



Employee Benefit Manual for ReleasePoint Digital Private Limited

Agenda

- **Welcome to iServe by Ragnall**
- **Your Policies**
- **Group Health Insurance**
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 - Benefits Covered
 - Benefits Explained
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 - Claim Procedure
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Welcome to iSerrve by Ragnall

A one-stop solution for all your employee benefit needs

iSerrve is proud to be partnering with **ReleasePoint Digital Private Limited** for servicing your Group Medical Insurance Policy.

At iSerrve, we offer a wide range of services to meet the diverse needs of your employees. Our goal is to create an entire ecosystem of employee benefits that not only addresses the physical health of your employees but also their mental and emotional well-being.

Our dedicated team is always available to assist you with any questions or concerns you may have regarding our services.

We offer:



**Priority Claims
Management**



**Exclusive Benefits for your employees
such as career coaching, expert sessions
on health & wellness, health check-ups,
cyber risk assessment and many more**



Dedicated SPOC



**Hassle free claim
settlement**

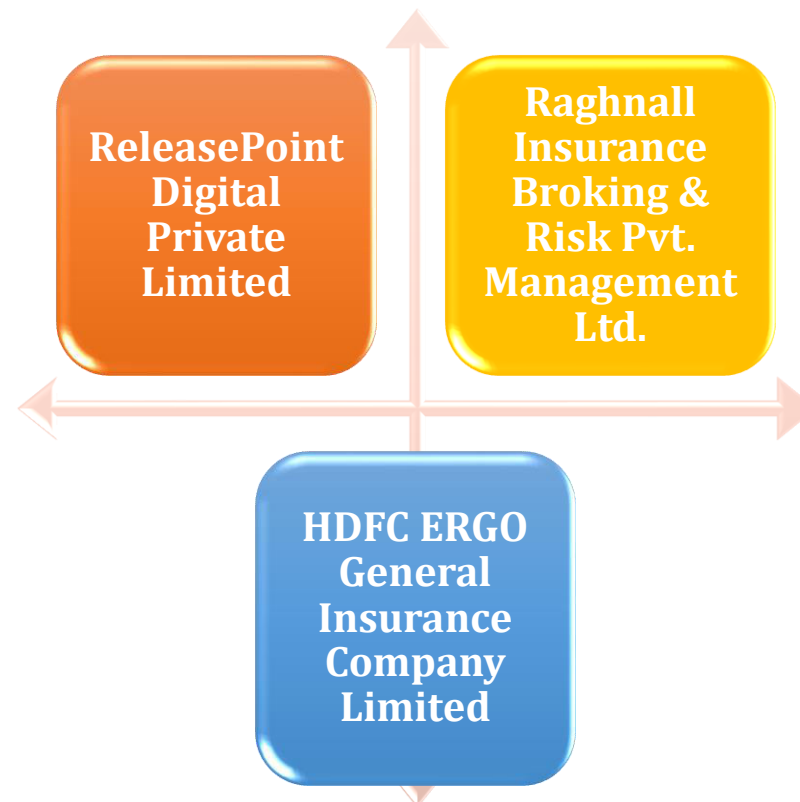


**Digital Dashboard for both HRs
and Employees**

Your Policy Partners

Group Health Insurance

Policy Number	2999205438577700000
Policy Start Date	01/05/2023
Policy End Date	30/04/2024





Group Health Insurance

Policy Overview

Policy Parameter	
Policy no.	2999205438577700000
Policy Period (Existing Employees + Dependents)	Commencement Date - 01/05/2023
	Termination Date - 30/04/2024 (midnight) or Date of Leaving the Organization whichever is earlier
Policy Period (New Dependent – Marriage/Birth)	Commencement Date - Date of updating data or Event date (within 30 days)
	Termination Date - 30/04/2024 (midnight) or Date of Leaving the Organization whichever is earlier
Family Definition	Employee, Spouse, 3 dependent Children (Max age shall be upto 21 years or upto 25 years if the child is in full time education)
Policy Type	Floater
Insurer	HDFC ERGO General Insurance Company Limited
Service Provider – TPA	Inhouse TPA
Broker	iServe by Ragnall

Policy Overview

Mid Term Enrolment	
Mid Term enrollment of Dependents	<i>Disallowed (except children by birth and spouse by Newly married)</i>
New Joinee (New employees + Dependents)	Employee + Spouse + 3 Children
Acquisition of new dependents (Spouse/Children)	To be informed to the HR immediately on joining

Benefits Covered

Medical Expenses	
Hospitalization Expenses	Covered
Room Rent Restrictions	Not Applicable
Pre-Post Hospitalization Expenses	30 and 60 days for pre and post hospitalization respectively.
External congenital disease	Not Covered
Internal Congenital	Not Covered
Ambulance Services	1% of Sum Insured subject to max. upto Rs 2500 per claim for insured's transportation to nearest hospital on physician's advice
Co payment	Not applicable
Day Care	Covered
Domiciliary Hospitalisation Cover	Not Covered
Dental	Not Covered

Benefits Covered

Waiting Period

30 days waiting period waiver	Waived Off
1st, 2nd, 3rd & 4th year waiting period waiver	Waived Off
Pre existing diseases coverage	Covered from day 1













Others

Special Conditions	<ul style="list-style-type: none">❖ Ayurveda, Unani, Sidha or Homeopathy upto 20% of the Sum Insured Treatment is taken in a government hospital or in any institute recognized by government under allopathic treatment of the same Insured Person and the same Illness or Accident under this policy.❖ Cataract Limit –In case of multifocal /femtometer treatment, claim will be payable up to the value of Unifocal lens/ cataract limit❖ All Modern treatments are covered as per IRDA guidelines
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Benefits Explained

Hospitalization Expenses

This covers the reimbursement of expenses related to:

 Room and Nursing expenses	 Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
 Doctors fees	 Dressing, ordinary splints and plaster casts
 Intensive Care Unit	 Costs of prosthetic devices if implanted during a surgical procedure
 Surgical fees, operating theatre, anesthesia and oxygen and their administration	 Radiotherapy and chemotherapy
 Physical therapy	 Organ transplantation including the treatment costs of the donor but excluding the costs of the organ
 Drugs and medicines consumed on the premises	 Ambulance Charges

T&C

A)The expenses shall be reimbursed 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.

B)Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Dental Surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D & C 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.

Benefits Explained

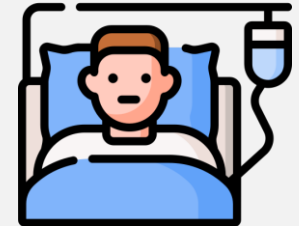
Room Rent

Restricted

Room rent limit :
No restriction

T&C

Proportionate Deduction: In case Room Rent during Hospitalization of Insured Person exceeds the aforesaid limits, the reimbursement/ payment of Room Rent charges including all associated medical expenses incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges. This condition is not applicable in respect of Hospitals where differential billing for Associated Medical Expenses is not followed based on Room Rent.



Benefits Explained

Maternity Expenses

Benefit Details	
Maximum Benefit Limit	Normal for INR 50,000/- and Caesarean for INR 70,000/-, will be applicable for first two children only
9 Months waiting period	Waived off
Pre and Post Natal Expenses	covered upto Rs. 5000 within maternity limit
Pre Natal Period would be mean period during	pregnancy from conception till birth and Post Natal would mean up to six weeks from date of delivery
Baby Covered	Covered from Day – 1 within family sum insured



- These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.
- Claim in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons 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 from the date of conception are not covered.

Benefits Explained

Pre and Post Hospitalization Expenses

Pre-Hospitalization Expenses

Definition	If the Insured Person is diagnosed with an Illness which results in his Hospitalisation and for which the Insurer has accepted a claim, the Insurer will reimburse the Insured Person's Pre-hospitalisation Expenses for up to 30 days prior to his Hospitalisation as long as the 30 day period commences and ends within the Policy Period.
Applicable	Yes
Duration	30 Days

Post-Hospitalization Expenses

Definition	If the Insurer has accepted a hospitalization claim and, immediately following the Insured Person's discharge, he requires further medical treatment directly related to the same condition for which the Insured Person was Hospitalized, the Insurer will reimburse the Insured Person's Post-hospitalization Expenses up to 60 days from the date of discharge. Claimant have to submit the claim documents within 7 days post completing 60 days from date of discharge.
Applicable	Yes
Duration	60 Days

Benefits Explained

Ambulance Charges

Ambulance Services

Definition	The Insurer will pay for Emergency ambulance road transportation by a licensed ambulance service to the nearest Hospital where Emergency Health Services can be rendered. Coverage is only provided in the event of an Emergency.
Amount restriction	Covered upto Rs. 2,500 per hospitalization

Day Care Expenses

Day Care Treatment

Definition	<p>Day Care Treatment means those medical treatment, and/or surgical procedure which is</p> <ul style="list-style-type: none">i) undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hours because of technological advancement, andii) which would have otherwise required Hospitalization of more than 24 hours. Treatment normally taken on an Out-patient basis is not included in the scope of this definition.
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Benefits Explained

Capping

Ailment wise / Procedure wise Capping

Capping (Ailment wise / procedure wise capping)

No Capping

Co-Payment

Co-Payment

Co-Payment

Not applicable

Benefits Explained

Waiting Period

Pre existing diseases

Definition

Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.

First 30 day waiting period

Definition

Expenses related to the treatment of any illness within 30 days from the first Policy commencement date shall be excluded except claims arising due to an Accident, provided the same are covered. If the Policyholder renews the Health Policy with the Insurer and increases the Limit of Indemnity, then this exclusion shall apply in relation to the amount by which the Limit of Indemnity has been increased.

First Year Waiting period

Definition

During the first year of the operation of the policy the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydroceie, Congenital Internal Diseases, Fistula in anus, Piles, Sinusitis and related disorders are not payable depending on the treatment. If these diseases are pre-existing at the time of proposal they will not be covered even during subsequent period or renewal too.



Waived Off

General Exclusions

- Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations
- Domiciliary Hospitalization
- Circumcision unless necessary for treatment of disease
- Dental treatment of any kind unless requiring hospitalization
- Congenital external diseases or defects/anomalies(covered if its life threatening)
- HIV and AIDS
- 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
- Infertility and fertility treatment
- Voluntary termination of pregnancy during first 12 weeks (MTP)
- External Congenital

Note - Kindly refer the policy wordings for complete list of exclusions

Claim Process - Cashless Hospitalization

- Cashless Facility means a facility extended by the Administrator to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Hospital by the Administrator to the extent pre-authorization is approved.
- 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.

List of hospitals in the TPA's network eligible for cashless hospitalization

Complete List of Network Hospitals

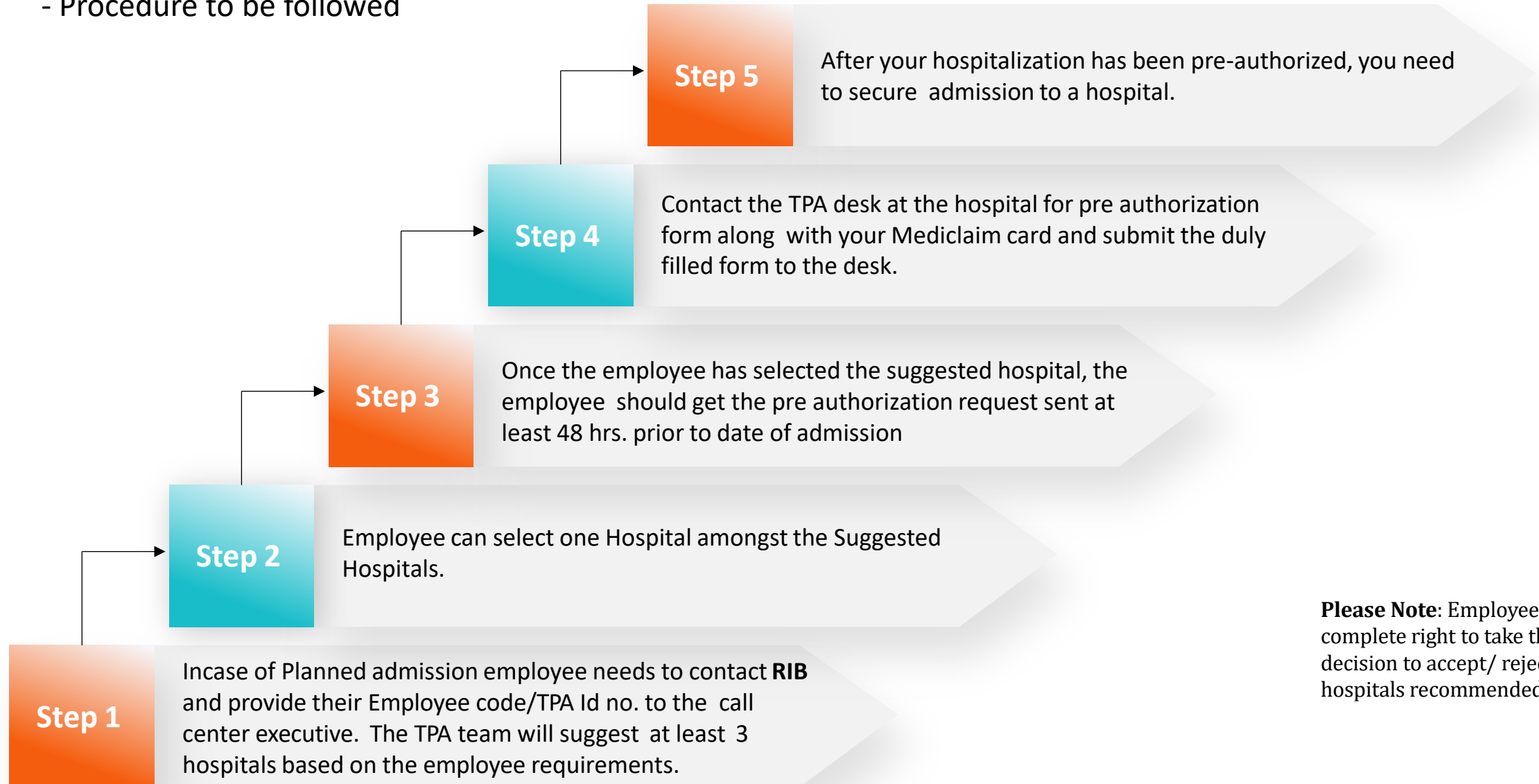
<https://www.hdfcergo.com/locators/cashless-hospitals-networks>

Customer Service

Toll Free No : 022 6234 6234 / 0120 6234 6234

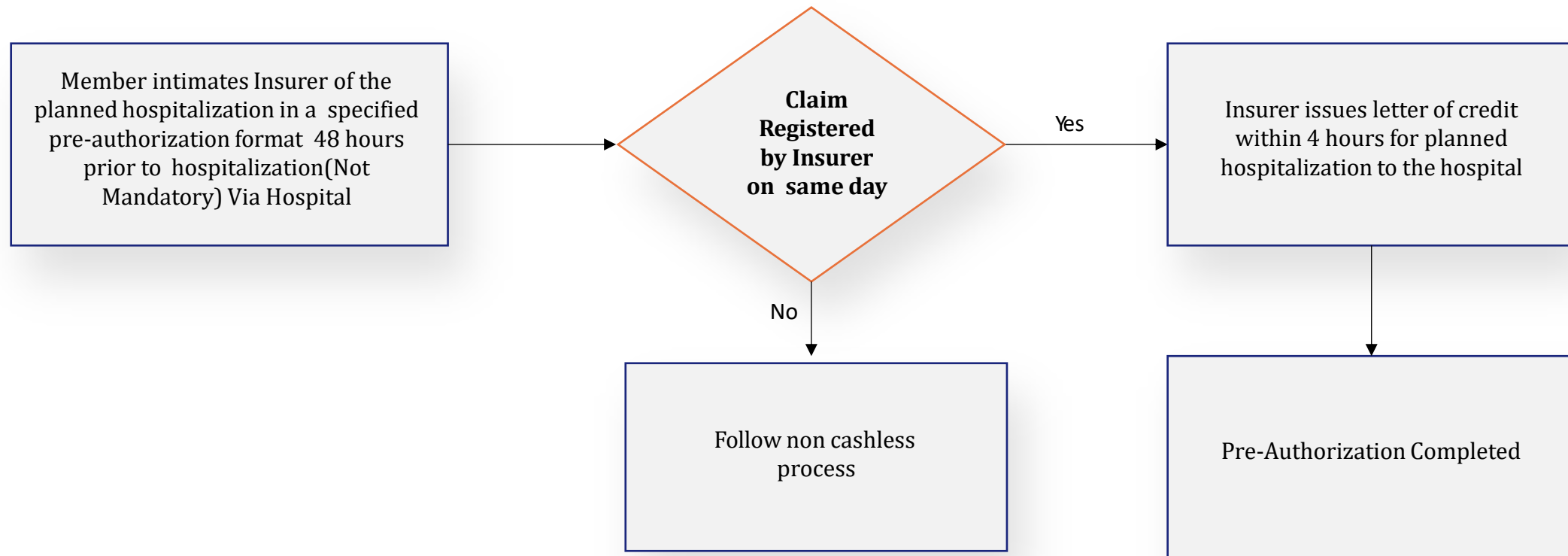
Cashless - Planned Hospitalization

- Procedure to be followed

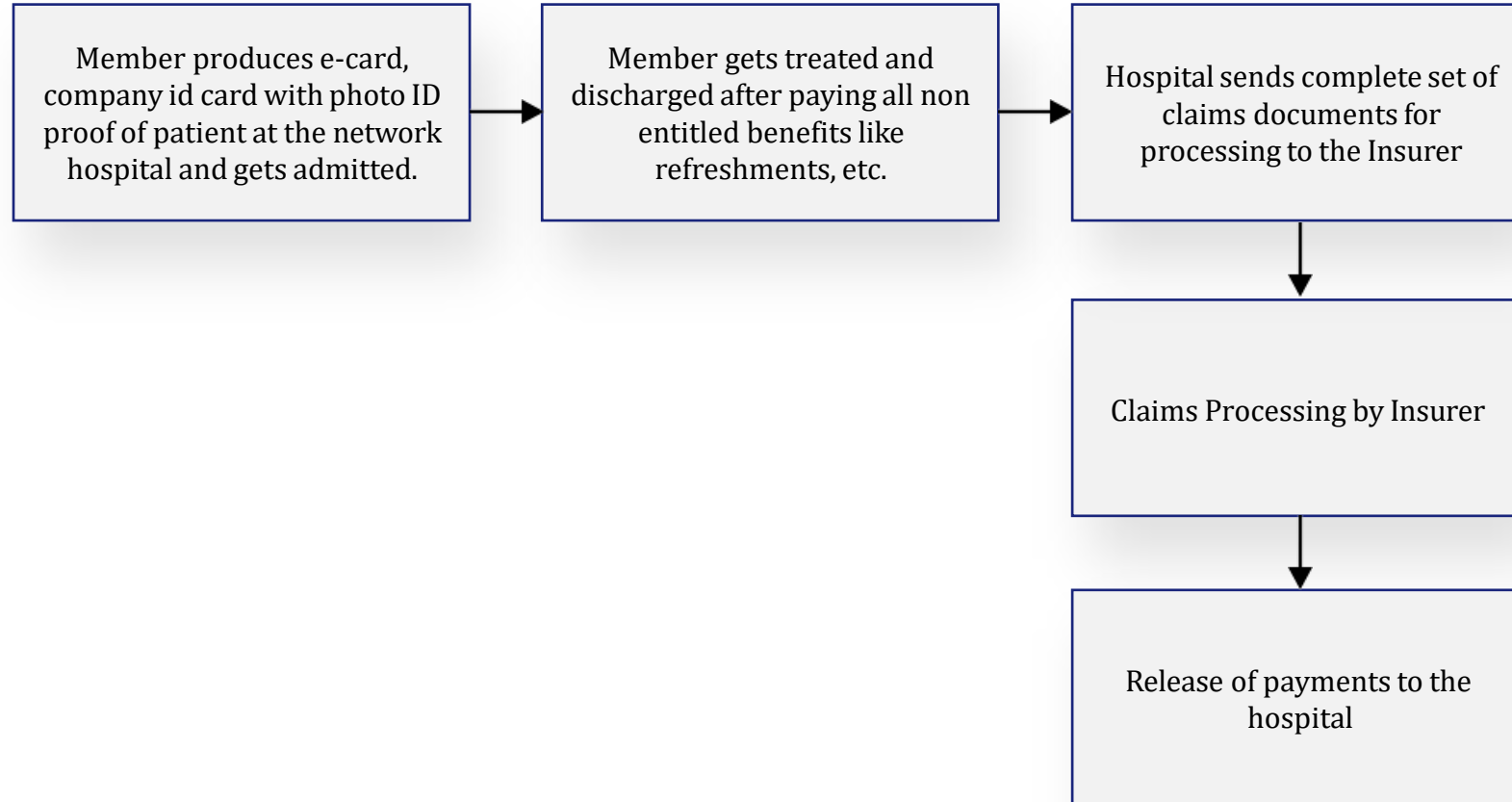


Please Note: Employee has a complete right to take the final decision to accept/ reject the hospitals recommended by TPA

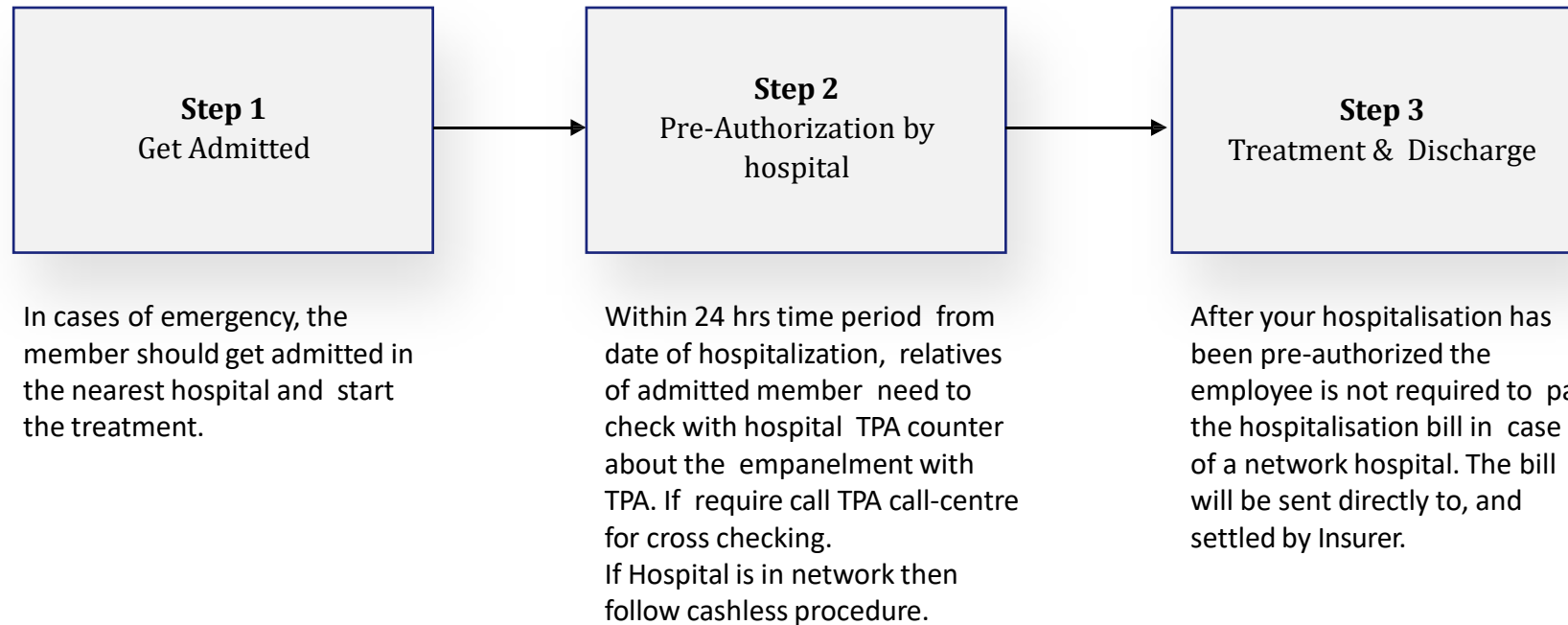
Pre-Authorization Process



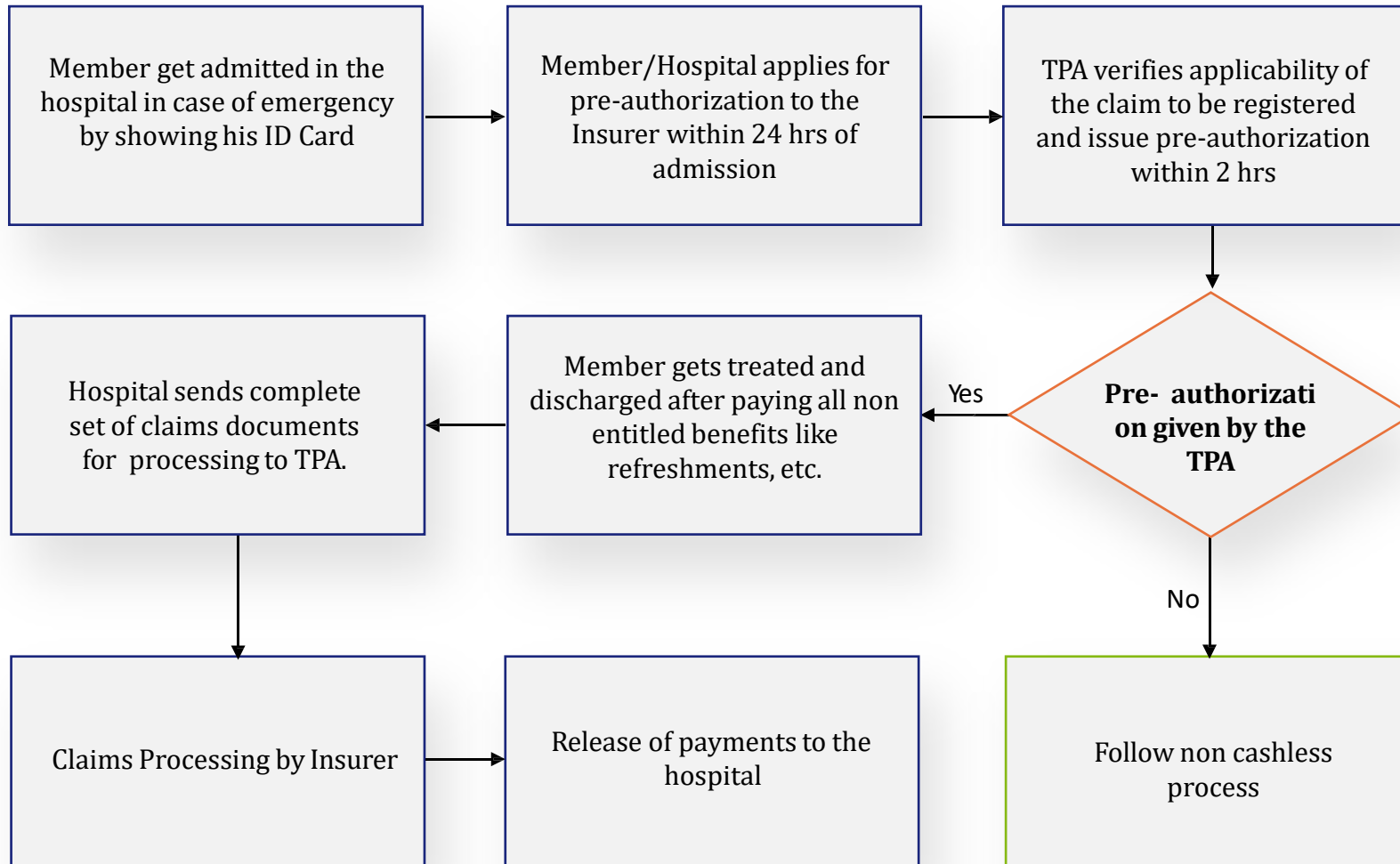
Admission, Treatment & Discharge



Cashless - Emergency Hospitalization



Emergency Hospitalization Process



Claim Process - Non-Cashless/Reimbursement Hospitalization

➤ Admission procedure

In case you choose a non-network hospital you will have to liaise directly for admission.

However you are advised to follow the pre authorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the TPA.

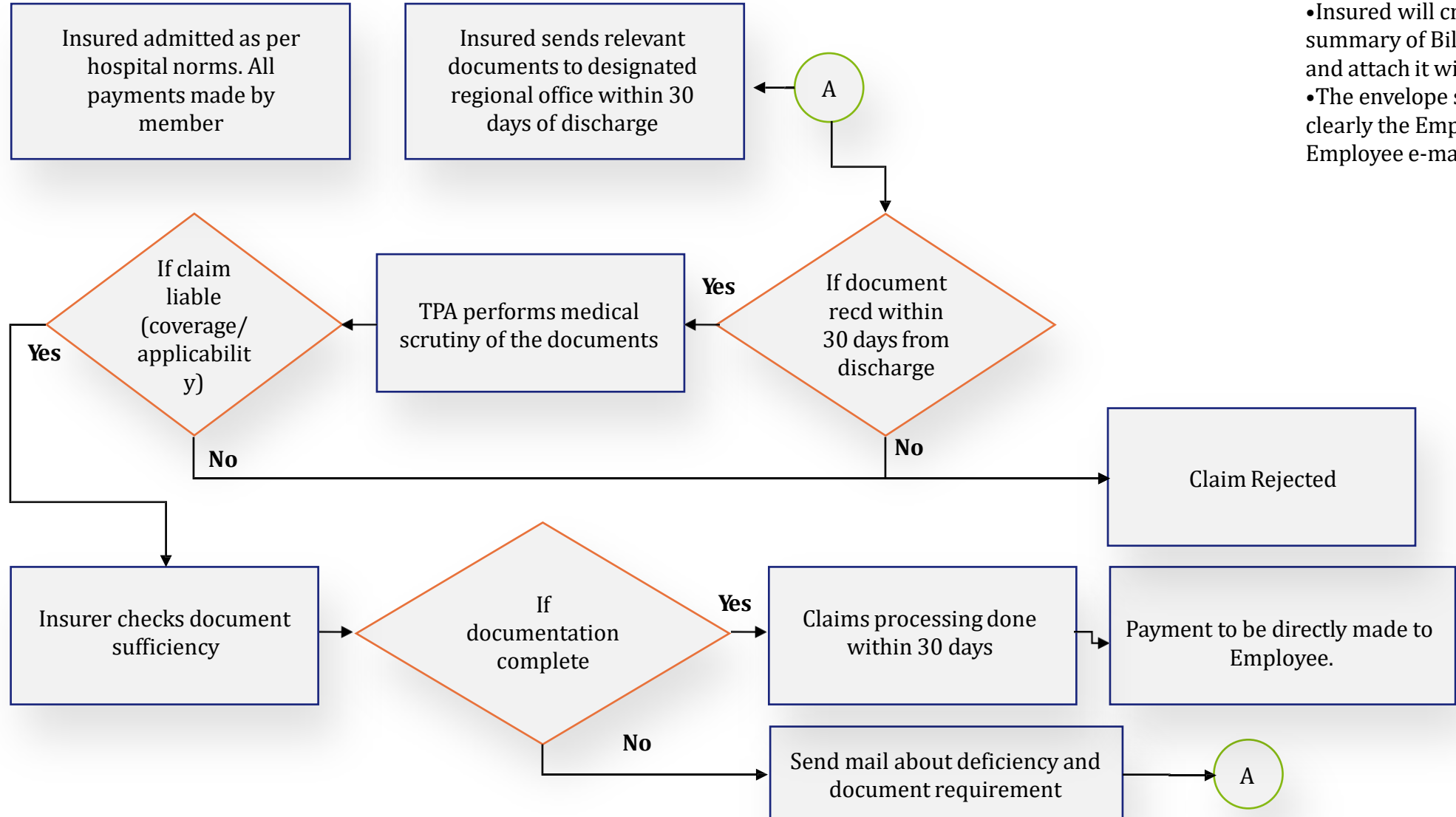
➤ Discharge procedure

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

Submission of hospitalization claim :

1. After the hospitalization is complete and the patient has been discharged from the hospital, you must submit the final claim within 30 days from the date of discharge from the hospital to TPA. (Applicable in case of all hospitalisation claims). **It is necessary that the documents should reach within 30 days at TPA Office**
2. Under hospitalization claims you are also permitted to claim for treatment expenses 30 days prior to hospitalization and 60 days after the date of discharge. This is applicable for both network and non-network hospitalization. For claims related to pre-post hospitalization expenses, submission of documents should be done within 7 days of last event.

Non-Cashless/Reimbursement Hospitalization Process



- Insured will create the summary of Bills (2 copies) and attach it with the bills
- The envelope should contain clearly the Employee ID & Employee e-mail

Reimbursement Claim Intimation

Claim Intimation

Within 7 days from date of admission

Claim Submission

Within 30 days from date of discharge

Intimation email should be sent on below mentioned email id's in below mentioned format.

To:- healthclaims@hdfcergo.com, CC:- priyankab@raghnall.co.in

Policy Number :	
Company Name :	
Employee Code :	
Employee Name :	
Patient Name :	
Date of Admission :	
Ailment :	
Amount :	
Hospital Name with Complete Address with Pincode:	

Claims Document Checklist- Group Health Insurance

General Documents (Applicable for all types of claims)	Duly filled and signed Claim Form Part A & Part B Photocopy of ID card / photocopy of current year policy
Specific Documents – Benefit wise	
In-patient Treatment /Day Care Procedures	Original detailed discharge summary / day care summary from the hospital
	Original consolidated hospital bill with breakup of each item, duly signed by the insured
	Original payment receipt of the hospital bill
	First consultation letter and subsequent prescriptions
	Original bills, original payment receipts and reports for investigation
	Original medicine bills and receipts with corresponding prescriptions
Road Traffic Accident (In addition to the In-patient Treatment documents)	
	Original invoice/bills for implants (viz. Stent /PHS Mesh / IOL etc.) with original payment receipts
Road Traffic Accident (In addition to the In-patient Treatment documents)	Copy of the first information report from police department / copy of the medico-legal certificate
In Non Medico legal cases	Treating doctor's certificate giving details of injuries (How, when and where injury sustained) including whether claimant was under the influence of any intoxicating material.
In Accidental Death cases	Copy of post mortem examination report & death certificate
For Death Cases (In addition to the In-patient Treatment documents)	Original death summary from the hospital
	Copy of the death certificate from treating doctor or the hospital authority
	Copy of the legal heir certificate, if the claim is for the death of the principle insured
	Viscera Report for death due to poisoning OR snake bite
Pre and Post hospitalisation expenses	Original medicine bills, original payment receipt with prescriptions
	Original investigations bills, original payment receipt with prescriptions and report
	Original consultation bills, original payment receipt with prescription
	Copy of the discharge summary of the main claim.

Claim Document Submission

Group Health Insurance reimbursement documents need to submit on below address within 30 days from date of discharged:-

Kind Attention :- Claim Team

HDFC ERGO General Insurance Co. Ltd.

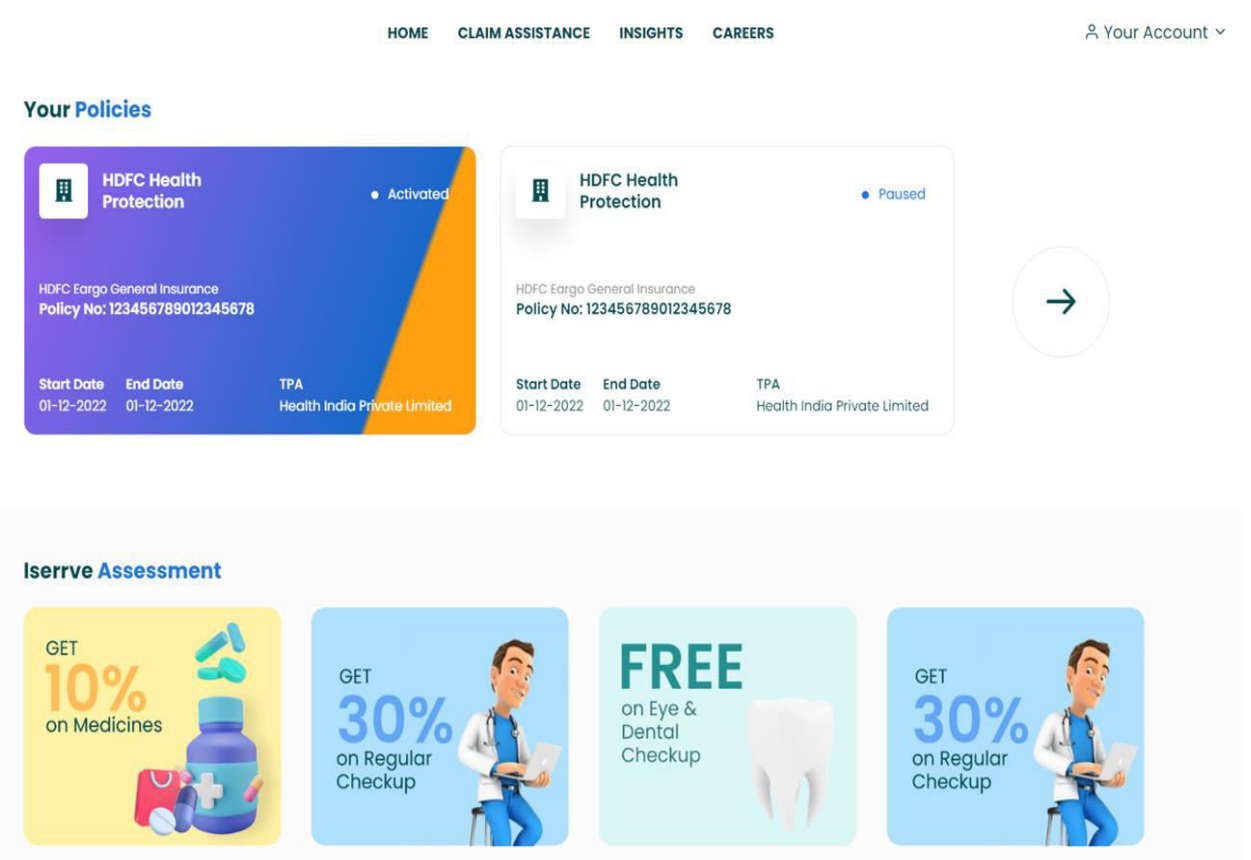
Stellar IT Park, Tower-1

5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh

Note: Once you courier the original documents then share the POD details with Priyanka Bhandare (priyankab@ragnall.co.in).. Also keep one set of photocopy with you.

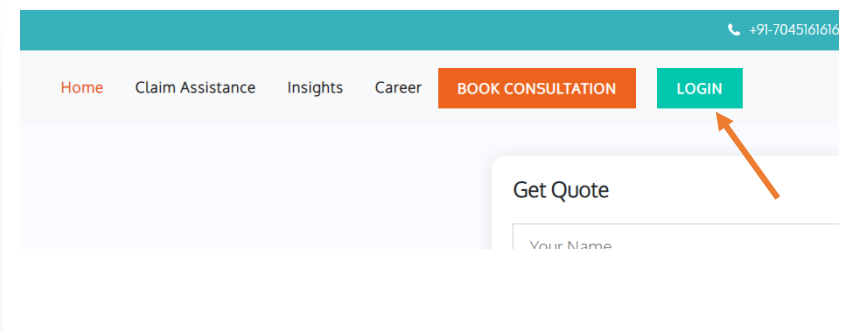
Hassle-Free Online Portal for Employees

- Through our exclusive portal, you can easily keep track of all your policies and also find cashless hospitals in your area.
- Not just this, you can also avail our discounted offerings and exclusive value added services

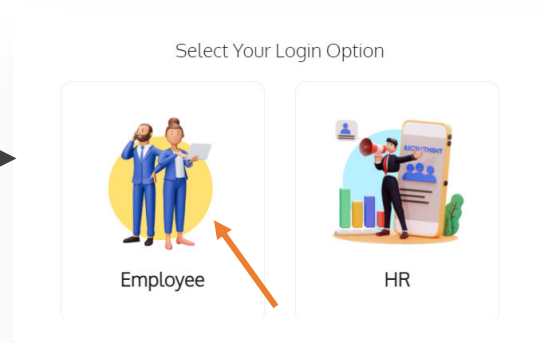



The screenshot displays the iServe portal interface. At the top, there is a navigation bar with links for HOME, CLAIM ASSISTANCE, INSIGHTS, and CAREERS, along with a user account dropdown labeled 'Your Account'. The main section is titled 'Your Policies' and shows two policy cards for 'HDFC Health Protection'. The first card is 'Activated' and the second is 'Paused'. Both cards display 'HDFC Ergo General Insurance' and 'Policy No: 123456789012345678'. Below the policy details, there is a table with columns for 'Start Date', 'End Date', and 'TPA', all showing '01-12-2022' and 'Health India Private Limited' respectively. To the right of the policy cards is a circular button with a right-pointing arrow. Below the policy section, there is a 'Iservice Assessment' section with four promotional cards: 'GET 10% on Medicines' (with a pill bottle icon), 'GET 30% on Regular Checkup' (with a doctor icon), 'FREE on Eye & Dental Checkup' (with a tooth icon), and 'GET 30% on Regular Checkup' (with a doctor icon).

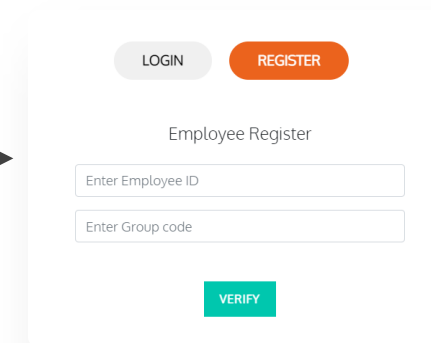
Portal Login Process



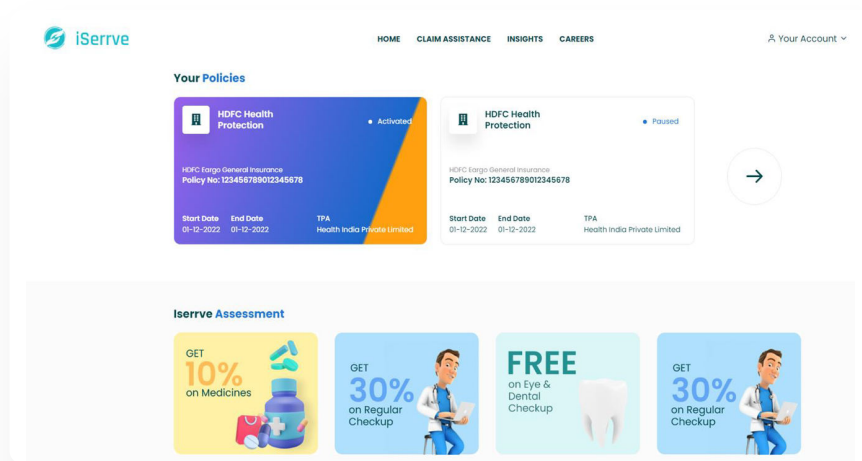
Visit our website - <https://www.ragnall.co.in/iserve/> and click on the Login button (Top right)



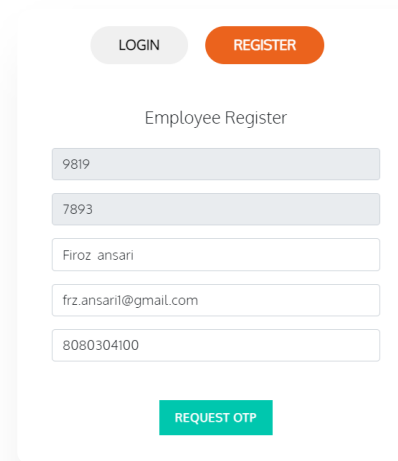
Select Employee



First register yourself (one time) by adding your Employee Code and Group Code (**"CLIENT GROUP CODE - RDPL"**)



Once the OTP is verified, you will be redirected to the home screen of our portal.



Confirm your name, email id and mobile number and click on Request OTP .

Contact Details

Contact Point	Type	Name	Mobile No	Email ID
Level 1	SPOC	Ms. Priyanka Bhandare	7400087023	priyankab@ragnall.co.in
Level 2	Escalation 1	Mr. Sandeep Pawar	9136916182	sandeep pawar@ragnall.co.in
Level 3	Escalation 2	Mr. Vishwaroop Dable	9833465612	vishwadable@ragnall.co.in

Prepared By:

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CIN - U74900MH2014PTC254164

Category: Composite Broker (Direct & Reinsurance)

IRDAI License Code: IRDA/DB-599/14

IRDAI License Number: 536 (valid till 23/08/2024)

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Thank You!