

Group Mediclaim Policy

Grade P7, M7, L7, S7 & below (including Trainees)

HR-India-FB-004

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1 Purpose

LTIMindtree provides medical insurance coverage to employees as part of employee benefit plan. This document specifies the Insurance benefit Plan and its process/procedure to be followed by the employees.

2 Effective Date

This policy is already in practice and the revised coverage is effective from 1st October 2024. Amendment to the latest version of this medical health insurance policy is effective from 1st October 2024.

3 Scope

- This policy is applicable to all employees on rolls of LTIMindtree in L7 equivalent grades & below (P7,M7,L7,S7 & below including trainees) based out of India.
- This policy shall apply to all personas as defined in Yin-Yang Model wherein an employee may operate from any of the designated offices like LTIMindtree Office, Satellite Office, Client Office or Home Office as applicable from time to time.

4 Authority and Approval

The Company Management reserves the right to revise, amend or modify this policy at any time and in any manner without notice. C&B Team would be responsible for maintaining and carrying out subsequent changes/ modifications in this policy and communicate appropriately.

5 Policy

- Hospitalization expenses of employees are covered under the Group Medclaim Policy with Oriental Insurance.
- Employee Base Plan >> Coverage: Employee, Spouse/Partner and 3 Children (ESC)
- The policy will cover employee, spouse/partner and three dependent children up to 25 years of age, subject to enrolling dependents in the policy and providing all necessary details as required by Insurance company. This will be the default plan and details as follows:

Policy Type	Grade: L4 & below (Including Trainees)	Grade: L5 - L7
Employee Base Medical Plan (Default Plan)	INR 6 Lakhs	INR 8 Lakhs
Family Definition	Employee +Spouse/Partner + 3 Children (1+4)	Employee +Spouse/Partner + 3 Children (1+4)

- **Voluntary Base Parental Plan >> Coverage: Parents/Parents-in-Law (Father, Mother, Father-in-Law & Mother-in-Law)**

Voluntary parental base policy is optional for employees. Employees can choose to cover any/all parents (up to 4), any mix of dependents parents (2+2) to the voluntary base parental plan at negotiated corporate rate. Total premium payable will depend on the number of parents/parents-in-Law covered in the program. The premium to cover parents/parents-in-Law to the voluntary base parental plan will be borne by employees. The brief details of plan are as follows:

Voluntary Base Parental Plan and its coverage:

Policy Type	Grade: L4 & below (Including Trainees)	Grade: L5 - L7
Voluntary Base Parental (Refer "Annexure 5.1" for Premium)	INR 3 Lakhs	INR 3 Lakhs
Family Definition	Parents/Parents-in-Law (Farther, Mother, Father-in-Law & Mother-in-Law)	Parents/Parents-in-Law (Farther, Mother, Father-in-Law & Mother-in-Law)
Co Pay	15%	15%

- Important to note that an employee may cover 3 or more parents/parents-in-Law. In such a case, the pairing in the policy will be done based on the primary relationship and accordingly floater policy will be issued (i.e., if you cover 3 parents (Father, Mother and Father-in-Law) to the policy, pairing will be done for (Father + Mother) together and Father-in-Law would be carved on separate policy. Both policies/floater plan will have Sum Insured of INR 3 lakhs each. Cross usage of sum insured between different floater policies shall not be allowed (i.e., (Father + Mother) cannot utilize sum insured allocated for (Father-in-Law) or vice versa.. In simple terms, Parental cover policy will be available in a block of 2 parents. Not more than 2 parents can be covered in 1 policy.
- Restriction on Entry and Exit: Minimum One year lock-in will be applicable for Claim cases.
- If an employee chooses to opt for voluntary base parental plan, Employee will not be allowed to opt out of the program in subsequent renewal if claims are reported against parents/Parents-in-Law in the current policy period. This means where insurance claim has been made during the policy period (01-Oct-23 to 30-Sep-24), exit from program during subsequent renewal shall not be allowed).
- Employee may choose to opt out of parental program if no claim has been reported in the immediately preceding policy year. However, re-entry to the parental program will be restricted for the next two policy period. Minimum Two years lock-in will be applicable in such cases. For example, if you have no claim and choose to opt-out of parental policy during 2024-25 renewal, then you can only enter in the parental program during the 2027-28 renewal).
- Only in case of unfortunate event of demise of covered parents/Parents-in-Laws option of opt out would be available.
- *This is to ensure that employees take this plan for long term insurance coverage of their dependent parents and don't go for opt in / opt out in a hop on & off manner in different years.*

- Co-Pay for parental claim: 15% co-pay would be applicable for every parental claim capped at maximum of INR 50,000/-
- Impact of Separation or Transfer Overseas: In case of separation of Employee from company or deputation or transfer to Overseas assignment, Voluntary Parental policy (Including top-up) shall continue till the end of policy period (i.e., till 30-Sept-25). No refund of premium shall be allowed.

- **Voluntary Top-up plans:**

Medical emergencies are generally unpredictable and may cost us hefty from the sudden, unexpected costs of hospitalization and could make a major dent into household savings. Keeping in mind the above need, LTIMindtree has negotiated "Voluntary top-up" plan. This is a voluntary option and premium would need to be borne by employees.

- **Employee Family: Top-up Plan - ESC**

- Employees have option to further enhance coverage through "Voluntary top-up" plan for additional sum of INR 4 Lakh, 8 Lakh and 20 Lakhs for covering Self, Spouse/Partner and Children.

Under each of the top-up options available, employees have flexibility to choose one of the 2 packages that is most relevant as per individual family health care need. Packages comes with different premium (**Refer to the package details in "Annexure-3" & "Annexure-5.2" for Premium**)

- **Package 1:** Enhance Maternity + Room rent + Other benefits
- **Package 2:** Enhanced Room Rent + Other benefits

- Voluntary top-up policy benefit will only commence after the sum insured is exhausted for employee base and voluntary parental medical plan.

Voluntary Parental Top-up Plan >> Parents/Parents-in-Law (Father, Mother, Father-in-Law & Mother-in-Law)

- Employees also have an option to enhance coverage of their parents/parents-in-Law further through "Voluntary Parental top-up" plan for the sum insured of INR 2 Lakhs, 4 Lakhs, 6 Lakhs and 8 Lakhs. Same set of Parent/parents-in-law covered under voluntary base parental plan can be covered under top up plan. Partial participation is not allowed. Parental top-up plan comes with enhanced features. (**Refer "Annexure-4" for the details of enhanced features and "Annexure 5.3" for premium**).

- Employee covering three or more parents/parents-in Law in the policy would be able to select top-up plan as per the voluntary base parental policy pairing/floater policy issued. (e.g: if you cover 3 parents (Father, Mother and Father-in-Law), carving out of the parental policy will be done based on primary relationship (Father + Mother) and (Father-in-Law) will have separate policy. When exercising option for parental top-up, employee should select top-up for (Father+ Mother) and Father-in-Law separately. Cross usage of top-up between parent groups will not be allowed. Employee can select top-up for one or both set of parent groups with same/different top-up sum insured.
- Cross usage of sum insured in Base as well as top up plan will not be available and allowed
- If claim has been reported under the ESC top up/Parental base and Parental top-up plan, employee will not have option to either opt-out or downgrade sum insured during subsequent renewal. However, employee will have option to further upgrade sum insured. (e.g: If employee has opted for 4 lakhs voluntary top-up parental plan and have reported claim, Employee will not be allowed to opt out of the 4 lakhs top-up plan or downgrade sum insured to INR 2 lakhs, however flexibility will be available to upgrade sum insured to INR 6 lakhs or 8 lakhs.
- Voluntary top-up policy benefit will only commence after the sum insured is exhausted for employee base and voluntary parental medical plan.

International Assignments:

- Employees deputed on international assignment during the policy period will continue to get benefit of the plan in India till the end of policy period (**September'25**). In subsequent years, during renewal, an option to continue in the policy would be provided to all employees on overseas assignment. Overseas assignees can choose to cover dependents and/or parents/parents-in-Law on a voluntary basis. Full premium for covering dependents in India would be borne by the employees. (exit/re-entry to the program will be governed like the one illustrated in "Voluntary Base Parental Plan" section above)
- Overseas assignees premium will be deducted in stipulated monthly instalments from employee's current location paycheck (As per the currency exchange rate used by LTIMindtree Finance Team).
- Employees who are transitioned to onsite payroll during the policy period, will continue to get benefit till the end of policy period (**September'25**) if they have taken voluntary parental policy in India. In subsequent years, during renewal, an option to continue in the policy would be provided on voluntary basis. Full premium to cover dependents in India would be borne by employee.
- Overseas assignees or Employees on Local country rolls will not be able to enroll their parents/parents in laws during the policy period upon their joining back to India. Enrollments to Parental plan can only done at the time policy renewal window in Oct 2024.

- For Employees on India payroll, the premium applicable for the optional top up or voluntary parental coverage will be deducted from employees through the payroll in stipulated instalments. In case of any international assignments/exit from the company, the outstanding dues payable by the employee will be adjusted from their last payroll/F&F settlement.
- Eligibility: Room Rent**
- Maximum Limit for Room Tariff will be applicable as follows. It may be noted that the room tariff is inclusive of Nursing + RMO/Duty doctor charges. These charges are not payable separately.

Policy Type	Grade: L4 & below (Including Trainees)	Grade: L5 - L7
Tier A: Delhi & NCR, Kolkata, Chennai, Mumbai, Bangalore, Pune, Hyderabad/Secunderabad	4,000	6,500
Tier B: Rest of India	3,500	5,000

Note: Room rent eligibility changes if you have opted for top-up options. Refer to Annexure for more details.

- Employees are advised to adhere to the type of room as applicable to their grade, since reimbursements will be made as per the maximum limit of room tariff (including Nursing+ RMO/Duty doctor charges.), they are eligible for.
- If the room tariff exceeds the maximum limit, all other expenses related to hospitalization will increase proportionately and the said increased amount will not be eligible for claim. As a result, all medical expenses in excess to the norm above would need to be borne by employees. You may refer FAQs for further details.
- It should be noted that room tariff is inclusive of nursing+ RMO/Duty doctor charges as per regulation. Accordingly, all calculation related to hospitalization claim will factor both room tariff and Nursing+RMO/Duty doctor charges to arrive at proportionate deduction/final pay-outs. Hence, it is advised that guidelines on room tariffs be adhered as mentioned in above table, else it will result into employees bearing additional expenses on this account.

General guidelines & Important points covering policy:

- If you do not register your dependents through online tool, they will not be covered under LTIMindtree Group Medclaim policy for the policy year 2024-2025. There will be no opportunity of enrolment during the year.
- Mid-term inclusion of dependents (Spouse/Partner and child) is permitted only in case of marriage or childbirth/adoption and the enrolment needs to be completed within 30 days from the date of event or by writing to Medi Assist (ltimindtree@mediassist.in).
- Voluntary Parental base policy (Including top-up) will continue till the end of policy period (i.e., till 30-Sept-25) on account of transfer to onsite location OR separation from

company. No refund of premium will be processed.

- Default plan (Base Medical plan for employee, Spouse/Partner and children) will terminate on transfer to onsite location or on the last working day in India
- Provision to include same gender partner has been introduced in the policy.
- Brother/Sister and any other relatives are not covered in the policy.
- Additions due to marriage and/or Adoption/birth should be entered in the system within 30 days from date of event.
- Employee or dependent can be covered only once in the same policy. Therefore, husband and wife working with LTIMindtree should fill only one proposal form.

6 Administration of Policy

Service Provider

The service provider is Medi-Assist (TPA). Their identity card is e-card printout, which will enable employees to avail cashless facility in the network hospitals.

Procedure for printing ID card is as under

Login to your Medi Assist Portal and click on download e-card option, visit Medi Assist website <https://portal.mediassist.in/Home.aspx> and click on e-card option

- Select Employee ID
- Enter below details: -
- *Employee No:*
- *Company Name: LTIMindtree*
- *Employee Name:*

Your card will be displayed, and you can take a print of the same.

Procedure for availing cashless/ re-imbursment facility

- We recommend opting for cashless facility at the time of hospitalization for better experience. In case you are opting for re-imbursment, please read the available re-imbursment process in detail (both online and offline).
- You can send all documents along with claim form through courier to the address given below.

Address for couriering your physical documents

**Medi Assist Insurance TPA Pvt. Ltd, 1st Floor, C Wing, Manikchand Ikon Building, Dhole Patil Road
- Pune 411001, Contact No: 020-66838000**

It is recommended for those claiming through re-imbursment to upload all necessary scanned documents on Medi Assist portal. Medi-Assist executive will review and inform if there are any additional document/s required for your claim to be settled.

<<Keep copy of all medical documents before sharing it with Medi-Assist for your future reference>>

Employees are advised not to share any Mediciam related documents to SSC (SSC no longer support on the claim process). SSC will not take any responsibility of documents being sent as this is no longer being monitored.

A. Cashless hospitalization Process & Procedures are described below

- Please approach hospital well in advance for Medi-Assist to provide approval for Cashless hospitalization.
- Cashless hospitalization can be availed only at network hospitals.
- Please note that the list of network hospitals may have undergone change in the form of additions and deletions. Please check on website <https://portal.mediassist.in/Home.aspx> for the updated list of network hospitals. Once you are covered under Group Medclaim Policy, you will be issued an e-card.

Please note that this card is issued only for identification and information purposes.

- At the time of hospitalization in the network hospital, you will have to produce e-card as proof of being covered by a health insurance policy (it is advisable to carry some form of photo ID (Passport, driving license, voter id card, etc. with you in case hospital wants to verify your identity)
- The network hospitals have a preauthorization request form available with them. The form should be jointly filled in by you and your treating doctor. Please make sure all the details asked in the form are completed. This will ensure speedy processing of your request.
- Pre-authorization form can be downloaded from the website [Medi Assist Claim form](#), the same will be available at hospital TPA desk as well.
- Medi-Assist receives this request and processes it. The medical team will determine whether the condition requiring admission and the treatment plan are covered by your health insurance policy. They will also check on other terms and conditions of your insurance policy.
- In case coverage is available, TPA will issue an approval to the hospital for a specified amount depending on the disease, treatment, how much you are insured for, etc. This is sent by fax and/or email (if available). The approval is called a "Preauthorization". This preauthorization entitles you to avail cashless facility at the hospital without paying for the medical expenses. Note: Further enhancement approvals may be issued on request, subject to terms and conditions of the policy.
- Employee can make an enquiry with the hospital as to whether the sanction is received before the patient gets admitted to the hospital. The hospital will ask you to pay for all the Non-Medical Expenses in your bill. You will have to make this payment before discharge.
- In case, for whatsoever reason, the preauthorization request cannot be approved, a letter denying preauthorization will be sent to the hospital. In this case, you will have to settle the hospital bill in full by yourself. However, you are advised to submit the claim documents for reimbursement for scrutiny by our Senior Doctor. Please follow the re-imburement process as outlined below.
- Any assistance during cashless process – you may write to ltimindtree@mediassist.in or call on dedicated number **9620009418**.

B. Procedure for Reimbursement of Hospitalization Claims

Although cashless hospitalization facility is available at the Medi-Assist network hospitals, you may sometimes need to use hospitals that are not on the Med-Assist network. In case you choose to or are required to avail of hospitalization facilities at a non- network hospital, your medical expenses can still be claimed through Medi-Assist. Reimbursement claims may be filed in the following circumstances:

- Hospitalization at a non-network hospital.
- Post-hospitalization and pre-hospitalization expenses.
- Denial of preauthorization on application for cashless facility at network hospital

Re-imbursement Process

Employee can register re-imbursement claim through both offline and online mode:

a. Offline Process

Step 1- Fill in the IRDA claim form (part A as well as Part B). *You can download the same via Medi-Assist Website- [Medi Assist Claim form](#)*

Step 2 - Send all original documents along with claim form to Medi-Assist within 30 days from the date of discharge from hospital. Send all your original documents along with claim form to Medi-Assist address.

Medi Assist Insurance TPA Pvt. Ltd,

1st Floor, C Wing, Manikchand Ikon Building, Dhole Patil Road - Pune 411001, Contact No: 9620009418

Below are the documents which are mandatory for claim processing. Please note Insurer can ask for additional document if required during claim processing. You are requested to submit documents within given timelines for your claim to be processed.

- Original hospital final bill
- Pre-Numbered/ Printed Receipts for payments made to the hospital.
- Complete break-up of the hospital bill
- Original Detailed Discharge Summary
- All Investigation reports.
- All medicine bills(which includes batch no, GST no, DL no & expiry date) with relevant prescriptions
- Operation Theatre Notes in the event of a surgery performed.
- Sticker for the Implant, if any, used during surgery
- A copy of the Invoice for the implant, if any, used during surgery performed
- Original duly completed and signed claim form
- Duly completed and signed Medical Practitioner's Form
- Copy of insurance e-card or current policy copy and previous years' policy copies if any
- Company employee id card if you and your family are insured.
- Soft copy of cancel cheque
- Indoor case paper (Day to day Progress sheet)

Step 3: On receipts of documents at Medi Assist, claim will be registered, and acknowledgment will be sent to the employee.

Step 4: Claim will be reviewed by senior doctor within 5 working days from the receipt of the documents at Medi Assist.

Step 5: In case of any shortfall in the document/s submitted, same will be communicated to the employee via email.

b. Online Process (Through Medi Assist portal)**Steps 1:** Login to your Medi Assist portal by using below linkLink- <https://portal.mediassist.in/Home.aspx>

- Username-LTPSNO
- Password-LTPSNO (In case you have changed your password, request you to use your new password)

Step 2: Post login, click on health claim on your home page OR click on claims tile on tool bar and select the option of submit claim.

Step 3: User details

- Update your user details. Update basic information about the patient.
- Select patient name from the dropdown given. In case you are unable to see your dependent name in dropdown this means you have not enrolled your dependent under LTIMindtree Medclaim Insurance. Please connect with your BU HR for further assistance
- All fields highlighted with * are mandatory to fill.
- In case you are unable to select the desire date under date of Admission (DOA) request you to write to your BUHR
- Click on save and next

Step 4: Hospitalization Details

- Update your Hospitalization details along with the hospitalization bills
- Please fill all details related to the hospitalization.
- Kindly select the correct date of admission and discharge as pre/post hospitalization claims are based on this.

Step 5: Declaration and claim submission

- Update the claim document checklist and upload the scan of the claim documents
 - Kindly submit patient Government identity proof as this is mandatory document
 - On submission of scan document, kindly click on submit button.
 - Request you to download the claim form generated & sign the same. As per IRDAI it is mandatory to fill part A as well as Part B of the claim form
 - Kindly courier all physical documents along with claim form to Medi Assist Pune Centre
 - Post submission of the scan copies request you to wait for 5 working days, TPA shall review your claim. And in case of any shortfall in documents, same will be communicated to you via email (official email-id). You can send all original documents along with shortfall within next 5 working days.
 - Note- registering the claim online is just one step of claim process. As per IRDAI regulation, physical copy of original documents are mandatory for processing and payment of claim.
 - Do retain the photocopy of documents submitted to us.
 - Retain POD of courier
 - Claim tracking number will be generated for your reference. You can quote the same while interacting with Medi Assist for smooth interaction.
- c. Claim Status**
- Login to your Medi Assist Portal by using your login credentials
 - Click on trackclaim option available on home page
 - Click on ref claim no. & you will get the status of your claim with the details of payment.

Escalation Matrix

Location	Email Ids	Dedicated no
Dedicated Email ID	ltimindtree@mediassist.in	9620009418
Mumbai Location	Mumbai.ltimindtree@mediassist.in	9620789094
Bengaluru Location	Bengaluru.ltimindtree@mediassist.in	7338470351
Bengaluru Location	Bengaluru.ltimindtree@mediassist.in	7353272355
Chennai Location	Chennai.ltimindtree@mediassist.in	8147369945
Pune Location	Pune.ltimindtree@mediassist.in	9164065566
Hyderabad Location	Hyderabad.ltimindtree@mediassist.in	6364871477
Bhubaneswar Location	Bhubaneshwar.ltimindtree@mediassist.in	8598912299
Escalation Matrix 1	escalation.ltimindtree@mediassist.in	8050945080 7026157788 6366422826

7 Definitions

Term	Definitions
TPA	Third party Administrator
MEDI ASSIST	Dedicated Health Services

8 References**Annexures****Annexure 1:**

As per Insurance, expenses covered as part of the policy are as follows:

- Hospitalization expenses where patient is admitted for more than 24 hours.
- Relevant expenses for treatment 30 days prior to hospitalization on disease/illness/injury sustained.
- Relevant expenses incurred for treatment up to 60 days after discharge from hospital on

disease/illness/injury sustained.

- Expenses for treatment of certain illnesses even if patient is not in hospital for 24 hours, If the treatment is such that:
- It necessitates hospitalization and the procedure involved requires specialized infrastructure facilities available in hospital.
- Due to technological advances hospitalization required is less than 24 hours.
- Specific treatments, i.e., dialysis, chemotherapy, radiotherapy, eye surgery, dental surgery resulting from an accident requiring hospitalization, lithotripsy (kidney stone removal), tonsillectomy, D&C taken in the hospital/nursing home and the insured is discharged on the same day, the treatment will be considered to be taken under hospitalization benefit.
- Cataract surgery with standard imported foldable lens, subject to a maximum of INR 40,000/- for each eye only for ESC Policy, Parental Base Policy remains INR 30,000 unless opted for Parental Top Up Policy.
- Lasik surgery to be covered if power in eye to be operated upon exceeds +6.5/- 6.5
- External congenital diseases to be covered only for medical/life threatening conditions and not for cosmetic reasons
- Biodegradable Stent
- Instrumental & Oral chemotherapy: Oral chemo is covered with capping of Rs 50,000 and Instrument charges capped at Rs 25,000/- within overall limit
- Post hospitalization expenses for physiotherapy (up to 4 months from Date of Discharge)
- No deduction in case of death during hospitalization (Only Employee)
- No Active line of treatment in case of life-threatening situations
- Bariatric Surgery (excluding cosmetic)
- Bariatric surgery to be covered : If the BMI ≥ 40 , or more than 100 pounds overweight; Or BMI ≥ 35 and the patient is suffering from at least one or more co-morbidities like Type 2 Diabetes, or Hypertension, sleep apnea or other respiratory disorders, non-alcoholic fatty liver disease, osteoarthritis, lipid abnormalities, gastrointestinal disorders, or heart disease: Subject to life threatening disease.
- Expenses incurred for Maternity in respect of only first two children will be paid to the extent of Rs. 50,000/-. Maternity Benefit means treatment taken in hospital/nursing home arising from or traceable to pregnancy, childbirth including caesarean section. These benefits are admissible only if the expenses are incurred in hospital/nursing home as in-patients in India.
- Pre-post Natal expenses Covered for IPD and maximum limit of Rs 5,000 for OPD within maternity limit.
- Pre-post Natal Period covered from date of conception till 30 days after delivery.
- Well baby expenses covered including vaccination capped at Rs 5,000 within maternity limit.
- Inclusion of contemporary surgeries (Robotics, Cyber knife). Please note that any unproven & WHO non-recognized treatments will not be covered under the GMC policies.
- IVF - INR 100,000 for IPD and OPD limited to INR 50,000 within the sub limit of INR 100,000.
- Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception.
- HIV /AIDS - Hospitalization expenses towards treatment of accidentally contracted HIV, example during blood transfusion.
- OPD Expenses Reimbursement for Disability of Child - Reimbursement of OPD expenses up to maximum INR 10,000, Payable towards treatment on disability of child / children who are covered in the policy. Disability considered as per the definition under the I.T. Act
- External devices o Prosthetic Implant (Capped at INR 85,000 per Implant)
- Continuous Positive Airway Pressure (CPAP) - Capped at INR 50,000 equipment/device cost only

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- Mandibular advancement device (MAD) for Obstructive Sleep Apnea (OSA) - Capped at INR 50,000 equipment/device cost only.
- Psychological treatments - Covered up-to INR 50,000 on IPD & OPD
- Health check-up at designated center's organized by Insurer - Covered only for Employee in grade L4 and below with capping of Rs 2,500/. Every alternate year for employees aged above 30 Years. Employees aged above 40 Years covered every year.
- During Pandemic (like Covid -19), hospitalization claims to be capped as per the state or central government notification related to treatment cost wherever applicable.
- Domiciliary hospitalization only when the treatment exceeds 3 days. Domiciliary Hospitalization Benefit means: (not applicable in case of Pandemic)
- 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 taken whilst confined at home in India under any of the following circumstances, namely:
 - The condition of the patient is such that patient cannot be moved to hospital/nursing home; or the patient cannot be moved to hospital/ nursing home for lack of accommodation therein.
- Domiciliary hospitalization does not cover expenses incurred for the pre and post hospital treatment.
- Claim in respect of delivery for only first two children and /or operations associated there-with will be considered in respect of any one insured person covered under the policy. Those insured persons who are already having two or more living children will not be eligible for this benefit.
- Gender Reassignment Cover (capped at INR 3 Lakhs (including top-up) + 10% Co-pay)
- Gender reassignment along with hormonal therapy payable as follows:
 - Hormonal injection covered for employees on OPD basis up to INR 30 K (10% Co-pay)
 - Gender reassignment surgery - Co-pay of 10% applicable
- Normal Ambulance covered - INR 2,000 per incident.

Annexure 2:

As per Insurance, exclusions in the policy are as follows:

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any insured person in connection with or in respect of (also refer to the list of exclusion)

- Birth defects
- Naturopathy treatment
- Treatments at clinics, which are advertised in violation of medical ethics for various chronic diseases like skin diseases, asthma, allergies, etc.
- Cost of spectacles and contact lenses, hearing aids,
- Dental treatment or surgery of any kind unless requiring hospitalization due to accident.
- Charges incurred at hospital or nursing home primarily for diagnostic, X-ray or laboratory examinations not consistent with or incidental to the diagnosis and treatment of the positive existence or presence or any ailment, sickness or injury for which confinement is required at a hospital/nursing home.
- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- Convalescence, general debility, run-down" condition or rest-cure, congenital external

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- disease or defects or anomalies, sterility, venereal disease, intentional self-injury and use of intoxicating drugs/alcohol.
- All expenses arising out of any condition directly or indirectly caused to or associated with Human T – Cell Lymph tropic virus type III (HTLD-III) or lymphadenopathy Associated Virus (LAV) or the mutant's derivative or variations deficiency syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.
- Injury or disease directly or indirectly caused by or contributed to by nuclear weapons/materials.
- Injury or disease 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)
- Expenses incurred for treatment for any of the following diseases: Asthma, bronchitis, chronic nephritis and nephritic syndrome, Diarrhoea and all type of dysenteries including gastroenteritis, Diabetes, mellitus and insipidus, epilepsy, hypertension, Influenza, cough and cold, all psychiatric or psychosomatic disorders, Pyrexia of unknown origin for less than 10 days, tonsillitis & upper Respiratory tract infection including laryngitis & Pharyngitis, Arthritis, gout and rheumatism.
- Expenses for relatives /attendants staying in hospital / nursing home with the patient.
- Conveyance incurred in connection with any illness or visits to the doctor's consulting room, hospital, etc. except hire charges of an ambulance in case of emergency requiring hospitalization.
- Cosmetic treatments, beauty treatments, medicated soap.
- Massage treatment and oils for massage.

The Company will not be responsible for medical treatment on account of illness brought about by the beneficiaries' own discretion. The power to interpret the regulations rests with the Company.

Annexure 3:

Voluntary Top-up Plan (Coverage applicable for Employee, Spouse/Partner and 3 children)

Top-Up details for ESC			
Package 1- Enhanced Maternity + Room Rental + Benefits			
Major Categorization	INR 400,000	INR 800,000	INR 20,00,000
Room Rent (Tier A city - Delhi & NCR, Kolkata, Chennai, Mumbai, Bangalore, Pune, Hyderabad/Secunderabad)	L4 & below - INR 4200 L5 to L7 - INR 6700	L4 & below - INR 5000 L5 to L7 - INR 7500	Single Private AC Room
Room rent (Tier B - Rest of India)	L4 & below - INR 3700 L5 to L7 - INR 5200	L4 & below - INR 4200 L5 to L7 - INR 5700	Single Private AC Room
Maternity Limit Enhanced	Normal - 55,000 Cesarian - 60,000	Normal - 60,000 Cesarian - 75,000	Normal - 75,000 Cesarian - 100,000
Consumables to be reimbursed	50% with maximum limit INR 10,000.	50% with maximum limit INR 12,000.	50% with maximum limit INR 15,000.
OPD Benefit (Dental, Vision, Doctor consultation, Medicine bill) as prescribed by Doctor and Doctor prescription (No Cosmetic treatment for Dental & Vision)	INR 10,000 per family with 10% co pay (L4 & below only)	INR 20,000 per family with 10% co pay (L4 & below only)	INR 20,000 per family with 10% co pay (L4 & below only)
Cataract Limit enhanced	INR 40000	INR 45000	INR 45000
Cervical vaccine for girl child	NO	Two Cervical vaccine for girl child.	Three Cervical vaccine for girl child.
Psychological treatments limit enhanced	NO	Enhanced to INR 100,000 (Current base 50 K+ Top-up 50 K)	Enhancement INR 150,000 (Base 50K + Top-up 100K)
Genetic limit enhanced (Top up Enhancement 250K)	NO	Enhancement INR 300,000 (Base 50K + Top-up 250K.).	Enhancement INR 400,000 (Base 50K + Top-up 350K.).
Executive Health Check-up (Grade L4 & below)	NO	Yes (Self or Spouse/Partner)	Yes (Self and Spouse/Partner) Executive health check-up

Package 2- Enhanced Room Rental + Benefits			
Major Categorization	INR 400,000	INR 800,000	INR 20,00,000
Room Rent (Tier A city - Delhi & NCR, Kolkata, Chennai, Mumbai, Bangalore, Pune, Hyderabad/Secunderabad)	L4 & below - INR 4200 L5 to L7 - INR 6700	L4 & below - INR 5000 L5 to L7 - INR 7500	Single Private AC Room
Room rent (Tier B - Rest of India)	L4 & below - INR 3700 L5 to L7 - INR 5200	L4 & below - INR 4200 L5 to L7 - INR 5700	Single Private AC Room
Consumables to be reimbursed	50% with maximum limit INR 10,000.	50% with maximum limit INR 12,000.	50% with maximum limit INR 15,000.
OPD Benefit (Dental, Vision, Doctor consultation, Medicine bill) as prescribed by Doctor and Doctor prescription (No Cosmetic treatment for Dental & Vision)	INR 10,000 per family with 10% co pay (L4 & below only)	INR 20,000 per family with 10% co pay (L4 & below only)	INR 20,000 per family with 10% co pay (L4 & below only)
Cataract Limit enhanced	INR 40000	INR 45000	INR 45000
Cervical vaccine for girl child	NO	Two Cervical vaccine for girl child.	Three Cervical vaccine for girl child.
Psychological treatments limit enhanced	NO	Enhanced to INR 100,000 (Current base 50 K+ Top-up 50 K)	Enhancement INR 150,000 (Base 50K + Top-up 100K)
Genetic limit enhanced (Top up Enhancement 250K)	NO	Enhancement INR 300,000 (Base 50K + Top-up 250K.).	Enhancement INR 400,000 (Base 50K + Top-up 350K.).
Executive Health Check-up (Grade L4 & below)	NO	Yes (Self or Spouse/Partner)	Yes (Self and Spouse/Partner) Executive health check-up

Annexure 4:

Voluntary Parental Top-up Plan (Parents/Parents-in-Law)

Top-Up details for Parents				
Parental Top Up Insurance				
Major Categorization	INR 200,000	INR 400,000	INR 600,000	INR 800,000
Room Rent (Tier A city - Delhi & NCR, Kolkata, Chennai, Mumbai, Bangalore, Pune, Hyderabad/Secunderabad)	Same as base Parental Plan	L4 & below - INR 4200 L5 to L7 - INR 6700	L4 & below - INR 4200 L5 to L7 - INR 6700	L4 & below - INR 4500 L5 to L7 - INR 7000
Room rent (Tier B - Rest of India)	Same as base Parental Plan	L4 & below - INR 3700 L5 to L7 - INR 5200	L4 & below - INR 3700 L5 to L7 - INR 5200	L4 & below - INR 4000 L5 to L7 - INR 5500
Cataract Limit	INR 35000	INR 35000	INR 35000	INR 40000

Annexure 5:**5.1 Premium for Parental base plan (Coverage: INR 3 Lakhs)**

Type of Policy	Sum Insured	Policy	Premium including GST
Voluntary	3 Lakhs	Parents (Covering any 1 parent) - All Grades	34,895
Voluntary	3 Lakhs	Parents (Covering any 2 parents) - All Grades	41,051
Voluntary	3 Lakhs	Parents (2 separate Policy Covering any 3 parents) - All Grades	75,946
Voluntary	3 Lakhs	Parents (2 separate Policy Covering all 4 parents) - All Grades	82,102

5.2 Premium for Employee Top-up plan (Coverage: Employee, Spouse/Partner and Children)

Proposed Family Def	Proposed Sum Insured	Total (with Enhanced Benefits + maternity) including GST	Total (with Enhanced Benefits + Without maternity)Including GST
1+4 (Emp + Spouse + 3Children) - L7 & below	4 Lakhs	11,008	7,712
1+4 (Emp + Spouse + 3Children) - L7 & below	8 Lakhs	19,786	14,842
1+4 (Emp + Spouse + 3Children) - L7 & below	20 Lakhs	27,421	21,928

5.3 Premium for Parental Top-up plan (Coverage: Parents/Parents-in-Law)

Top-Up Sum Insured for parents/parents-in-Law	Family Definition	(Enhanced Benefits) inc. GST
2 Lakhs	Parents/Parents-in-Law	10,751
4 Lakhs	Parents/Parents-in-Law	16,393
6 Lakhs	Parents/Parents-in-Law	24,523
8 Lakhs	Parents/Parents-in-Law	48,787