



Employee Benefit Manual for
Agarwal Packers and
Movers Limited

Agenda

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Welcome to iServe by Ragnall

A one-stop solution for all your employee benefit needs

iServe is proud to be partnering with **Agarwal Packers and Movers Limited** for servicing your Group Medical Insurance Policy.

At iServe, 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**



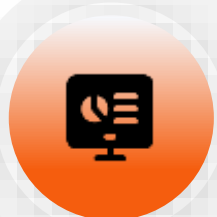
**Exclusive Benefits for your employees
such as career coaching, expert sessions
on health & wellness, health check-ups,
cyber risk assessment and many more**



Dedicated SPOC



**Hassle free claim
settlement**

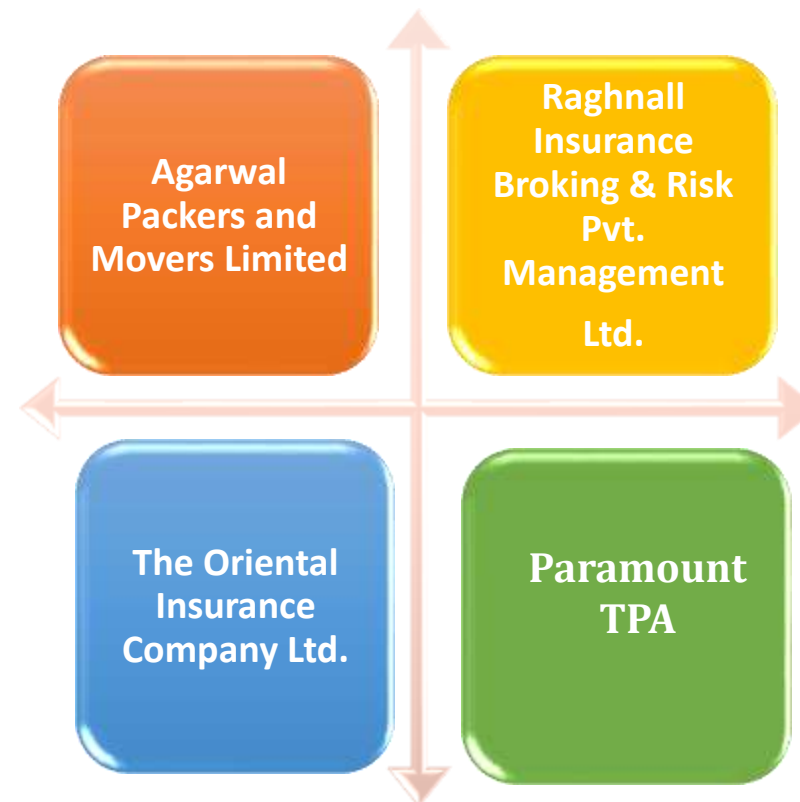


**Digital Dashboard for both HRs
and Employees**

Your Policy Partners

Group Health Insurance

Policy Number	332204/48/2024/370
Policy Start Date	30-May-2023
Policy End Date	29-May-2024





Group Health Insurance

Policy Overview

Policy Parameter	
Policy no.	332204/48/2024/370
Policy Period (Existing Employees + Dependents)	Commencement Date – 30-May-2023
	Termination Date – 29-May-2024 (midnight) or Date of Leaving the Organization whichever is earlier
Sum Insured per family	Rs. 2,00,000/-
Family Definition	Employee, Spouse, 2 dependent Children
Policy Type	Floater
Insurer	The Oriental Insurance Company Ltd.
Service Provider – TPA	Paramount Health Services & Insurance TPA Pvt. Ltd.
Broker	iServe by Ragnall

Policy Overview

Mid Term Enrolment	
New Joinee (New employees + Dependents)	Employee + Spouse + 2 Children
Mid Term enrollment of Dependents	<i>Disallowed (except children by birth and spouse by Newly married)</i>

Note:-

HR has to share New Joinee's with enrollment information to broker within 30 days from date of joining.

Mid Term enrollment of Dependents (Spouse & Children) is *Disallowed (except children by birth and spouse by Newly married need to informed to HR within 30 days from date of event during the policy term).*

Benefits Covered

Medical Expenses	
Hospitalization Expenses	Covered
Room Rent	For Normal Room 2% of Sum Insured per day For ICU Room 3% of Sum Insured per day
Pre-Post Hospitalization Expenses	30 and 60 days for pre and post hospitalization respectively.
Day care procedures	Covered
Internal Congenital	Covered
External Congenital	Not Covered
Ambulance Services	Emergency ambulance charges up-to a sum of Rs.1,500/- per hospitalization
Co payment	10% Co Pay for all claims
Domiciliary Hospitalisation Cover	Not Covered
Dental	Not Covered

Note:- Room rent limit incl. of nursing charges. In case insured is admitted in a higher category, then insured will bear difference of all associated medical expenses as in final hospital bill in same proportion.

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

Ailment wise / procedurewise capping	<ul style="list-style-type: none">❖ Cataract Rs.25,000/- per eye.❖ Kidney Stones & Hernia cover - Rs.35000/-
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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

Maternity Expenses

Benefit Details	
Restriction on no of children	Maximum of 2 children
Maximum Benefit Limit	Rs. 50,000/- for Normal and Caesarean, will be applicable for <i>first two children only</i> .
9 Months waiting period	Waived off
Pre and Post Natal Expenses	Not Covered
Baby Expense	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. 1,500 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

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

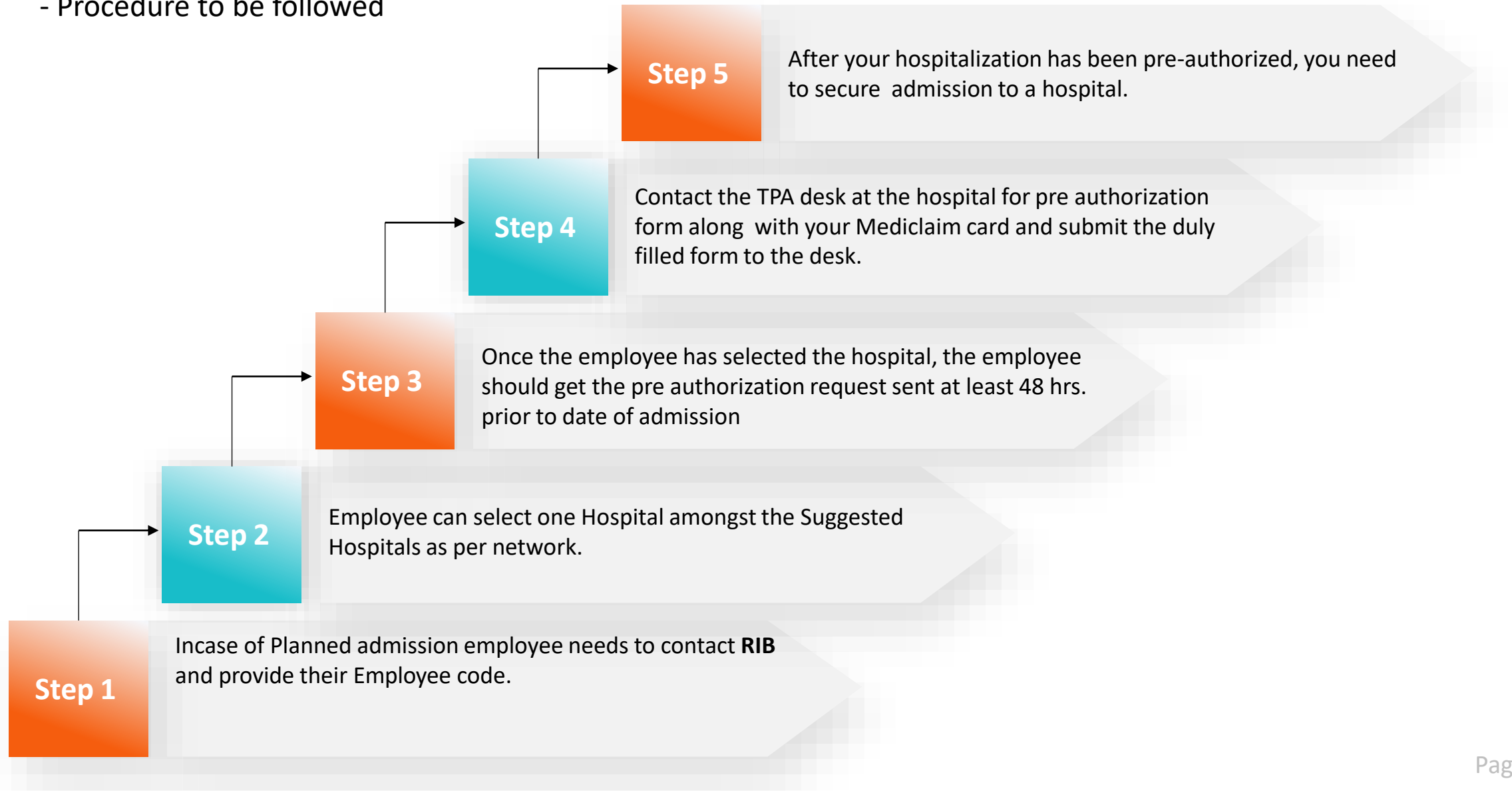
Note - Kindly refer the policy wordings for complete list of exclusions

Claim Process - Cashless Hospitalization

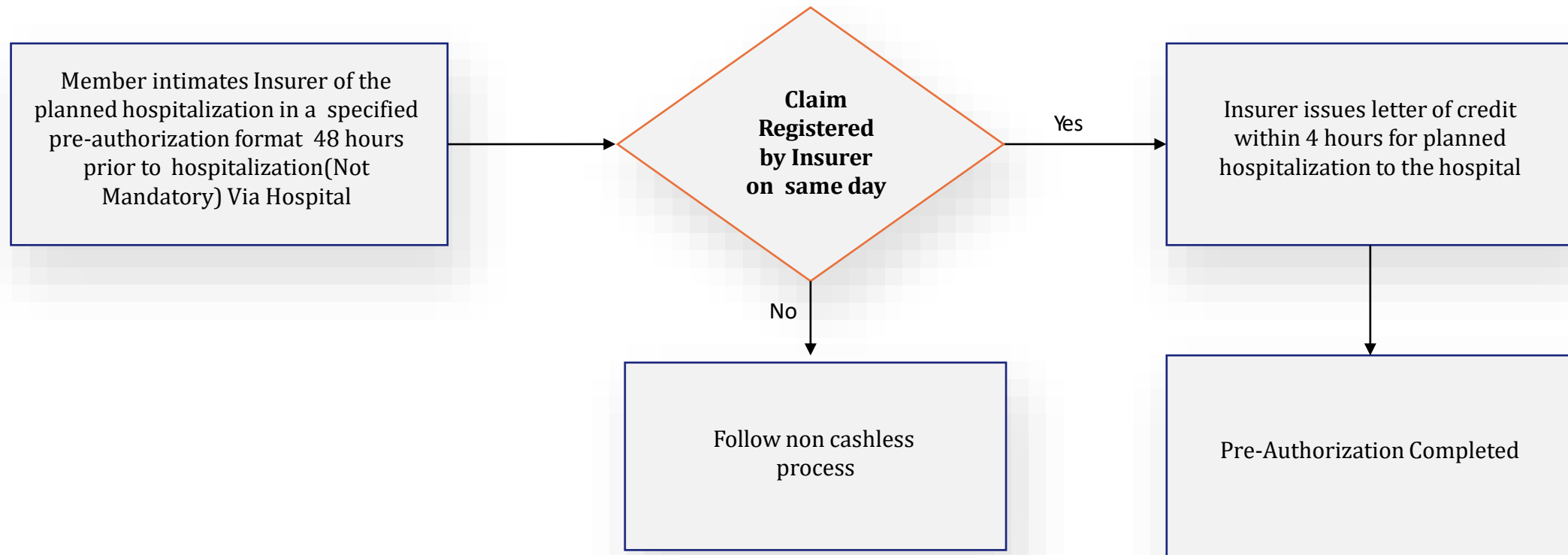
- Cashless Facility means a facility extended by the Administrator to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the Network Hospital by the Administrator to the extent pre-authorization is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

Cashless - Planned Hospitalization

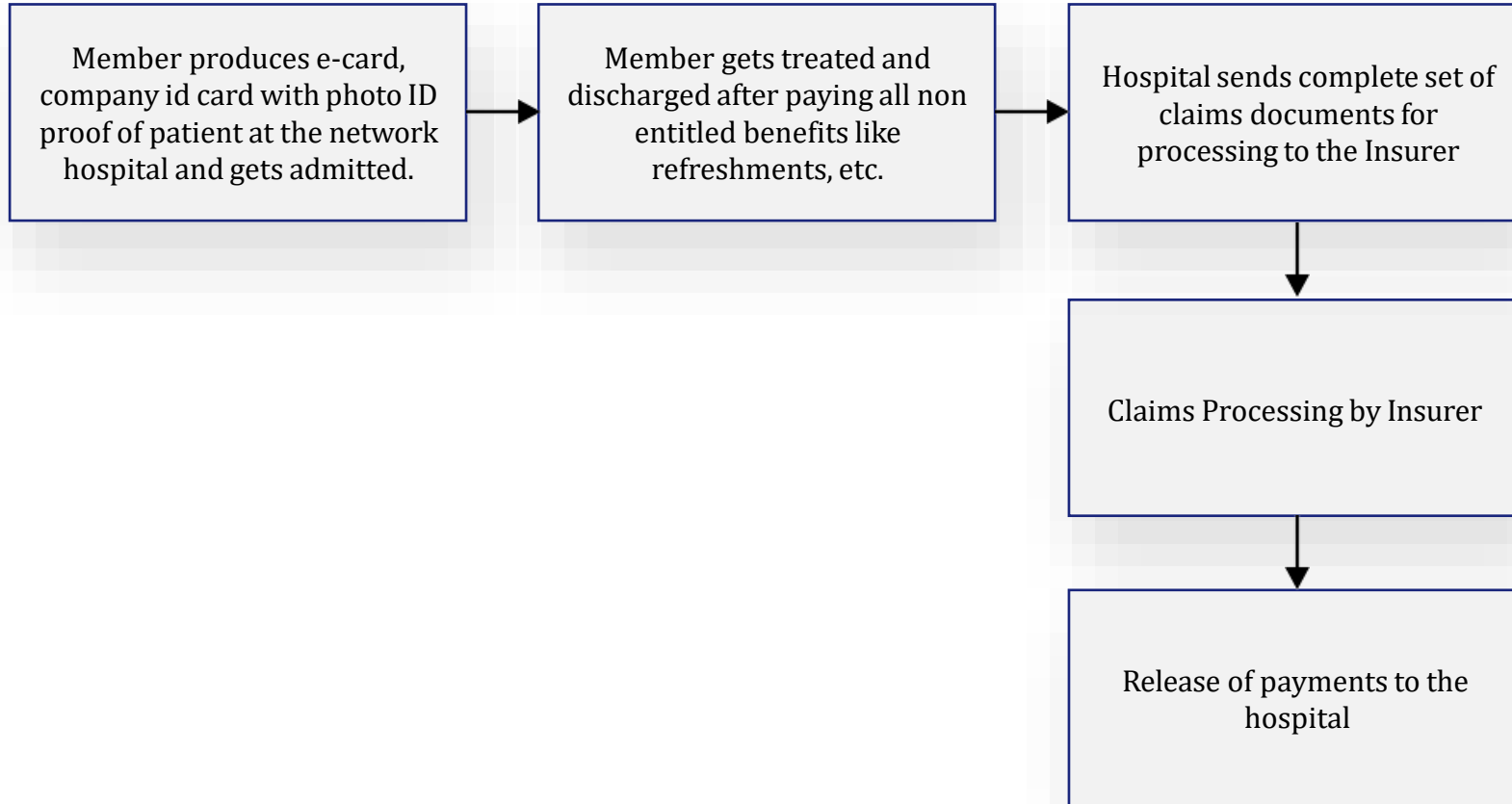
- Procedure to be followed



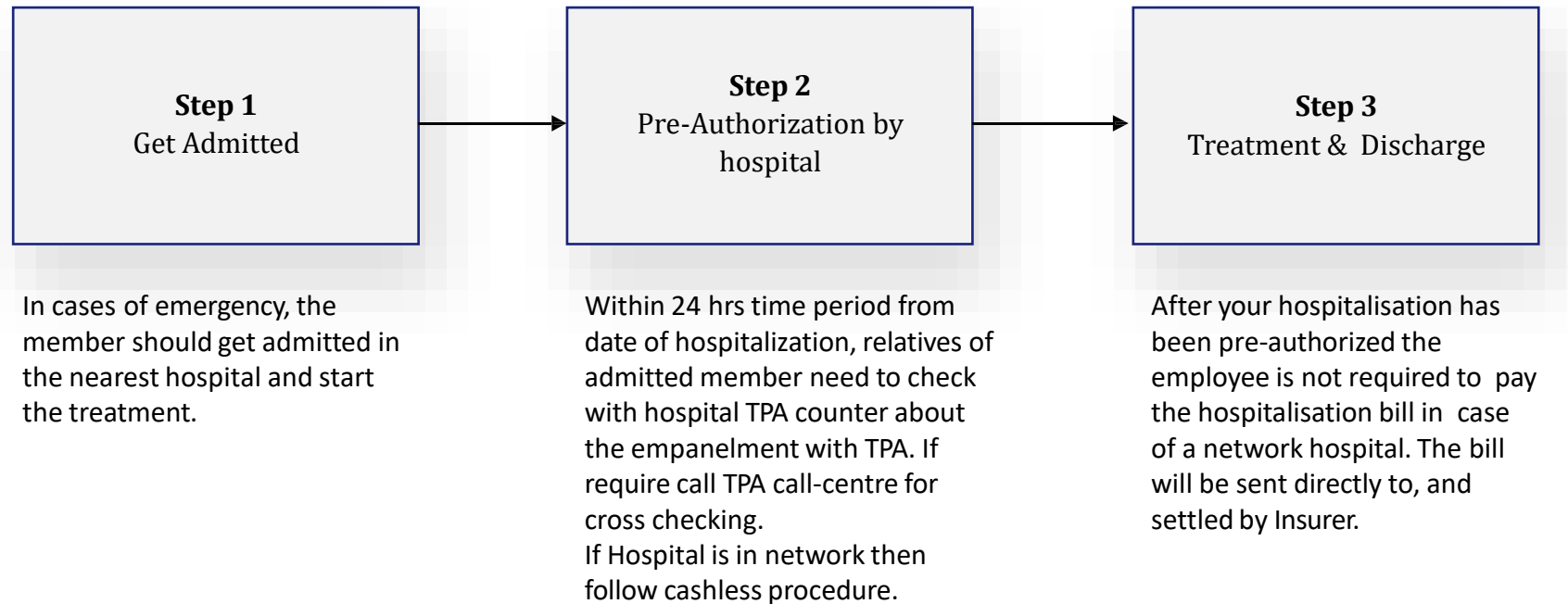
Pre-Authorization Process



Admission, Treatment & Discharge



Cashless - Emergency Hospitalization



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 intimation 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.

Reimbursement Claim Intimation

Claim Intimation

Within 24 hrs. 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:- claim.intimation@paramounttpa.com, CC:- sandeppawar@raghnall.co.in

Policy Number :	332204/48/2024/370
Company Name :	Agarwal Packers And Movers Limited
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)	<p>Duly filled and signed Claim Form Part A & Part B</p> <p>Photocopy of ID card (both employee and patient).</p>
Specific Documents – Benefit wise	
In-patient Treatment /Day Care Procedures	<p>Original detailed discharge summary / day care summary from the hospital</p> <p>Original consolidated hospital bill with breakup of each item, duly signed by the insured</p> <p>Original payment receipt of the hospital bill</p> <p>First consultation letter and subsequent prescriptions</p> <p>Original bills, original payment receipts and reports for investigation</p> <p>Original medicine bills and receipts with corresponding prescriptions</p> <p>Original invoice/bills for implants (viz. Stent /PHS Mesh / IOL etc.) with original payment receipts</p>
Road Traffic Accident (In addition to the In-patient Treatment documents)	<p>Copy of the first information report from police department / copy of the medico-legal certificate</p>
In Non Medico legal cases	<p>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.</p>
In Accidental Death cases	<p>Copy of post mortem examination report & death certificate</p>
For Death Cases (In addition to the In-patient Treatment documents)	<p>Original death summary from the hospital</p> <p>Copy of the death certificate from treating doctor or the hospital authority</p> <p>Copy of the legal heir certificate, if the claim is for the death of the principle insured</p> <p>Viscera Report for death due to poisoning OR snake bite</p>
Pre and Post hospitalisation expenses	<p>Original medicine bills, original payment receipt with prescriptions</p> <p>Original investigations bills, original payment receipt with prescriptions and report</p> <p>Original consultation bills, original payment receipt with prescription</p> <p>Copy of the discharge summary of the main claim.</p>

Claim Document Submission

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

Kind Attention :- Akshay Bhalerao

Paramount Health Services & Insurance TPA Pvt. Ltd

Plot No.A-442, Road No-28,

Wagale Estate, Ram Nagar,

Thane West – 400604

Contact No: 7498898563

Note: Once you courier the original documents then share the POD details with Sandeep Pawar (sandeep pawar@ragnall.co.in). Also keep one set of photocopy with you.

Contact Details

Contact Point	Type	Name	Mobile No	Email ID
Level I	Claims	Akshay Bhalerao	7498898563	akshay.bhalerao@paramounttpa.com
Level I	Claims	Arun Raul	7710067731	arun.raul@paramounttpa.com
Escalation Level I	Claims & Enrollment	Sandeep Pawar	8655205678	sandeep pawar@ragnall.co.in
Escalation Level II	Grievance	Prashant Mirchandani	9920097336	prashantmirchandani@ragnall.co.in

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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!