



Handbook : Group Medical Insurance

FY 2023-24

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Introduction

The Group Medical Insurance policy covers the cost of hospitalization where the insured member undergoes 24 hrs. or more of active line of treatment (treatment which can only be taken on inpatient basis at hospital) for a diagnosed ailment. The policy also covers pre (30 days before admission) and post (60 days post discharge) hospitalization related expense for the same ailment. Further coverage for specific day care procedures which do not require 24 hrs. of hospitalization are also covered.

The FY 2023-24 renewal of this policy has been done with new insurer **Aditya Birla Health Insurance** and **Medi Assist Healthcare Services Ltd** as a TPA (Third Party Administrator) for processing the claims on behalf of the insurance company. Medi Assist will send a communication to every employee after enabling the portal for updating the insurance details.

Since the enrollment process completely depends on TPA portal, all employees should update the Medi Assist portal by April 2023 for any changes in the coverage. New employees who have joined on or after the enrolment due date in April 2023, can update their details based on the welcome mail from the Medi Assist team and coverage date start from the policy inception date or date of joining which ever is latest.

Note: If any hospitalization is planned before getting the insurance e-card, the employee can avail the cashless benefit. Please contact the SPOC whose details are available in the escalation matrix

The Scheme



Medical Insurance coverage levels

Particulars	Details			
Insurer	Aditya Birla Health Insurance			
Third Party Administrator (TPA)	Medi Assist Healthcare Services Ltd			
Plan Type	Family Floater *			
Modular Plan Category	Basic	Basic Plus	Silver Plus	Gold Plus
Basic Cover	INR 150,000			
Scope of cover **	1 (E only)	1+3 (E+S+2C)	1+2 (E+2P/ PIL)	1+5 (E+S+2C+2P/ PIL)
Policy Period	1 st April 2023 to 31 st March 2024			
Beneficiaries	Employee, Spouse, Children & 2 Parents / 2 Parent in law			
Insurance Broker	Willis Towers Watson India Insurance Brokers Pvt. Ltd.			

* Employees and their dependents together are eligible for the entire sum insured. Any one member or all of them can use the annual limit.
There is no individual sub-limit applicable

** E – Employee / Self, S – Spouse, C – Children, P – Parents, PIL – Parents In Law

More than 2 children will be covered under this program based on HR Approval

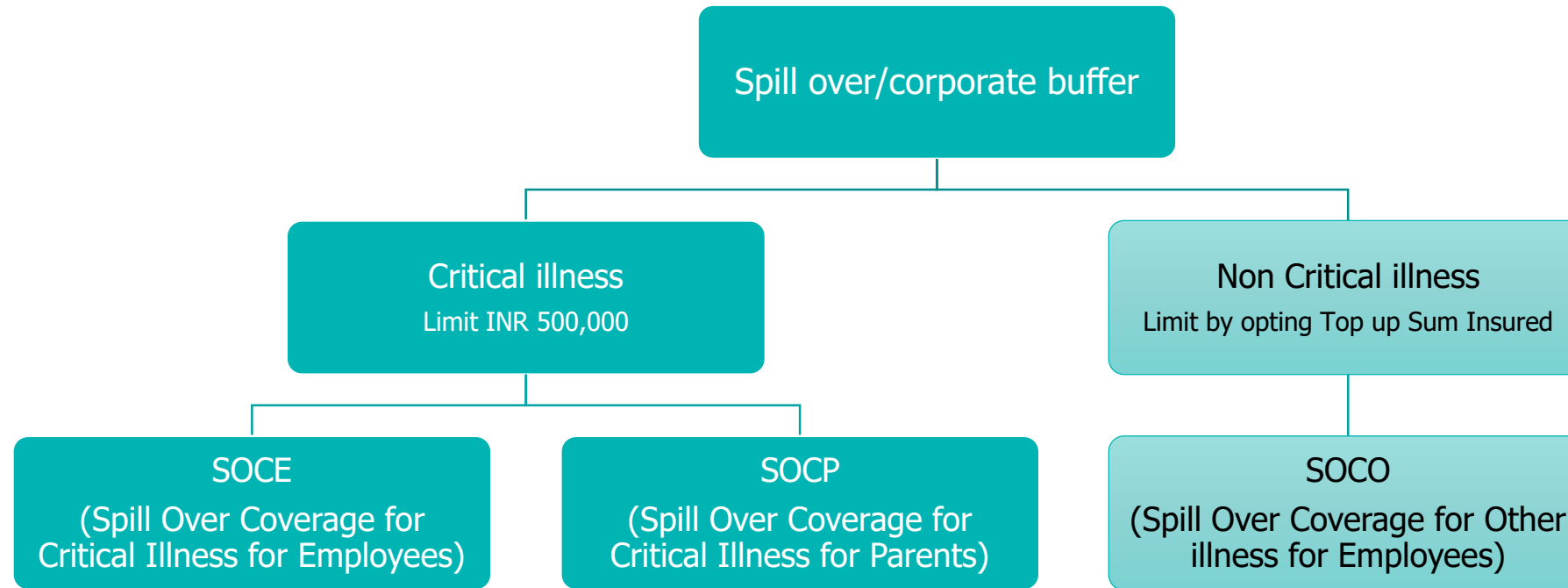
Plan premium and top-up sum insured options

Modular Plan Category	Basic	Basic Plus	Silver Plus	Gold Plus
Scope of cover *	1 (E Only)	1+3 (E+S+2C)	1+2 (E+2P/ PIL)	1+5 (E+S+2C+2P/ PIL)
Employee Premium incl. GST @ 18%	-	-	INR 15,399	INR 16,085

Top-up Sum Insured	Premium incl. GST @ 18%
+ INR 100,000	INR 8,024
+ INR 200,000	INR 10,856
+ INR 300,000	INR 14,110
+ INR 500,000	INR 17,769
+ INR 700,000	INR 22,733
+ INR 10,00,000	INR 28,133

- Irrespective of the plan, above rates will be applicable for top-up sum insured
- Upon enrolling into top-up the room rent will be considered as 1% of the overall sum insured.
 - If an employee chooses Base (INR 150,000) + Top-up (INR 700,000), the overall sum insured will be INR 850,000 and room rent eligibility is INR 8,500 (1% of overall sum insured), on top of that INR 700,000 (equivalent to the top-up sum insured) will be added to the sum insured spill over kitty, eligible for employee spouse and kids only for non-critical ailments. The overall sum insured will be INR 1,550,000 for employees, spouses and kids
 - If top-up sum insured option not availed, the room rent will be capped at INR 1,750

Corporate buffer/Spill over



Spill over coverage for other illness for employees – This spill over limit can be decided by the employee with opting top-up sum insured. Eligibility – Employee / Spouse / Child

Example: If the employee has taken a top-up of INR 100,000, the maximum eligibility of spill over will be INR 100,000. If the employee has taken a top-up of INR 10,00,000, the maximum spill over eligibility will be INR 10,00,000

Spill over coverage for critical illness for employees – If the sum insured exceeds due to critical illness, employee / spouse / child can avail the SOCE up to INR 500,000

Spill over coverage for critical illness for parents - If the sum insured exceeds due to critical illness, parents can avail the SOC P up to INR 500,000

Ailment capping and coverage details

Ailments	Basic	Basic Plus	Silver Plus	Gold Plus
Cataract with lens per eye	No capping	No capping	INR 30,000	INR 30,000
Psychiatry treatment	INR 20,000	INR 20,000	INR 30,000	INR 30,000
ARMD (Age Related Macular Degeneration)	No capping	No capping	INR 20,000	INR 20,000
Fracture/ Injury covered under day care	INR 5,000	INR 5,000	INR 5,000	INR 5,000
Maternity	INR 50,000	INR 50,000	NA	INR 50,000

- Pre-existing diseases expenses eligible in across all plans
- No waiting period in this policy for any ailment
- Coverage of baby from day of birth – Covered in Basic Plus and Gold Plus plans
- Infertility covered up to maternity limit in Gold Plus plan
- 30 days pre and 60 days post hospitalization expenses covered across all plans
- Internal congenital - Covered across all plans
- External Congenital - Covered under life threatening condition across all plans
- Ambulance charge covered up to INR 1500 per incidence in across all plans
- High-risk maternity covered up to Floater Sum Insured in Gold Plus plan
- Maternity 9 Month Waiting Period – Waived in this policy

Modular plan

Special conditions	Basic	Basic Plus	Silver Plus	Gold Plus
Maternity Benefit, INR 50,000 for Normal & C-Section	✓	✓	NA	✓
Well Baby Expenses - Covered Up to INR 5,000 within maternity limit on IPD and OPD basis	NA	✓	NA	✓
Well Mother Expenses - Covered Up to INR 5,000 within maternity limit on IPD and OPD basis	✓	NA	NA	✓
20% Co-payment applicable for all parent claims	NA	NA	✓	✓
Advanced Cancer Treatments covered with sub-limit of	NA	NA	INR 30,000	INR 30,000
Age Related Macular Degeneration (ARMD) covered with sub-limit of	NA	NA	INR 20,000	INR 20,000
Fracture/ Injury covered under Day Care covered with sub-limit of INR 5,000	✓	✓	✓	✓
Cyber knife and Robotic treatments covered with 50% of co-payment	✓	✓	✓	✓
Income protection * – Maximum limit or monthly salary whichever is less for a period of 3 months	INR 20,000	INR 20,000	INR 30,000	INR 30,000
Psychiatric Treatment covered on IPD/ OPD basis with maximum limit of	INR 20,000	INR 20,000	INR 30,000	INR 30,000
Zero Deduction incase of Death	✓	✓	✓	✓

* Income Protection - Covers employee for leave of absence due to illness for a maximum of INR XXXX (as per the table) or monthly salary whichever is less for a period of 3 months

More policy details available in “**Medical insurance FAQ**”, which is available in iPortal -> Quality System

Policy Exclusions

Exclusions (page 1)

Exclusions	
Non-medical expenses: Registration / Admission fees, hospital surcharge, food bills for attendants, extra bed, private nurse, telephone charges, pharmacy charges for non-medical items etc. as per IRDA guidelines	Hospitalization for diagnostic tests only not followed by active line of treatment even if prescribed by a medical practitioner.
Experimental treatment, change of treatment from one system to another unless recommended by doctor, treatment taken outside India	Non-prescribed drugs / medical supplies / hormone replacement therapy, sex change or any treatment related to this is not within the scope of the policy
Injury or disease directly or indirectly caused by or arising from or attributable to war or war-like situations and by nuclear weapons is not within the scope of the policy	Diagnostic, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis of positive existence and treatment of any ailment, sickness or injury, for which confinement is required at a Hospital or Nursing Home, Inhaler / Nebulizer
Male Sterility/Venereal Disease/Circumcision, Birth Control Measures: Post Delivery Sterilization, vaccination, inoculation, cosmetic treatment, plastic surgery, unless required to treat injury or illness.	Vitamins and tonics unrelated to treatment. Treatments on Obesity, Convalescence / General Debility, HIV / AIDS, Intentional Self Injury, Use of intoxicating drugs/ alcohol.
Telephone, Fax, Barber, Photocopy, Vaccinations, Toiletries and TV charges, External Devices, Supports and Accessories like Crutches, Spectacles, multi focal lens, contact lenses, hearing aids, external prosthetic devices, etc.	Voluntary termination of pregnancy and procedures related to contraception, Naturopathy / Homeopathy / experimental / Ayurvedic or, alternate medicine.

Note: This is an indicative list, please get in touch with IBS SPOC for more details of exclusions

Exclusions (page 2)

Exclusions	
Dental treatment without hospitalization unless arising due to an accident	Ambulatory devices and equipment used for diagnosis and or treatment, Transport to Home
Home Visit/Nursing charges: At residence after discharge, documentation/Folder/Stationery/In-Patient chart charges, any device/instrument/machine contributing/replacing the function of an organ, admission Kit	Special/protein diet/health drinks unless prescribed by the doctor, diet charges
Convalescence, general weakness, congenital external disease, genetic disorders, obesity treatment, sterility, venereal disease, use of intoxicating drugs/ alcohol, self injury, Expenses related to AIDS, use of tobacco leading to cancer	Naturopathy, unproven procedure/treatment not approved by Indian Medical Council, experimental or alternative medicine/treatment including acupuncture, acupressure, magneto-therapy etc
Injury arising from any hazardous activity including scuba diving, motor racing, parachuting, hand gliding, rock or mountain climbing etc or participating in any criminal act	Genetic disorders/Stem cell implantation/Surgeries
Other standard policy exclusions	

Note: This is an indicative list. Please get in touch with IBS SPOC for more details of exclusions

Medi Assist Services

Enrolment

Web Portal link - portal.medibuddy.in

Login Credentials : User ID - employeecode@IBS
Password (date of birth) - DD-MM-YYYY (00-12-1999)

Note: The system will direct you to reset your password. Moreover, keep in mind the password so you can use the service later.

Enrolment – Existing Employees	<ul style="list-style-type: none">Existing details are available in Medi Assist portal. Review the new benefits and choose suitable plan and top-upYou can login to Medi Assist portal and make the addition / deletion / correction for 2023-24 policy. Portal will be enabled the window period between “5th April 2023 to 18th April 2023”.
Enrolment – New Joiners	<ul style="list-style-type: none">You will get the welcome mailer from Medi Assist with login credentials within 15 days from the DOJGo through the policy documents and decide suitable plan and top-upLogin to Medi Assist portal and update your dependants details along policy plan and coverage
TPA ID cards	<ul style="list-style-type: none">Download your ID card from the Medi Assist portalThis e-card is not transferable. Each insured life will be issued an e-card. This card is a form of identification for avail the benefit
Mid Term inclusion	<ul style="list-style-type: none">Dependent details of New joinee within 30 days from date of joiningEmployee marriage – Spouse should be updated in Medi Assist portal within 30 daysNew born baby - Child should be updated in Medi Assist portal within 30 days from date of birth
Things to remember	<ul style="list-style-type: none">Please enroll your dependents within the stipulated time frame.Failing to do so will lead to the dependent being uninsured until the next renewal i.e. 01 April 2024.Any claim towards the un-insured dependent will not be registered for the current policy period<u>Exception not allowed in the enrolment process</u>

Note : If you have not received any login credentials, check with the Compensation and Benefits team.

Medi Assist service offerings and network hospitals

Services Offered

- ID - cards for identification at network hospitals
- Cashless Hospitalization
- Claims Administration
- 24 x 7 telephonic helpline
- Online form for filling the claim online
- Dedicated e-mail ID for general queries

Hospital Network List

- Log on <https://www.medibuddy.in/networkHospitals> on network hospital tab
- Select insurance company
- Enter either City, hospital name, Pin code along with the Captcha details
- Click on search for the desired results

Planned / Emergency Hospitalization

- Planned Hospitalization
 - Check for network hospitals on the Medi Assist (TPA) website
 - Submit cashless request form to Medi Assist (TPA) at least 4 days in advance
 - Follow the **cashless process**
- Emergency Hospitalization
 - Get the patient treated at the nearest hospital
 - Notify the hospital that your Third Party Administrator is Medi Assist
 - Verify hospital is in TPA network or not
 - Follow the **cashless process**
 - If the hospital is not on the network , then follow the **reimbursement process**

Claim Process



Cashless and reimbursement process

❖ Cashless Process

- Cashless can be availed in the Medi Assist network hospitals
- Please notify the hospital that your TPA is Medi Assist and submit the insurance card to hospital insurance desk at the time of hospitalization
- The network hospital will ask for some nominal deposit
- Employee pays the expenses if hospitalization not covered as per policy terms & conditions & non-medical expenses
- At the time of discharge employee signs the final bill and leaves back all the original documents
- Retain the photo copies of all the original documents (if required for personal reasons) before leaving the hospital
- Employee can represent a claim as reimbursement if denied at the cashless stage to review with insurer

❖ Reimbursement Process

- Employee or beneficiary gets admitted into hospital
- During discharge settle all the bills. Collect all the original documents like cash paid receipts, discharge summary, test reports, doctor's medical prescriptions, itemized bills, cash memos, etc.
- Submit the duly filled reimbursement claim form along with all original documents at the TPA office within 30 days from date of discharge
 - Claim forms available in iPortal -> Quality System -> Keyword "inpatient reimbursement claim form"
- Courier the original documents to Medi Assist office – **Address:** Sofia Thomas, Medi Assist Insurance TPA Pvt Ltd, Sabu & Cyprian Building, Ground Floor, R.Madhavan Nair Road (Old Thevara Road), Ravipuram, Ernakulam, Cochin, Kerala – 682 016, PH 0484-2384021/22
- Claim Settlement through NEFT
- Maximum TAT for payment subject to availability of all necessary documents will be 30 working days from the date of receipt of complete documents

Reimbursement claim: Document checklist

Collect all the documents in **their original format** from the hospital and submit it to TPA for reimbursement

List of documents to be submitted to Medi Assist

- Duly filled claim forms (Part A & B) with Signature : (Available in iPortal -> Quality System -> Keyword "inpatient reimbursement claim form")
- Hospital bills in original (with bill number, signed and stamped by the hospital) with all charges itemized and the original receipts
- Original Discharge Summary / Card
- Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
- Original reports or attested copies of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original and Laboratory
- Doctors Prescription, Pre – Post Hospitalization bills (in original)
- Original Bills of surgical appliances if purchased by you
- Provide Break up details including Pharmacy items, Materials, Investigations even though it is there in the main bill
- Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor
- In case the hospital is not registered, please get a letter on the Hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock
- In non- network hospital, you may have to get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital, if required
- Consultation papers with treatment details
- Photocopies of Indoor Case Sheet (wherever applicable) etc, attested by the hospital
- Government Photo ID proof of the claimant (patient)
- PAN card copy of the employee
- Employee name printed Cancelled cheque **Or** Copy of front page bank passbook **Or** A/c #, Employee name and IFSC printed bank statement

Important fields in the claim form: Part A

Sections	Fields	Important Yes/ No	reasons
Section A	Policy Number	No	
	SI No / Certificate Number	No	
	Company / TPA ID	Yes	Member ID captured in the insurance card
	Name	Yes	Employee Name
	Address	Yes	Employee address
Section B	Not Applicable	No	Insurance history required for retail policy holders
Section C	Name	Yes	Patient Name
	Gender	Yes	
	Age	Yes	
	DOB	Yes	
	Relationship to primary insured	Yes	
	Occupation	No	
	Address	Yes	

Important fields in the claim form: Part A

Sections	Fields	Important Yes/ No	reasons
Section D	Hospital Name	Yes	
	Room Category	Yes	
	Hospitalization due to	Yes	
	Hospitalization period	Yes	
Section E	Pre-hospitalization expenses	Yes	If any expenses incurred related to main hospitalization within 30 days prior to the date of admission
	Hospitalization Expenses	Yes	Hospitalization period expenses
	Post-hospitalization expenses	Yes	If any expenses incurred related to main hospitalization within 60 days after discharge from hospital
	Total	Yes	Total request amount
Section F	Bill wise details	Yes	
Section G	Bank details of employee	Yes	

Do's & Don'ts

Do's

- Enrollment of dependents **within 30 days of Date of marriage / Date of birth**
- Claim submission within 45 days from the date of discharge in case of non-network hospital
- All non-medical expenses will have to be paid at the hospital before discharge
- All **original documents** will have to be submitted at the time of the claim in case of reimbursement claims
- Please submit all the **paid receipts** if any amount has been paid at the hospital other than the non medical expenses and co-pay

Don'ts

- Delayed or non declaration of a dependent within time will lead to the dependent being **un-insured**
- Delayed addition of dependent will lead to **rejection of the claim**
- Incomplete documentation will lead to rejection or reduction in reimbursement
- Choose top-up sum insured wisely while opting the coverage. After submission, it is not possible to make any changes
- Delay in claim submission can lead to **rejection of the claim**

Escalation matrix

Escalation matrix

Activity	Escalation	Contact No.	E Mail ID
General queries	Tarzan.Bennit@ibsplc.com / Tarzan.Bennit@wtwco.com		
SPOC	Tarzan Bennit	+91 807 578 8523	Tarzan.Bennit@wtwco.com
Escalation 1	Anand G	+91 906 108 3863	Anand.GS@wtwco.com
	Saju M	+91 984 666 9629 / VOIP 4676	Saju.Mudappathi@ibsplc.com
Escalation 2	Rahul Ramachandran	rahul.ramachandran@ibsplc.com	

THANK YOU



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