing aids
- Non-medical expenses like Hospital surcharge, telephone bills, cafeteria bills

GROUP PERSONAL ACCIDENTAL (GPA) POLICY



Policy Details for Employees:



1

Insurer:
TATA AIG General
Insurance Co Ltd



2

Consultant
Veerendra



3

Policy Period
July 13, 2025 to
July 12, 2026



4

Sum Insured
15 Lakhs for Employee Only

Salient Features

Sr No.	Coverages	Average SI Per Person	Deductible	Co pay(%)	Remarks
1	Ambulance Services	5000			Rs.5000
2	Accidental Medical Expenses	100000			Fixed INR 100000 for IPD with Sublimt of INR 50000 for OPD or actual claims, whichever is lower.
3	Repatriation Of Remains	20000			Upto Rs 20000 or Actuals, whichever is lower.
4	Family Transportation Benefit	20000			Upto Rs. 20000 or Actuals, whichever is lower.
5	Accidental Death	1500000			Only Permanent Employees of the company are covered.
6	Terrorism	1500000			Covered
7	Fractures/Dislocation/Burns	20000			Rs. 20000
8	Education Benefit	20000			10% of Principal SI or up to Rs 20000 or Actuals, whichever is lower for a maximum of 2 eligible children.
9	Home Alteration and Vehicle Modification Benefit	20000			Rs. 20000
10	Permanent Partial Disability	1500000			Covered
11	Permanent Total Disability	1500000			Covered
12	Coma	20000			Rs. 20000
13	Accidental Dismemberment and Paralysis	1500000			Covered
14	Funeral Benefits	20000			Rs 20000
15	Temporary Total Disability	5000			1% of AD SI or INR 5000 or actual weekly salary for 104 Weeks whichever is less



Website Employees Login Access details:-

Go to Genins India website <http://geninsindia.com> and click on Login and then select as Insured.

The login and password for accessing the same is given below:

- Step 1- Click @ Corporate Login -(<https://www.geninsindia.com/login/insured/corporate>)
- Step 2- Select as Company Name under Login from.and enter 1st six letter of your company name as “infos” to select “INFOSERVICES DIGITECH INDIA PRIVATE LIMITED” from dropdown.
- Step 3-Enter your Employee Code to login



CONTACT DETAILS

Cashless/ Reimbursement Claims(TPA):

Name: Amit G

Mail Id: amit.gupta@geninsindia.com

Contact No: +91 90080 04739

Name: R. Sai

Mail Id: Saikiran2.Racharla@tataaig.com

Contact No: 84371 79712

Designation: Area Sales Manager

Name: D. Veerendra

Mail ID: insuranceservices.vm@gmail.com

Contact No: 95028 69394

Reimbursement: Claim Submission Address:-

Genins India Insurance TPA Ltd.

NO 52 2ND FLOOR GOLDEN SQUARE NEXT TO PASSPORT SEVA KENDRA ,LALBAGH ROAD BANGALORE Karnataka - 560027

Cashless Intimation:

Online - <http://geninsindia.com/intimation.aspx>

E-mail - kirank@geninsindia.com & info@geninsindia.com

Toll free no-18008902359

Ph.No-080-22114078 / 41501680

THANK YOU..