Employee Benefits Manual 2023-24

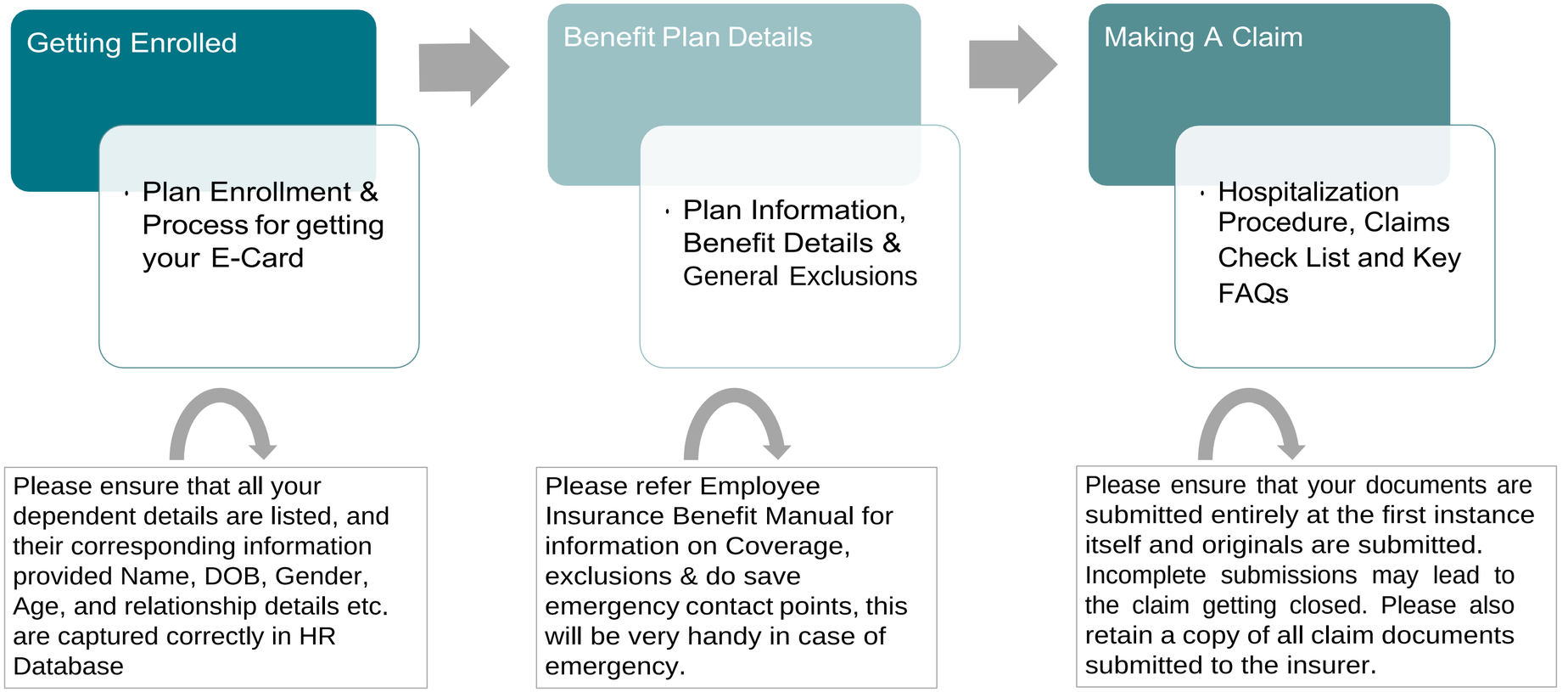
PRADHIRAN Group

Aon India Insurance Brokers Private Limited
(Formerly Anviti Insurance Brokers Private Limited)
CIN U66000KA2016PTC095559, Composite Insurance Broker, IRDAI Licence No.624, Valid till 15/10/2023, aon.com
Registered Office - Unit 102, 1st Floor, The Estate, 121 Dickenson Road, Bengaluru 560042

Group Hospitalization Policy

The Group Medical policy covers expenses for the insured (employee & eligible family members) on account of hospitalization due to sickness or accident. The policy covers expenses incurred on room rent, medicines, surgery etc. Expenses for hospitalization are payable only if a 24-hour hospitalization has been taken. Group Mediclaim is an annual plan effective from 1st July 2023 to 30th June 2024; terms and conditions are subject to renewal on annual basis.

Make The Best Use Of Your Benefits



Your Plan Details

Plan Name : Group Mediclaim Policy	
Policy Holder	PRADHIRAN Pvt Ltd
Policy period	01-Jul-2023 To 30-Jun-2024
Insurer	Aditya Birla Health Insurance Co. Ltd
TPA	Medi Assist India TPA Pvt. Ltd.
Sum Insured Limits	Uniform INR 7 Lacs
Geographical Limits	India
Family Definition	• Single Associates – Self and 2 Dependent Parents or Partner • Married Associates – Self, Spouse or Partner and All Dependent Children upto 25 years (“Partner” includes married spouse, Domestic Partner (unmarried same sex or opposite sex) If Husband and Wife both are working with Pradhiran Group, family definition will differ specifically for those i.e. one employee can cover spouse and other can cover parents.
Mid-Term Enrollment	Allowed only for New Joiner, Newly Married Spouse & Newborn Baby

Your Plan Details

Family Definition

Particular	Included	Special Condition if any
Employee	Yes	-
Spouse	Yes	-
Child	Yes	• All dependent children till age of 25 years • No age limit for differently abled children • Legally adopted children of single employees/ same sex LGBT employees
Parents	Yes	Only for unmarried employees Parents over the age of 85 are covered only if they were covered in previous year policy
Live –in/same sex LGBT Partner	Yes	Only for unmarried employees after due declaration submission and if parents are not covered
Parent-in-Laws	No	-
Sibling	No	-

Your Plan Details

Standard Hospitalization	Covered
Pre-existing Diseases	Covered
Restriction on Room-Rent	For Normal-1% of Sum insured or single private AC room whichever is higher For ICU- As per actuals
Maternity Benefits	Covered
Maternity Limits	INR 75,000 for Normal & INR 1 Lac (New) for Caesarean Section to only 2 deliveries
Pre & Post Natal Expenses	Covered up to INR 5,000 , over and above the maternity limit, to only 2 deliveries
Newborn Baby Cover	Covered from day one subject to intimation to HR within 15 days from date of birth
Congenital Disease	Internal Congenital – Covered External Congenital – Covered in Life Threatening Situations only
Dental Benefit	Covered only in Accident cases (Hospitalization)
Critical Illness	Covered on voluntary basis
Diagnostics Expenses	Standalone diagnostic not covered
Ambulance Services	Local emergency Ambulance covered up to INR 3,000/- per person per policy. Ambulance cover to hometown for carriage of mortal remains of employee, covered up to INR 100,000
Non-Medical Expense	In the event of an employee's death during treatment or procedure, the plan will cover the entire cost of the including non-medical charges, otherwise, the associate is typically responsible for non-medical expenses

Your Plan Details

Policy Benefits

Pre & Post Hospitalization Expenses	30 days prehospitalization and 60 days post hospitalization.
Claims Submission Timeframes	Submission within 30 days from Date of Discharge
Claims Intimation Timeframes	Waived off
Therapy area brief – Plaque Psoriasis, Psoriatic Arthritis & Ankylosing Spondylitis	covered up to INR 2,00,000 per family on OPD & IPD basis
Refractive error or sight correction (+/-) 7	For Myopia, Astigmatism and Hypermetropia) covered with a cap of INR 50,000/- family limit
Macular Degeneration of Retina	Macular Degeneration of Retina (covering specific macular Indications - wAMD, DME, Diabetic Retinopathy , Retinal Vein Occlusion (cRVO and bRVO) and Retinopathy of prematurity) covered up to 50% of the sum insured either as in patient or as part of day care treatment
Gender Dysphoria (Gender change)	covered within family sum insured limits
Migraine management	Treatment using Monoclonal Antibodies for Episodic and Chronic Migraine patients with a capped at payout of INR 125,000 per family

Your Plan Details

New Age Treatment covered under policy

New Age Treatment or Procedure	Limit as per (Per Policy Period)
Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto 50% of Sum Insured
Balloon Sinuplasty	Upto 50% of Sum Insured
Deep Brain stimulation	Upto 50% of Sum Insured
Oral chemotherapy	Upto 50% of Sum Insured
Immunotherapy- Monoclonal Antibody to be given as injection	Upto 50% of Sum Insured
Robotic surgery	Upto 50% of Sum Insured
Stereotactic radio surgery	Upto 50% of Sum Insured
Bronchial Thermoplasty	Upto 50% of Sum Insured
Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)	Upto 50% of Sum Insured
IONM - (Intra Operative Neuro Monitoring)	Upto 50% of Sum Insured
Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	Upto 50% of Sum Insured

Your Plan Details

What Is Covered?

If any Insured Person suffers an Illness or Accident during the Policy Period that requires Insured Person's hospitalization as an inpatient, then the insurer will reimburse reasonable and customary expenses towards the below mentioned hospitalization under your group medical plan.

- Inpatient Treatment
- Room rent and boarding expenses
- Doctor's fees (who needs to be a medical practitioner)
- Intensive Care Unit
- Nursing expenses, Anesthesia, blood, oxygen, operation theatre charges, surgical appliances,
- Medicines, drugs and consumables (Dressing, ordinary splints and plaster casts)
- Diagnostic procedures (such as laboratory, x-ray, diagnostic tests)
- Costs of prosthetic devices if implanted internally during a surgical procedure
- Organ transplantation including the treatment costs of the donor but excluding the costs of the organ

The expenses shall be reimbursed provided they are incurred in India and are 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 that are of a diagnostic nature only or are incurred from a preventive perspective with no active line of treatment and do not warrant a hospitalization admission are not covered under the plan.

Your Plan Details

Pre & Post Hospitalization Expenses

Pre-hospitalization expenses	
Pre-hospitalization Expenses	If the Insured Person is diagnosed with an Illness which results in his or her Hospitalization and for which the Insurer accepts a claim, the Insurer will reimburse the Insured Person's Pre-hospitalization Expenses for up to 30 days prior to his Hospitalization as long as the 30-day period commences and ends within the Policy Period.
Duration	Within 30 days before hospitalization

Post hospitalization expenses	
Post-hospitalization Expenses	If the Insurer accepts a claim above 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
Duration	Within 60 days post discharge

Your Plan Details

Maternity Benefits

- Maternity benefits are admissible only if the expenses are incurred in Hospital / Nursing Home as in-patients in India.
- 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 during the first 12 weeks from the date of conception are not covered. Infertility Treatment and sterilization are excluded from the policy.

The maternity benefit under your Group Medical Plan	
Maximum Benefit	INR 75,000 for Normal & INR 1 Lac (New) for C – Section within Sum Insured Limit
9-months waiting period	Waived off
Pre-Post Natal expenses	Covered up to INR 5,000 over and above the maternity limit
Newborn baby covered from day 1	**Covered from day 1, subject to intimation to HR within 15 days from date of birth**

IMPORTANT :
For maternity reimbursements and employees on subsequent maternity leave, please do not wait till you have returned back to office to submit a claim as it will cross the claim submission within 30 days to avoid denial of claim. Please also immediately inform your HR about the new baby coverage as your dependent as A subsequent complication may be A possibility and intimation is mandatory prior to coverage

Your Plan Details

Policy Benefit	Definition	Covered/Not Covered
Pre-existing Diseases	Any Pre-Existing Condition or related condition 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	Covered
First 30 days' waiting period	Any Illness diagnosed or diagnosable within 30 days of the effective date of the Policy Period if this is the first Health Policy taken by the Policyholder with the Insurer.	Covered
First Year Waiting Period	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. 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
Day Care	Day Care Procedure means the course of medical treatment, or a surgical procedure listed in the Schedule which is undertaken under general or local anesthesia in a Hospital by a Doctor in not less than 2 hours and not more than 24 hours.	Covered
Diagnostic Expenses	All diagnostic tests and lab tests as part of hospitalization and pre-post hospitalization including OPD. Diagnostic tests without treatment or not related to treatment are not covered	Covered and Only incase of 24-hr hospitalization related to treatment

Your Plan Details

How to Enroll?

Particular	Description	Special Condition if any
Enrollment of existing employees' and their dependents	Enrollment/Validation	Employee to either declare new dependents or validate current dependent details at the time of renewal every year
Enrollment of New Joinees (New Employees + their Dependents) during the policy year	Declaration	Dependent information needs to be updated with 30 days from date of joining on HR system

Mid Term Enrollment Eligibility?

Particular	Description	Special Condition if any
Mid-Term Enrollment of Existing employees' Dependents(as on plan start date)	Not Allowed	
Mid-Term Enrollment of New Joinees (New Employees +Their Dependents)	Allowed *	
Mid-Term Enrollment of New Dependents (Spouse/Children)	Allowed *	Midterm enrollment of new dependents (Spouse / Children) is allowed for employees within 30 days from Date of Marriage/ Date of Birth.
Mid term inclusion of Parents	Allowed	Only in case of legal divorce, death of spouse and if no children are enrolled in the policy, required documents have to be submitted to respective HR spocs

Getting Enrolled

Process for Domestic Partner Enrolment

- **DOMESTIC PARTNERSHIP*** means a committed relationship between two adults (same or opposite sex), that meets all of the requirements as per the attached declaration form

- **Dependent Children:** To qualify as a dependent child, the child must be legally adopted child of an employee or his/her domestic partner should be a legal parent of child(ren), legal document to be submitted as a part of the declaration process

- Please email the following below mentioned details to your respective HR SPOCs with duly filled and signed Declaration Form

A. Your Employee Code
B. Full Name of the Partner
C. DOB of the Partner
D. Gender of the Partner

Domestic Declaration Form

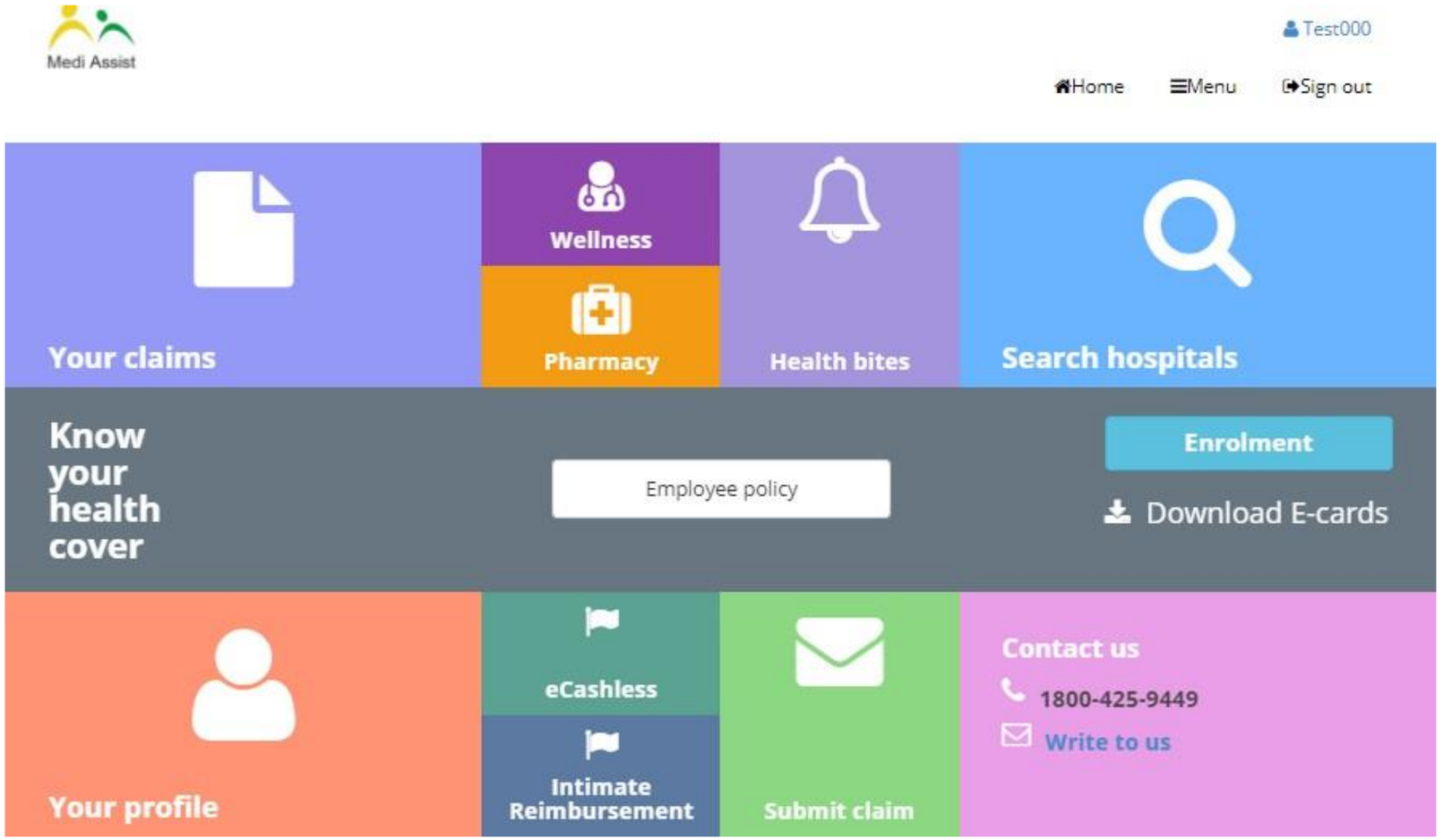
Please Note:

If you opt for the above partner enrolment, then in line with the eligibility guidelines your parents shall no longer be eligible for cover under the medical insurance plan and will be removed from coverage .

Health E- Cards

Process of Download E-Health Id Cards

- Enter URL in address bar of your browser : https://portal.medibuddy.in/login.aspx
- Sign in with Username and Password as received via mail from
- Click on the menu, located at top right corner
- Click on “E Card” to download pdf of your E cards.



Voluntary Critical Illness - Plan Details

Policy Benefits

Cover Definition	A policy that pays a lump sum amount equal to the sum insured upon first diagnosis of a critical illness covered under the policy. In this case, 36 Critical Illnesses are covered
Sum Insured	INR 10 Lakhs
Cover Type	Individual cover of INR 10 Lakhs
Family Definition	Employee, Spouse & Dependent Children (min 5 years age)
Waiting Period	90 Days
Survival Period	30 days
Pre-Existing Diseases	Not covered
Number of Critical Illness cover	36 Critical Illness covered (separate slide of covers in detail)

Critical Illness (1/2)

List of New 36 Critical Illness

Cancer of specific severity	Multiple Sclerosis with Persisting Symptoms
Myocardial Infarction	Coma of Specified Severity
Open Chest CABG	Motor Neurone Disease with Permanent Symptoms
Open Heart Replacement or Repair of Heart Valves	Loss of Vision (Blindness)
Kidney Failure Requiring Regular Dialysis	Major burns
Stroke Resulting in Permanent Symptoms	Parkinson's Disease
Major Organ / Bone Marrow Transplant	Benign Brain Tumor
Permanent Paralysis of Limbs	Alzheimer's Disease
Bacterial Meningitis	Apallic Syndrome or Persistent Vegetative State (PVS)

Critical Illness (2/2)

List of New 36 Critical Illness

Aorta Graft Surgery	Encephalitis
Loss of Hearing (Deafness)	Fulminant Hepatitis
Loss of Limbs	Chronic Relapsing Pancreatitis
Loss of Speech	Major Head Trauma
Aplastic Anaemia	Medullary Cystic Disease
End Stage Liver Failure	Muscular Dystrophy
End Stage Lung Failure	Poliomyelitis
Primary (Idiopathic) Pulmonary Hypertension	Systemic Lupus Erythematous
Coronary Angioplasty (PTCA)[1]	Brain Surgery

Critical Illness

General Exclusions

1	We shall not be liable to make any payment in respect of any Critical Illness whose signs or symptoms first occur within the first 90 days from the Inception Date
2	Any claim with respect to any Critical Illness diagnosed or which manifested prior to the Inception Date
3	Any Pre-Existing Disease or any complication arising therefrom
4	Any Critical Illness arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
5	Any Critical Illness directly or indirectly caused due to intentional self-injury, suicide or attempted suicide; whether the person is medically sane or insane
6	Working in underground mines, tunneling or involving electrical installations with high tension supply, or as jockeys or circus personnel
7	Any loss resulting directly or indirectly contributed or aggravated or prolonged by childbirth or from pregnancy
8	Any Critical Illness arising or resulting from the Insured Person committing any breach of law or participating in an actual or attempted felony, riot, crime, misdemeanor or civil commotion with criminal intent

Voluntary Parent's Policy- Plan Details

Plan Name : Voluntary Parent's Mediclaim Policy	
Policy Holder	Pradhiran Pvt Ltd
Policy period	01-Jul-2023 To 30-Jun-2024
Insurer	Aditya Birla Health Insurance Co. Ltd
TPA	Medi Assist India TPA Pvt. Ltd.
Sum Insured Limits	INR 3 Lacs & INR 5 Lacs
Geographical Limits	India
Family Definition	• Parents or Parent In Laws • Cross combination not allowed Parents here refers the Primary Insured's natural parents or parents that have legally adopted him/her
Entry Age for Parents	For Parents/ in laws- Entry age restricted upto 85 years

Voluntary Parent's Policy - Plan Details (1/2)

Room Rent Restriction	2% of the in-patient Sum Insured, if admitted to regular room. All benefits as an inpatient in a hospital attached to room will be restricted to the room, which falls within the room rent limits allowed. The enhanced difference in expenses due to opting rooms with higher room rent than what has been allowed will be borne by the insured only. Wherever the room rent based tariff for the other expenses is not available, the payment would be done in the same proportion as per the entitlement of room rent under the policy excluding medicines, consumables and implants medically prescribed by the treating doctor under the policy. In case of package treatment where individual bifurcation of room rent, medicines, operation theatre expenses, doctor's consultation charges etc. are not available, then the package charges shall be proportionately linked to the entitled room rent of the insured person under the policy.
Pre & Post Hospitalization expenses	30 Days Pre-Hospitalization & 60 days Post-Hospitalization (to be claimed as reimbursements)
Road Ambulance Charges	Covered upto INR 2500 per case in case of emergency only. Ambulance charges will be applicable for transferring patient to Hospital or between Hospitals in the Hospitals ambulance or in an ambulance provided by any ambulance service provider only
Internal Congenital	Covered
Cataract Surgery	Mono and/or Multifocal Lens covered
Survival Period	30 days
Co-Pay	10% Co-Pay on each and every claim

Voluntary Parent's Policy - Plan Details (2/2)

Special Conditions	Pandemic and Dental and Vision in cases of accidents covered, only in case of accidents. Refractive error or sight correction (+/-) 7 and macular degeneration of retina- on IPD and OPD basis, Final decision will be taken on receipt of complete set of documents. 50% Co-Pay for cyber-knife treatment, Gamma Knife treatment and Stem Cell Transplantation, Robotic Surgery, Femto laser treatment for eye. It will be applicable for each eye each event. Cochlear Implant treatment shall be restricted to 50% of the SI. Coverage under this benefit is subject to the procedure being authority-approved indication for the medical condition, and should not be experimental and unproven treatment as on date
Pre-Existing exclusions/1st year exclusions/30 days waiting period	Waived off
Claims Submission Timeframes	Submission within 30 days from Date of Discharge
Claims Intimation Timeframes	Waived off
Terrorism	Covered

Know Your Room Rent Limit

Proportionate Deduction Clause

- Insured employees are requested to use **prudence and proper negotiation** with Hospital/ Nursing home in availing the eligible room category.
- Please remember, higher the room category higher is the cost of treatment. This may result in faster exhaustion of your total available eligibility
- **Employee opting for a higher room category will have to bear the proportionate increase in cost on all categories / heads.**
- For example: if an employee opts for room of INR 10,000 per day , 50% deduction shall be applicable for overall bill except for the cost of medicines.
- Any expenses like nursing / electricity / monitor charges / etc. charged separately will be considered under room rent cost and will not be payable if charged separately.

Your Plan Details(1/3)

General Exclusions

- 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) or by nuclear weapons / materials.
- Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- Surgery for correction of eye- sight, cost of spectacles, contact lenses, hearing aids etc.
- Cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc unless arising from disease or injury and which requires hospitalization for treatment.
- Congenital external diseases or defects/anomalies
- Convalescence, general debility, "run down" condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- Any cosmetic or plastic surgery except for correction of injury
- Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period.
- Expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.
- Any Treatment arising from or traceable to pregnancy, miscarriage, abortion or complications of any of these including changes in chronic condition as a result of pregnancy except where covered under the maternity section of benefits.

Your Plan Details(2/3)

General Exclusions

- Doctor's home visit charges, Attendant / Nursing charges during pre and post Hospitalization period.
- Treatment which is continued before hospitalization and continued even after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker , Crutches, Belts ,Collars ,Caps , splints, slings, braces ,Stockings etc of any kind, Diabetic footwear, Glucometer / Thermometer and similar related items etc and also any medical equipment which is subsequently used at home etc..
- All non-medical expenses including Personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc, guest services and similar incidental expenses or services etc..
- Change of treatment from one pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.
- Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control programme, services or supplies etc..
- Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- Massages, Steam bathing, Shirodhara not covered.

Your Plan Details(3/3)

General Exclusions

- Any kind of Service charges, Surcharges, Admission fees / Registration charges etc levied by the hospital.
- Non-prescribed drugs and medical supplies, Hormone replacement therapy
- Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during Hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeon fees etc,.
- Vitamins and tonics unless used for treatment of injury or disease
- Infertility treatment, Intentional self Injury, Outpatient treatment.
- Family planning Operations (Vasectomy or tubectomy) etc
- All expenses arising out of any condition directly or indirectly caused by or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymohadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment like Prosthetics etc.
- Any device/instrument/machine that does not become part of the human anatomy/body but would contribute/replace the function of an organ is not covered.
- Warranted that treatments on trial/experimental basis are not covered under scope of the policy.

Getting Enrolled

The Procedure : What Must You Remember ?

- Employees have to provide all the details of dependents in the prescribed format provided in the joining docket for Mediclaim coverage. Dependents once declared cannot be changed during the policy period.
- Existing Employees are covered as on date of policy commencement (or date of joining for new employees joining after 1st July 2022) along with their eligible dependents as per data provided by HR to Insurance Company.
- No midterm inclusion of dependents would be allowed except in case of spouse due to marriage of an employee and birth of child.
- Midterm enrollment of new dependents (Spouse / Children) is allowed for employees within 15 days from Date of Marriage/ Date of Birth. The details need to be provided to HR within 15 days from date of event.
- Eligible Dependent covered under the policy for existing employees can be viewed on the TPA website.

Making A Claim

Hospitalization Procedure

You can avail either cashless facility or submit the claim for reimbursement.

Definition of Cashless

- Cashless hospitalization means the TPA may authorize (upon an Insured person's request) for direct settlement of eligible services and the corresponding charges between a Standard Network / PPN Network Hospital and the TPA. In such case, the TPA 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 these services are covered under the Policy. Denial of cashless does not mean that the treatment is not covered by the policy.

Definition of Reimbursement

- In case you choose a non-network hospital, you will have to liaise directly with the hospital for admission. However, you are advised to follow the preauthorization procedure and intimate the TPA about the claim to ensure eligibility for reimbursement of hospitalization expenses from the insurer.
- To know about cashless or reimbursement, please visit the desired section mentioned below:

Making A Claim

Process for Cashless

Cashless hospitalization means the Administrator may authorizes upon a Policyholder's request for direct settlement of eligible services and its 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.

List of hospitals in the TPA's network eligible for cashless hospitalization	
Hospital Network List For Network Hospital List Click https://www.medibuddy.in/networkHospitals Note : Employee can always download the updated network list from TPA website on real time basis.	Essential email ids and contact numbers: 24x7 Toll Free Number for Claim Intimation: 040 6817 2735 Claim Intimation E-mail: Pradhiran@mediassist.in
For TPA Website Click: https://portal.medibuddy.in/login.aspx	

Please reach out to MediAssist TPA to check the admissibility of any claim in advance to avoid any ambiguity

Medi Assist TPA point of contacts

For any support in Cashless claims, Reimbursement claims, E-cards, network hospital support, cover details, please contact Medi Assist TPA

Hyderabad	Mumbai
Helpline no – 040-68172735 **E-Mail Id** - pradhiran@mediassist.in **1st Level** – K Raj Reddy – kan.reddy@mediassist.in 9731847099 **2nd Level** – Achanta Hari Tulasi - a.tulasi@mediassist.in 9620856349 **3rd Level** – Devendar Rao CH – dev.rao@mediassist.in 6366420429	Helpline no - 040-68213616 **E-Mail Id** - pradhiran@mediassist.in **1st Level** – Ramesh Baswal – ram.baswal@mediassist.in 9515121283 **2nd Level** – Achanta Hari Tulasi - a.tulasi@mediassist.in 9620856349 **3rd Level** – Devendar Rao CH – dev.rao@mediassist.in 6366420429

Please reach out to MediAssist TPA to check the admissibility of any claim in advance to avoid any ambiguity

Making A Claim

Group Medical– Cashless Hospitalization

Planned Hospitalization

- Approach hospital minimum 48 hrs. prior to admission , produces TPA card with Govt ID and completes pre-authorization formalities
- Faxes Pre-Authorization letter to TPA for Approval
- If all the documents are in order, TPA will issue authorization letter to hospital within 3 hours
- If the case is Declined, Denial Letter will be issued to hospital (*denial of cashless does not mean denial of treatment or claim*)
- Incase additional information is required, TPA will inform the Hospital / Employee

Emergency Hospitalization

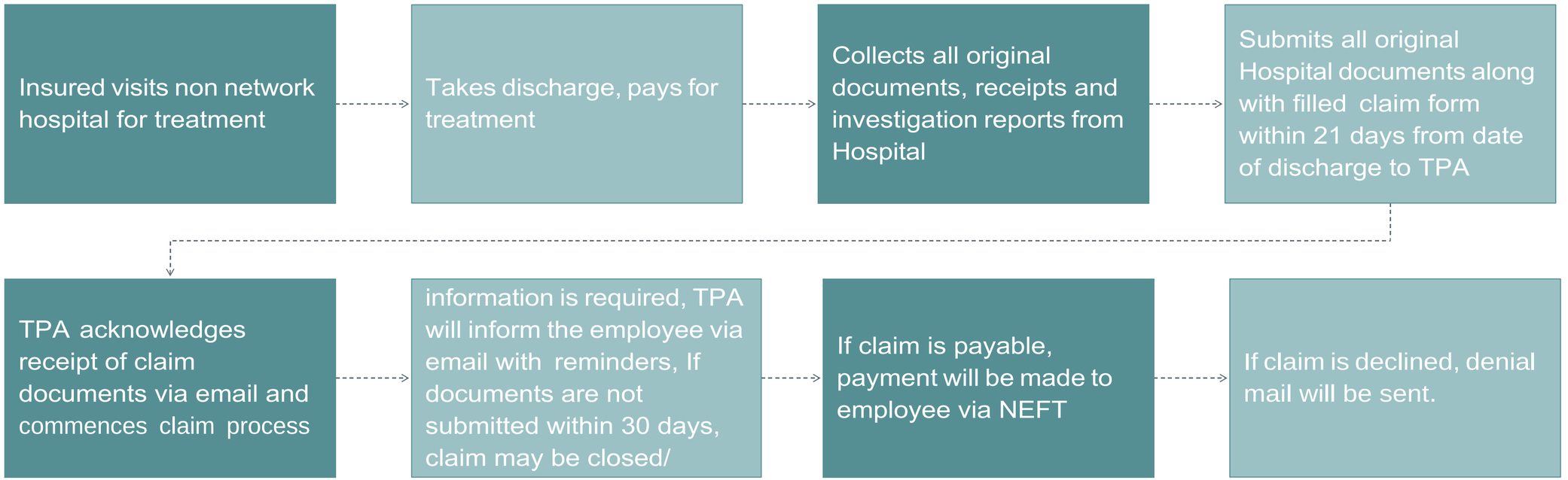
- Admission in Hospital
- Pre-Authorization formalities to be completed within 24 hours and sent to TPA for Approval
- If all the documents are in order, TPA will issue authorization letter to hospital within 3 hours
- If the case is Declined, Denial Letter will be issued (*denial of cashless does not mean denial of treatment or claim*)
- Incase additional information is required, TPA will inform the Hospital / Employee

For Cashless Network Hospital List Click

https://www.medibuddy.in/networkHospitals

Making A Claim

Group Medical– Reimbursement Claim



Making A Claim

Claims Document Check List & Attachments

Sr. No.	Document Required (All in ORIGINAL)
1	Claim intimation is mandatory within 7 days from DOA and before DOD
2	Main Hospital bills in original (Original Hospital Payment Receipt with serial number, with bill no; signed and stamped by the hospital) & itemized bills.
3	Discharge Card/Summary (original).
4	Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill) Indoor case papers
5	Original investigation reports or attested copies of Bills & Receipts for Medicines, Investigations along with Doctors prescription in Original & Laboratory
6	Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
7	Break up with details of Pharmacy items, Materials, Investigations even though it is there in the main bill
8	In non- network hospitalization, please get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital.
9	In case of accidents, please note FIR or MLC (medico legal certificate) is mandatory. Original Death Summary: In case of Death Claims
10	One Cancelled Cheque with Employee Name printed to settle the claim to Employee Bank account.

Making A Claim

Group Medical– Important Video Links- Medi Assist

Topic	Link
Hassle-free healthcare	https://www.youtube.com/watch?v=FthU5JU1QTU
One app for all your healthcare needs	https://www.youtube.com/watch?v=IhjWAeAdY54
E-cashless to beat the que	https://youtu.be/urNNfFva864
Self-help anytime anywhere	https://youtu.be/QUowKC8jb3M
Paperless mobile on the go	https://youtu.be/l78q44WlDJY
Health benefits info at your fingertips	https://youtu.be/Cb0gpM3alDU
E-Cashless	https://youtu.be/3dgifO8QpWE
Network hospital search	https://youtu.be/U_XPR7LYNvo

Topic	Link
MediBuddy Chatbot	https://youtu.be/0wfV5KfiAoQ
Real time Claims Tracking	https://youtu.be/U4ocqz0QnLk
Network hospital search with #MediBuddy #SelfHelp #Healthcare #Wellness #HealthTech	https://youtu.be/GbbZA964_zg
Online reimbursement claims submission	https://youtu.be/nycXXW2m56I
Pharmacy	https://youtu.be/kReYoxxJJH0
Ecard	https://youtu.be/OX2N7HCkr00
Maternity with #MediBuddy #MaternityProgram	https://youtu.be/651LEr1ItM0

Making A Claim

Group Medical– Important FAQ

What are network hospitals? What should I do when I reach the hospital (NETWORK)?

- These are hospitals where TPA has a tie up for the cashless hospitalization. There are two kinds of network hospitals; PPN Network hospitals where cashless services can be obtained for emergency and planned treatments and Standard (Non PPN) network hospitals where cashless services can be obtained for planned Hospitalization.

- Once you have reached there, please show your ID card for identification. TPA will also send a letter of credit (on pre-authorization) to the hospital to make sure that they extend credit facility. Please complete the pre-authorization procedure listed earlier. If the pre-authorization is not done, you must collect all reports and discharge card when you get discharged. Please make sure that you sign the hospital bill before leaving the hospital. You can then submit the claim along with all the necessary supporting documents to TPA as a reimbursement . If, however, you go to a non network hospital , it is still advisable to fill the preauthorization form (use the copy attached with the Benefits Manual). Please fill the claim form, attach the relevant documents and send it to TPA office for reimbursement.

How can I claim my pre & post hospitalization expenses?

- The policy covers pre-hospitalization expenses made prior to 60 days of hospitalization and incurred towards the same illness/ disease due to which hospitalization happens. It also covers all medical expenses for up to 60 days post discharge as advised by the Medical Practitioner. All bills with summary have to be sent to TPA for reimbursement within 7 days of incurring the expense.

Making A Claim(1/2)

Things To Remember

Always aim to pre-authorize your benefits with the TPA

This will help you in the following ways:

- You will be informed in advance regarding your coverage for the treatment and whether it is covered under your medical plan or not . This will help you know in advance if your claim may get rejected at a later stage and you do not end up paying out of pocket.
- It will help you ensure that the treatment cost is appropriate and not inflated. as the TPA will be able to cross check costs with the hospital in question. This will also help TPA in planning your hospitalization expenditure such that you do not run out of the cover that you are entitled to.
- It will help TPA in registering the impending claim with the insurer

Ensure your dependent list is always updated and claims submitted as per protocols

- Please ensure that all your dependents are covered and have a valid card at the outset itself as it will not be possible to add dependents at a later stage. Submit your reimbursement claims within timelines from the hospital. Please do not postpone this till later as it may mean that your claim gets rejected due to late submission .

- Please check that your documents are submitted completely at the first instance itself and originals are submitted wherever requested for . Do note that incomplete submissions will not be considered as exceptions by the insurers and will only delay the process further for you and a delay may lead to the claim getting closed. Please also retain a copy of all claim documents submitted to the insurer

Making A Claim (2/2)

Things To Remember

Know that it is possible that benefits under your plan could be reduced v/s your eligible sum insured

The following are some common reasons for rejection although these are NOT the only reasons why a claim could be reduced

- Limits for the specific ailment exceed the reasonable cap on ailments listed in the manual,
- Claim amount exceeds the permissible limit under the policy for you (denied to the extent of the excess),
- Some expense items are non payable for e.g. toiletries , food charges for visitors etc.

Know that it is possible that your claim could also be completely rejected under the plan?

The following are some common reasons for rejection although these are NOT the only reasons why a claim could be rejected

- Treatment taken after leaving the organization. (If you have been transferred from one group business to another, please confirm with your HR that you have been included for coverage under your new entity)
- Treatment that should have been taken on an outpatient basis (unnecessary inpatient admission and / or no active line of treatment.) or where hospitalization has been done primarily from a preventive perspective. Please remember that on occasion your personal doctor may recommend hospital admission for observation purposes however such admissions are not covered under your medical plan
- Treatment taken is not covered as per policy conditions or excluded, under the policy. Please go through the list of standard exclusions listed earlier. (for e.g. : Ailment is a because of alcohol abuse is a standard exclusion, similarly cosmetic treatments or treatments for external conditions like squint correction etc are not covered) . Hospitalization taken in a hospital which is not covered as per policy conditions (Ex. less than 10 bed hospitals), Admission is before/after the policy period or details of the member are not updated on the insurer's list of covered members . Additionally in case original documents are not submitted as per the claim submission protocol.

Group Personal Accident Policy

The Group Personal Accident policy covers expenses for the insured persons (only employee covered) on account of permanent / temporary, total or partial disability or death due to an accident.

Accidental Permanent Disablement means disablement caused due to an accident which entirely prevents an insured person from attending to any business or occupation of any and every kind and which lasts 12 months and at the expiry of that period is beyond hope of improvement.

Accidental Temporary Total Disablement means disablement caused due to an accident which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or occupation and shall be payable during such disablement from the date on which the Insured person first became disabled.

Accidental Permanent Partial Disablement is a doctor certified total and continuous loss or impairment of a body part or sensory organ caused due to an accident, to the extent specified in the chart provided by the insurer

Your Plan Details

Plan Name : Group Accident Plan	
Policy Holder	Pradhiran Pvt Ltd
Period of the Cover	12 months
Policy Effective Date	1st Jul 2023
Expiry Date	30th Jun 2024
Insurer	Aditya Birla Health Insurance Co. Ltd
Sum Insured Limit	3 times of Annual Base Salary
Members covered under the plan	Employees of Pradhiran Pvt Ltd

Key Benefit Features	
Accidental Death	Covered up to the full sum insured limit
Permanent Total Disablement	Covered up to the % of sum insured limit
Permanent Partial Disablement	Covered up to a specified percentage of the full sum insured limit
Temporary Total Disablement (Weekly Benefit)	Covered for 1% of Sum Insured or INR 5,000 or Actual subject to a maximum limit per week, up to 104 weeks

Your Plan Details

Key Benefit Features	
Medical Expenses	Limit of 10% of maximum eligible limit or 40% of admissible claims amount or actual whichever is lower subject to a maximum of INR 500,000.
Education Fund	In case of death of the employee, an Educational Fund for dependent children up to INR 100,000/- for 2 children up to the age of 23 years or 4 years whichever is earlier.
Ambulance Charges	Covered up to INR 5,000
Repatriation of Mortal Remains	Covered up to INR 5,000
Carriage of Dead Body	In the event of death of the insured person due to accident, company shall pay for transportation of insured person's death body to the place resident of a lump sum of 2% of capital sum insured or INR 2,500/- whichever is less.
Other Coverages	a) Terrorism is covered b) Snake or Animal bite is coved as an accident

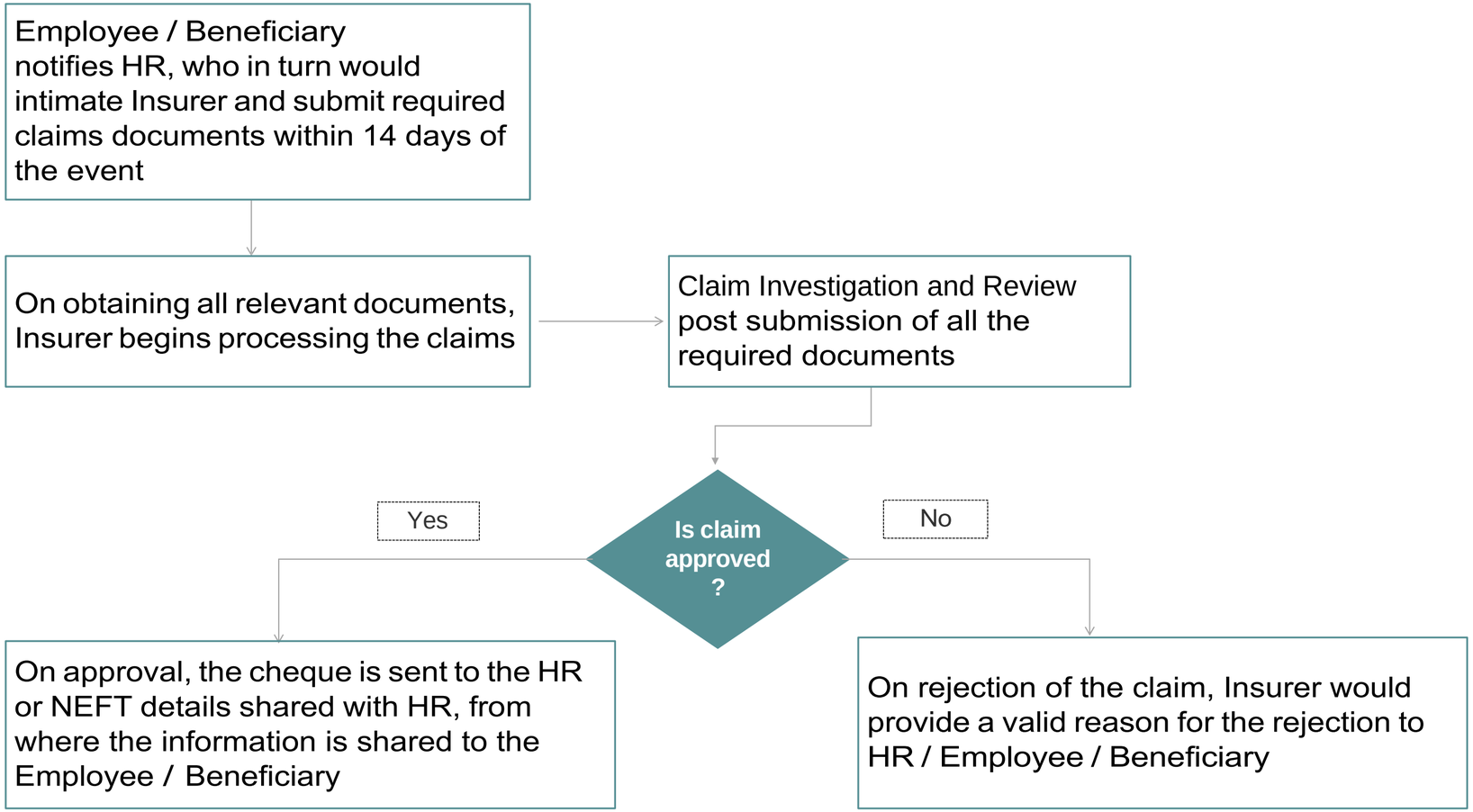
Your Plan Details

Key Exclusions

- Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; or
- Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
- Participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion; or
- Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft.; or
- Self exposure to needless peril (except in an attempt to save human life);
- Loss due to childbirth or pregnancy
- Self exposure to adventurous sports like sky diving / scuba diving / rock climbing, car racing, etc.

Making A Claim

Group Personal Accident – Claim Procedure



Making A Claim

Document Check List

Sr No.	Document Details for Accidental Death
1	Completed Claim form with photocopy of ID card
2	Copy of postmortem examination report
3	Copy of the first information report from police department / copy of the medico-legal certificate
4	Original death summary from the hospital
5	Copy of the legal heir certificate, if the claim is for the death of the principle insured
6	Viscera Report for death due to poisoning OR snake bite
7	Death certificate from Municipal Authority OR Gram Panchayat (Applicable for claim reported from rural areas)
8	Salary slip prior to Accident

Sr No.	Document Details for Disablement Claims
1	Completed Claim form with photocopy of ID card
2	Original detailed discharge summary / day care summary from the hospital
3	Treating doctor's certificate giving details of injuries (How, when and where injury sustained)
4	Copy of the first information report from police department / copy of the medico-legal certificate
5	First consultation letter and subsequent treatment papers
6	Disability certificate from a concerned specialist affiliated with government hospital confirming the extent and nature of disability

This is an indicative list of documents and there may be additional documents required by the insurer.
It is mandatory to provide the details for nomination of beneficiary.

Making A Claim

Document Check List

Sr No.	Document Details for Temporary Total Disablement
1	Completed Claim form with photocopy of ID card
2	Salary Slip prior to Accident
3	Fitness Certificate by the treating doctor
4	Medical/Hospital Documents if any

This is an indicative list of documents and there may be additional documents required by the insurer.
It is mandatory to provide the details for nomination of beneficiary.

Sr No.	Document Details for Emergency Medical Expenses/Emergency Expenses (Accident Only)
1	Completed Claim form with photocopy of ID card
2	Original consolidated hospital bill with breakup of each Item, duly signed by the insured
3	Original payment receipt of the hospital bill
4	Original bills, original payment receipts and reports for investigation
5	Original medicine bills and receipts with corresponding prescriptions
6	Original invoice/bills for implants (viz. Stent /PHS Mesh / IOL etc.) with original payment Receipts
7	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
8	Copy of the medico-legal certificate

Group Term Life Benefits

Group Term Life Insurance Scheme is meant to provide life insurance protection to the employees. The Policy provides for payment of a lump sum to the nominated beneficiary in the unfortunate event of the employee's death due to any cause. Plans are subject to a Free Cover Limit and requirement for medical tests. Employees whose sum insured is above the Free Cover Limit, will have to undergo medical test as informed/prescribed by the insurer. In case any employee fails to complete the criteria of the insurer, sum insured benefit will be restricted up to Free Cover Limit only.

Your Plan Details

Plan Name : Group Term Life	
Policy Holder	Pradhiran Pvt Ltd
Period of the Cover	12 months
Policy Effective Date	1st July 2023
Expiry Date	30th June 2024
Insurer	HDFC Life Insurance Co. Ltd
Basis of Sum Assured	3 times of Annual Base Salary (Minimum Sum assured of INR 30 lacs) upto FCL limit of INR 4 Crores - Maximum Age 59 years
Terminal Illness Rider	100% of Base Life Cover subject to maximum of INR 2 Cr.
Members covered under the plan	Employees of Pradhiran Pvt Ltd
Geographical Limits	24*7 World-Wide

Benefit	Coverage
Death	Due to any cause

Document Checklist

Type of Claim	Requirement
Death (all causes of death #)	• Claim Forms Part I: Application Form for Death Claim (Claimant's Statement) # Part II: Physician's Statement, relevant Hospital records and report from the concerned medical specialist giving nature of disability and illness (for Critical Illness claims).
	• Death Certificate issued by a local government body like Municipal Corporation/Village Panchayat
	• Medical Cause of Death Certificate issued by attending physician/hospital
	• Attested True Copies of Indoor case Papers of the hospital(s)
	• Post-mortem Report (Autopsy Report) & Chemical Viscera Report – if performed
	• The Beneficiary : ○ Photo ID with DOB with relationship to the insured ○ Proof of legal title to the claim proceeds (e.g., legal succession papers, assignment deed etc.)
	• Employer's Certificate
	• Leave Records for the past 3 years
If Death due to Accident (submit in addition to the above)	All Police Reports / First Information & Final Investigation Report
	Proof of Accident – Panchnama / Inquest Report
	Newspaper cutting / Photographs of the accident – if available

The above is an indicative list of documents, and the insurer reserves the right to ask for additional proofs & documents in support of the claim. Policyholder shall inform the insurance company of any claim within 30 days of the claim event.

Thank You