

**GROUP MEDICAL INSURANCE
2024-25**



What do you need to know:

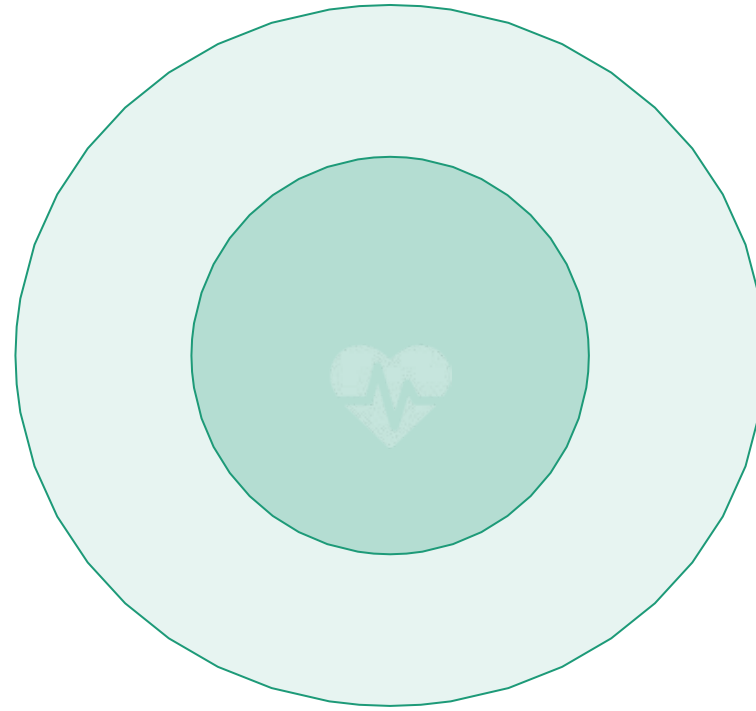
We ensure that the benefits are effectively designed to help Employees & their Dependents to live a healthy lifestyle. This presentation has been developed to take into account your busy life. The information falls under what you need to know (Dates, Benefits, Processes, General Information) and some common FAQ's.



Group Medclaim Policy

Provides Insurance coverage to employees for expenses related to hospitalization due to illness, disease or injury subject to a minimum of 24 hours hospitalization.

Please take the time to read the information in detail.



GROUP MEDICLAIM POLICY

INSURER	: The New India Assurance Company Pvt. Ltd
TPA	: Medi Assist Insurance TPA Pvt. Ltd.
BROKER PARTNER	: Savvyy Insurance Brokers Pvt. Ltd
POLICY PERIOD	: 04th Nov 2024 – 03rd Nov 2025

Medical Benefits – Coverage Details

Policy Benefits

Sum Insured	<ul style="list-style-type: none"> Flat Sum Insured
Coverage Type	<ul style="list-style-type: none"> Family Floater
Dependent Coverage	<ul style="list-style-type: none"> Self + Spouse + 2 Dependent Children up to 25yrs. 2 dependent Parents are covered (Age band for coverage – Day 1 – 90 years)

Benefits / Extensions	Coverages	Benefits / Extensions	Coverages
Standard hospitalization	Covered (minimum 24 hrs hospitalization with Active line of treatment)	Baby cover from day 1	Covered under Family floater
Sum Insured (SI)	4 Lacs per family	Well baby expenses	Covered within Maternity limit.
Pre existing diseases	Covered	Pre-Post natal Expenses	Covered up to INR 5000 within Maternity Limit.
Day care procedures	Covered (As per Insurer’s List)	OPD Coverages	Not Covered
Waiver on 1st year exclusion	Yes	Capped Ailments	INR 35,000 for Cataract INR 25,000 for Piles & Fistula
Waiver on 30 days exclusion	Yes	Co payment on Claims	10% copay on all claims except capped ailments
Room Rent Expenses	<ul style="list-style-type: none"> INR 4000/day for Normal Hospitalization. No restriction for ICU Hospitalization. 	Lasik Treatment	Corrective eye surgery is covered if the power of eye is above +/-7.5.
Proportionate Clause	Not Applicable	Animal and Serpent attack	Resulting in treatment IP/OP - maximum of INR 5000 even if hospitalization is less than 24 hours.
Pre-Post hospitalization Expenses	Covered		
Maternity Benefits & Waiting period	Covered & Waived off		

Medical Benefits – Policy Period

Existing Employees + Dependents	
Commencement Date	04 th Nov 2024
Termination Date	03 rd Nov 2025
New Joinees + Dependents on intimation through HR	
Commencement Date	Date of Joining - provided the employee has enrolled self + dependents on the TPA portal within 30 days from the date of joining.
New Dependents (due to Marriage / Birth) on intimation through HR	
Commencement Date	Date of such event - provided the employee has enrolled new dependent (Spouse/Child) on the TPA portal within 30 days from the date of marriage / birth.



Benefits	Coverage
Family Definition	Employee, Spouse, 2 dependent Children (Unmarried & financially dependent) covered up to 25 years only. 3rd Child is covered only in case of Twins born in the 2nd Delivery. 2 dependent employee parents only.
Room rent includes Nursing, Resident Doctor and related charges	<ul style="list-style-type: none">• INR 4000/day for Normal Hospitalization.• No restriction for ICU Hospitalization.
Minimum Requirement of Hospitalization	24 Hours
Domiciliary Hospitalisation	Not Covered
Terrorism	Covered
Differently abled Child Cover	This cover should include the child who is differently abled even after the attainment of age for dependent children (basis on the certificate issued Govt medical practitioner)
Day care Surgeries	As Per the Insurer's guidelines.
Widow / Widower cover	If an employee passes away during the course of the policy, the benefits can be extended to the dependents for the remaining policy period.
Sub Limits for Doctor Fees, Surgery Cost, or any other similar procedural sub limits	No Limit

Benefits	Coverage
Advanced Treatment procedures	Restricted to 50% of Sum Insured
Emergency Ambulance Services	Ambulance Charges limited to Rs.1000/Person
Congenital Diseases	Internal Congenital Covered, External Congenital – only for Life threatening conditions
Bereavement Cover	Employee demise – No deductions. (In case of employee death during Hospitalization – TPA should process the cashless/reimbursement without any deductions upto the Sum insured of 4lacs - Base policy Sum Insured)
Mid Term Revision of Sum Insured	Not Applicable
Ayush (Ayurveda) Coverage	Covered up to 25% of Sum Insured payable only at Government Colleges/Hospitals or in any institute recognized by government and/or accredited by Quality Council of India or National Accreditation Board on Health. (Anything related to Cosmetic is not covered) council of India/ National accreditation board of health.)
Claim Intimation and submission and documentation	All reimbursement claims have to be intimated & submitted within 30 days of discharge.
Third Party Administrator	Mediassist Insurance TPA Pvt Ltd

Medical Benefits – Standard Coverage

Coverages

- Room and boarding
- Doctor's fee
- Intensive Care Unit
- Nursing expenses
- Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Physical therapy
- Drugs and medicines consumed on the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Dressing, ordinary splints and plaster casts
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy

Note: 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 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, however under pre authorization (cashless) only.



Medical Benefits – Pre & Post Hospitalization Expenses

Pre - hospitalization Expenses	
Definition	If the Insured member is diagnosed with an Illness which results in his / her hospitalization and for which the Insurer accepts a claim, the Insurer will also reimburse the Insured Member’s Pre-hospitalization Expenses for up to 30 days prior to his / her hospitalization
Duration	30 Days
Post - hospitalisation Expenses	
Definition	If the Insurer accepts a claim under hospitalization and immediately following the Insured Member’s discharge, further medical treatment directly related to the same condition for which the Insured Member was Hospitalized is required, the Insurer will reimburse the Insured member’s Post-hospitalization Expenses for up to 60 days period
Duration	60 Days

Medical Benefits – Room Rent Eligibility

Benefit Details	
Employee, Spouse, Children and Parents Policy	<ul style="list-style-type: none">• INR 4000/day for Normal Hospitalization.• No restriction for ICU Hospitalization.

These benefits are admissible in case of hospitalization in Indian region.

In event of a member opting for a higher category/ room rent - escalation cost of all other expense due to the room upgrade would be borne by the member covered.

Explanation: The cost of treatment (consultation, procedure charges etc.) are directly related to the category of room.

Example: Member opts for a room which is INR 16,000 per day, which is 4 times the actual eligibility. The TPA is not liable to pay the cost due to enhancement above eligibility as per the Policy terms & Conditions.

Hence only admissible amount of claim would be paid.

Medical Benefits – Maternity Benefits

Benefit Details

For Normal Delivery	INR 50,000 within the Floater Sum Insured.
For C-section Delivery	INR 60,000 within the Floater Sum Insured.
Restriction on number of children	Maximum of 2 Children up to 25 yrs
9 Month waiting period	Waived off
Pre-Post Natal Expenses	Covered up to INR 5,000 within Maternity Limit
Contribution clause on Maternity (Health Insurance is an Indemnity Policy)	If both Employee/Spouse are working different organizations, Employee/Spouse will avail cashless benefit within Maternity limit from their organization, 2nd person will submit the claim for excess/difference amount from 2nd insurance company, 2nd claim will get processed for difference amount only not for entire claim amount as per their policy T&C.
Automatic enhancement maternity in case of twins/triplets.	Covered, but claim is restricted to Family Definition.

- These benefits are admissible in case of hospitalization in India.
- Covers only first two events during the entire lifetime (events includes maternity and related claims) Those who already had two or more events (maternity/maternity related) will not be eligible for this benefit.
- Expenses incurred in connection with voluntary medical termination of pregnancy are not covered.



Benefits Extensions - Definitions

Benefits	Definition
PRE-EXISTING DISEASES	Any Pre-Existing ailments such as diabetes, hypertension, etc. or related ailments for which care, treatment or advice was recommended by or received from a Doctor or which was first manifested prior to the commencement date of the Insured Person's first Health Insurance policy with the Insurer
CONGENITAL DISEASES	Internal covered, External – only under life threatening conditions
AYUSH COVER	Covered as an In-patient up to 25% of Sum Insured, where treatment has been taken in a government Hospital or in any institutes recognized by government
TERRORISM	Covered
EMERGENCY AMBULANCE	Actual subject to a maximum of INR 1000 Per Person
DEPENDENT COVER AFTER EMPLOYEE'S DEATH	Covered till end of the policy period
DAY CARE PROCEDURES	No restriction of 24 hours hospitalisation for Specified treatments with / without pre-auth in network or non-network hospital

Cashless Process

Cashless means the Administrator may authorize upon a Policyholder'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.

Hospitals in the network eligible for cashless process (please refer to the website for the updated list) - All India

<https://mediassisttpa.in/network-hospital-search/>

Toll Free Number: 18004259449

Emergency Hospitalization

Planned Hospitalization

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 to the respective SPOC as mentioned in the escalation matrix slide.

Cashless Process – Planned Hospitalization

Step1: Pre-Authorization

All non-emergency hospitalization instances must be pre-authorized with the TPA, as per the procedure detailed below. This is done to ensure that the best healthcare possible, is obtained, and the patient/associate is not inconvenienced when taking admission into a Network Hospital.

Member intimates TPA of the planned hospitalization in a specified pre-authorization format at-least 48 hours in advance

Claim Registered by the TPA on same day

Yes

TPA authorizes cashless as per SLA for planned hospitalization to the hospital

No

Follow non cashless process

Pre-Authorization Completed

Step2: Admission, Treatment & Discharge

After your hospitalization has been pre-authorized, you need to secure admission to a hospital. A letter of credit will be issued by TPA to the hospital. Kindly present your ID card at the Hospital admission desk. The associate is not required to pay the hospitalization bill in case of a network hospital. The bill will be sent directly to, and settled by TPA

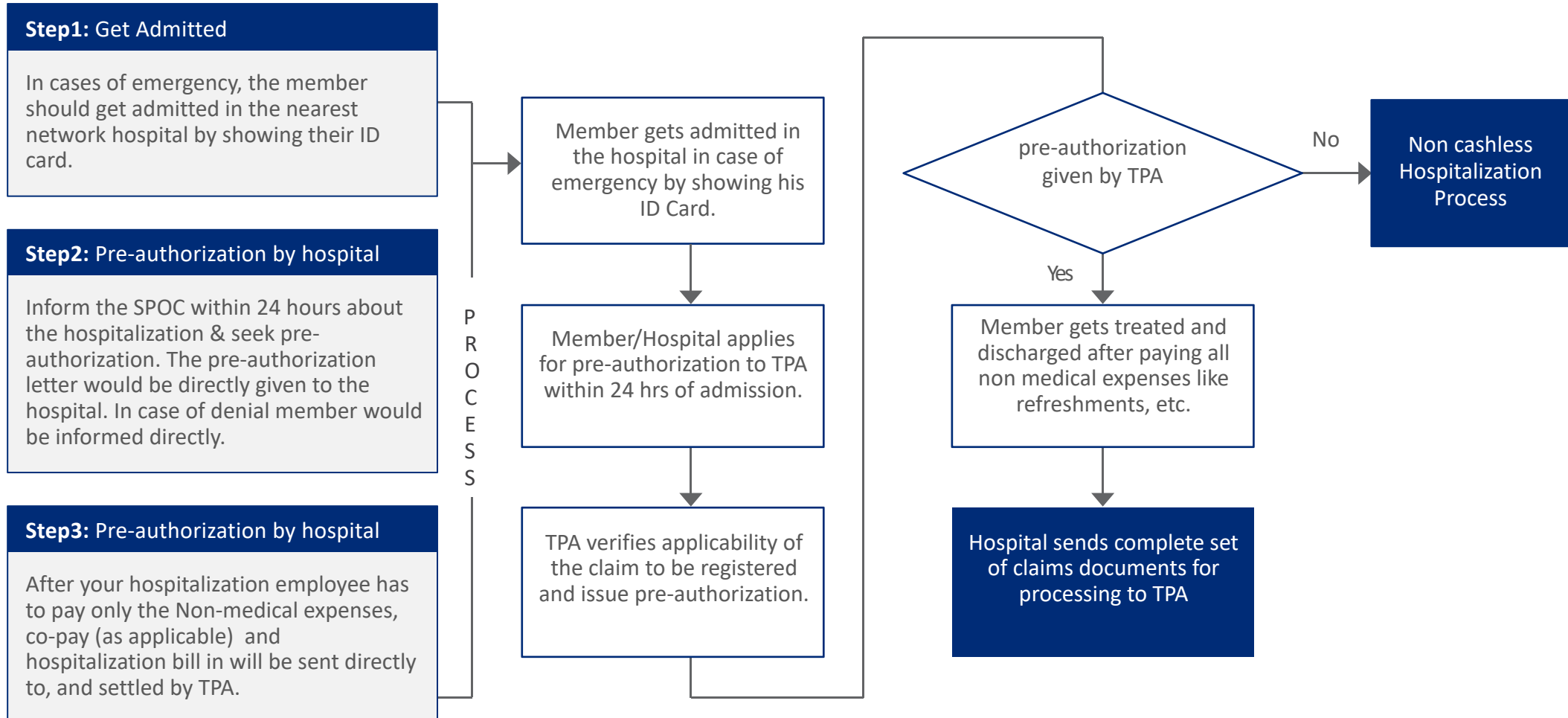
Member produces ID card at the network hospital and gets admitted

Member gets treated and discharged after paying all non entitled benefits like refreshments, non medicals etc.

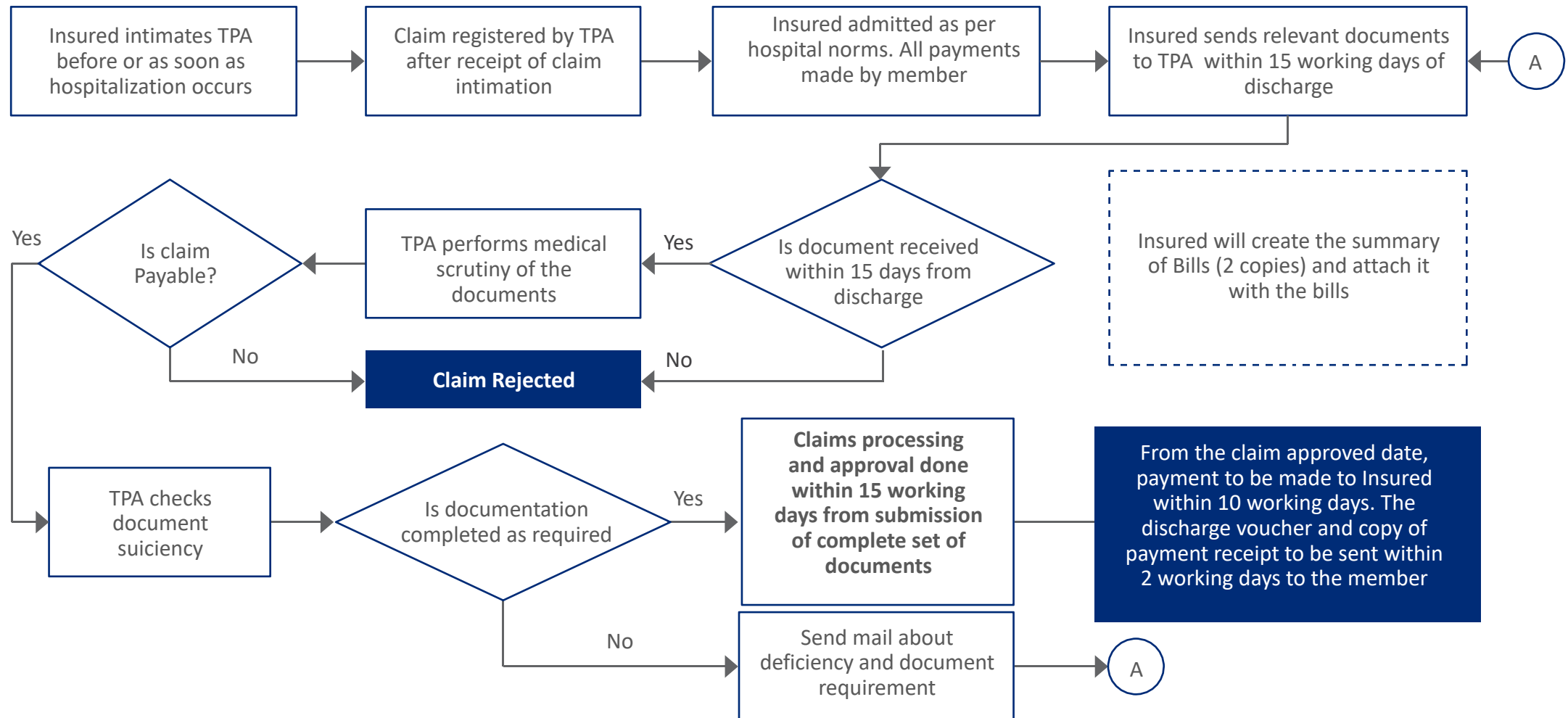
Hospital sends complete set of claims documents for processing to TPA

Claims Processing & Settlement by TPA & Insurer

Cashless Process – Emergency Hospitalization



Reimbursement/Non-Cashless Process - Claims



Reimbursement/Non-Cashless Process – Claims Document List

Important points to remember

- Duly filled Claim form of Mediassist with Signature will be required.
- Hospital bills in original (with bill no, signed and stamped by the hospital) with all charges itemized and the original receipts.
- Discharge Summary/death summary/day care summary (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 Doctor's prescription in Original and Laboratory, Stickers in case of Implants Eg. :Lens (Cataract), Stents (Heart Surgery) etc.
- Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
- Provide Break up details including Pharmacy items (with prescriptions), Materials, Investigations even though it is there in the main bill

All remittance would be done through RTGS/ NEFT only. Please attached cancelled cheque leaf along with claim documents

Please Note:

- *Please retain photocopies of all documents submitted*
- *The claim documents should be couriered to the TPA within 15 days from the date of discharge*
- *Above mentioned documents are basic documents required to process & settle a claim. TPA doctor may raise request for additional documents if required on case-to-case basis.*

General Exclusions

- Hospitalization for convalescence (time spent for recovery), general debility, intentional self-injury, use of intoxicating drugs/ alcohol.
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, hospital surcharges etc.
- Expenses incurred in connection with voluntary medical termination of pregnancy are not covered.
- Cost of spectacles, contact lenses, hearing aids, cost of appliances.
- Any cosmetic or plastic surgery except for correction of injury.
- Hospitalization for diagnostic tests only.
- Vitamins and tonics used for treatment of injury or disease.
- OPD Claims, Claims submitted without prescriptions/diagnosis/ original bills.
- Costs incurred as a part of membership/subscription to a clinic or health centre, Health foods, Dietary supplements.
- Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations, nuclear weapons.

Note: The above-mentioned exclusions are indicative & not exhaustive.

Deductions / Non-Payable Expenses

Administrative Expenses			
•Admission charges	•Relative stay charges	•Booking charges	•Surcharge/Service charges
•Registration charges	•Additional stay	•Overhead charges	•Incidental charges
•Medico-legal charges	•Gate pass/Attendant pass	•Establishment charges	•Waste disposal charges
•Attendant stay charges	•Conveyance charges	•Tax/Luxury charges	
Documentation Expenses			
•Documentation charges	•Medical records charges	•Death certificate	•TPA charges
•Discharge summary	•Birth certificate	•Medical certificate	
Consumables			
•Antiseptic/ disinfectant solutions	•Toiletries & stationeries & cosmetic expenses	•Housekeeping charges	•Referral charges
•Soap & Powder (talc)	•Oxygen cylinder	•Preparation charges	
•Sanitary pads/Diapers	•Mortuary/coffin charges	•Vaccination charges	•Assistant charges for minor cases
•Cassette/CD/Film charges		•Outstation consultants / surgeons	
Services			
•Private nurse charges	•Food/beverages	•Water charges	•A/C charges
•Telephone charges	•Diet & dietician charges	•T.V / Internet charges	•Stationary charges
•Fax charges	•Electricity charges	•Newspaper/magazine	•Lines/Laundry charges

Note: The list is indicative, actual deduction would vary as per Insurers T&C.

Sensible Utilization of Benefits

Health Insurance is a benefit for the employee and their dependents and has to be utilized with utmost caution and prudence.

The ever-increasing cost for the benefits require a proactive involvement from all of us.

The following steps are recommended, ensuring the benefits is prudently utilized by the employee and dependents covered:

- Maximize your value for money - “Act with prudence on your choice of hospital/service provider” while availing cashless.
- Please ensure to crosscheck the final bill sent to the TPA for the following:
 - You are Billed only for the services utilized for e.g. category of room, diagnostics undergone , medicines consumed.
 - Total of the bill.
- In case of any planned hospitalization, approach the hospital in advance (48 hours) and request pre-authorization- this enables TPA to further negotiate the rates.
- To approach hospitals with caution – most expensive is not necessarily the best.
- Try to negotiate.
- Ask WHY & WHAT is billed to you (as a consumer, we have the right to know).

Escalation Matrix

Reimbursement Assistance: Anvesh Kumar

Email ID: anvesh@savvyy.com

Contact Number: +91 9606954606

Cashless Assistance: Vanaja Mani

Email ID: vanaja@savvyy.com

Contact Number: +91 9606954605

Insurance Partner: Savvyy Insurance Brokers

Primary Escalation : Dr Rashmi Sarkar

Email ID: drashmi@savvyy.com

Contact Number: +91 9606954608

Secondary Escalation : Mr. Arjun Koneti

Email ID: arjun.koneti@savvyy.com



WE ASSURE YOU BEST OF OUR SERVICES AT ALL TIMES.



Thank you!