



GROUP HEALTH INSURANCE

Helping our clients manage employee benefits 24 x 7 x 365 days a year



DISCLAIMER:

This policy may change at any time according to the company's discretion. The contents of the policy are general guidelines and the company reserves its right to deviate from the policy, as determined necessary.

This document contains proprietary or confidential information of the company.

BENEFITS SUMMARY



POLICY PARAMETERS	
Insurer	Oriental Insurance Company Limited
TPA	Paramount Health Services and insurance TPA
Insurance Broker	Prudent Insurance Brokers Pvt Ltd
Family Coverage (Employees)	Employee, Spouse and 2 dependant children , Either 2 Parents or 2 Parents-in-law . One of each is not permitted to be covered.
Policy Period	20th May'20 to 19th May'21
Sum Insured	INR 3,00,000/- Family floater

- If Employee is covering parents in the Mediclaim policy and there is any parental claim, then parent's insurance will be locked-in for the next 2 years following the current policy. Lock-in is waived-off for separating employees or in an unfortunate event of deceased parent..
- If an employee passes away during the policy, the benefits can be extended to the dependents for the next 6 months or till the end of policy whichever is higher..
- Only one set of parents would be covered under the policy. Now there is an option to choose one parent from the other set (parents/in-laws), incase only a single parent is surviving from the previous set.

STANDARD HOSPITALIZATION: 24HOURS



REIMBURSEMENT OF EXPENSES RELATED TO:

- ◎ Room and boarding Doctors fees Intensive Care Unit Nursing expenses
Surgical fees, operating theatre, anesthesia and oxygen and their administration Physiotherapy - followed by surgical event only
- ◎ 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
Organ transplantation charges

HOSPITAL CRITERIA :

- ◎ Hospital or nursing home means any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner, or complies with minimum criteria,
- ◎ As follows: Has a fully equipped operation theatre, medical record for each of its patients. Should have minimum of 10 beds if located in towns having a population of less than 10 lakhs (Class C towns) or a minimum of 15 in-patient beds in other towns.

ROOM RENT AND BOARDING

Room rent restricted upto INR. 3,500/- per days for normal and as per actuals for ICU

Should you opt for a room of higher category, you are responsible for bearing the additional proportional charges associated with such room.

Sum Insured	3,00,000
Actual Room+Nursing	5,000 per day
Eligible Room+ Nursing	3,500
Excess Room rent	1,500
% for proportionate Deduction	30%
16% deduction will applicable on final hospital bill except medicine	



DAY CARE PROCEDURES: 130+



Due to in technological advancement , there are 130+ procedures/surgeries which do not require 24 hours hospitalization but still the expenses are payable in the policy.

PRE AND POST-HOSPITALIZATION EXPENSES PERIOD



- Pre Hospitalization - 30 days
- Post Hospitalization- 60 days &
upto 120 days for Accident cases

COVERAGE FOR PRE-EXISTING AILMENT

PRE-EXISTING DISEASES COVERED

Any pre-existing ailment is covered from inception in Clarion Group Health Policy.

FIRST 30 DAYS EXCLUSION

Any illness diagnosed within 30 days of policy inception is covered in Clarion Group Health Policy

FIRST & SECOND YEAR DISEASES EXCLUSIONS

Any illness diagnosed within first, second & fourth year of policy is covered in Clarion Group Health Policy from inception



MATERNITY & BABY COVERAGE

INR. 70,000 for normal delivery & cesarean delivery for first two live deliveries

Pre & post natal expenses- to be covered up to INR. 5,000/- within normal maternity limit

Pre and post natal is covered up to normal maternity sub-limit within maternity limit in case of hospitalization

New baby cover from day one within family Sum insured

3rd Child should be covered in case of Twins, during second Delivery



MID-TERM ENROLLMENT FOR NEWBORNS AND SPOUSES



DID YOU GET
MARRIED?



BLESSED WITH A BABY?

DON'T FORGET TO ENROLL THEM FOR MEDICAL
INSURANCE

Employees should enroll their newly married spouse & new born child within 90 days from the date of such events(DoB/DoM).

Mid-term enrollment is not allowed for existing employees for their undeclared dependents.

COVERAGES



Treatment / Illness / Aliment	Coverage
Infertility	Interventional , infertility treatment for both male and female within normal maternity limit
Psychiatric treatment	Covered with limit of INR 30,000/-
Congenital External Disease	Life threatening external congenital covered in the policy
Cyber / Gamma Knife Treatment & Stem Cell Transplantation, Robotic Surgery	Covered with 50% Co-pay
Cochlear Implant	Covered- restricted to 50% of the SI.
Lasik Surgery	Covered if power greater than +/- 7.5
Disabled Child Cover	Disabled Child Cover without any age limit.

AILMENT CAPPING: FOR PARENT



Aliment	Capping
Appendectomy	INR. 30,000
Eye Related Disease	INR. 30,000
Gall Bladder	INR. 40,000
Hernia	INR. 25,000
Hydrocele	INR. 25,000
Hysterectomy	INR. 40,000
Joint Replacement including vertebral joint	INR. 1,10,000
Kidney Stone Surgery	INR. 35,000
Piles	INR. 25,000

GENERAL EXCLUSIONS



- War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority.
- Circumcision unless required for the treatment of Illness or Accidental bodily injury, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
- Any form of plastic surgery unless necessary for the treatment of cancer ,burns or accidental Bodily Injury
- The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment except for intrinsic fixtures used for orthopedic treatments such as plates and K-wires .
- External medical equipment of any kind used at home as post hospitalization care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.

GENERAL EXCLUSIONS



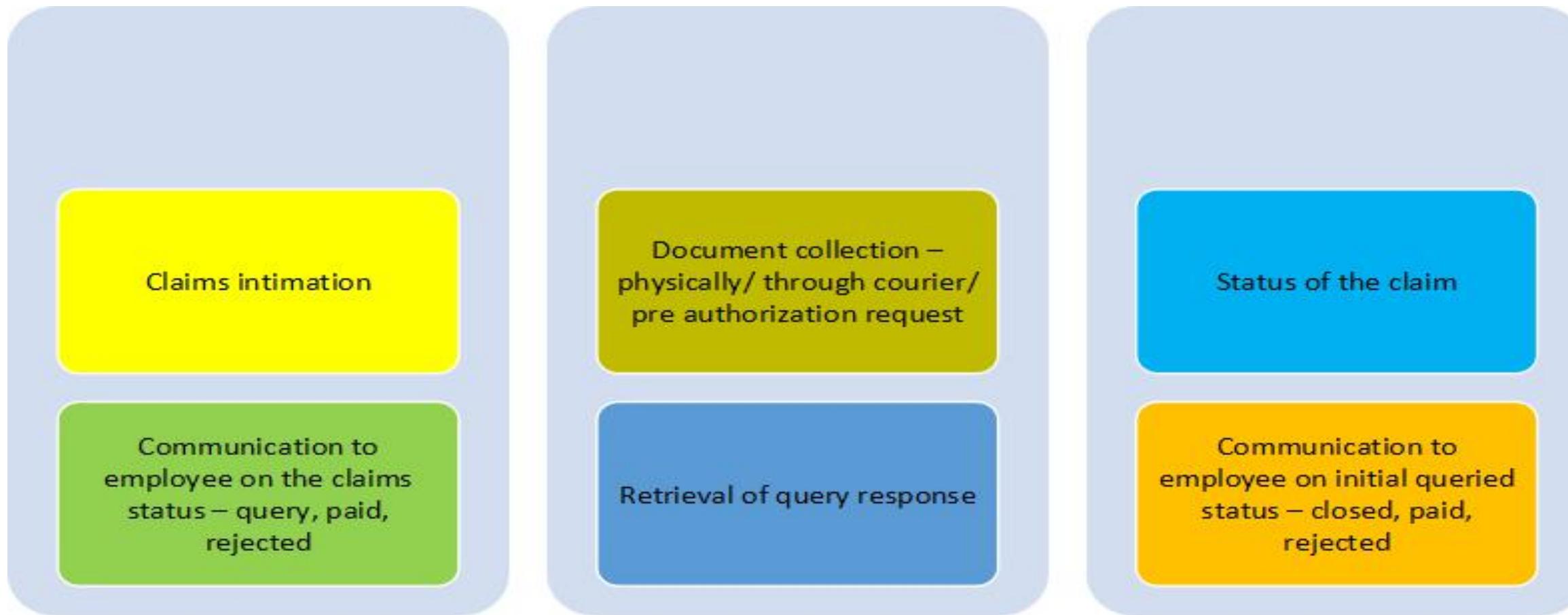
- Convalescence, general debility, rest cure, congenital external diseases or defects or anomalies, genetic disorders, stem cell implantation or surgery, or growth hormone therapy.
- Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
- Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
- Medical Expenses relating to any hospitalization primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
- Medical expenses where Inpatient care is not warranted and does not require supervision of qualified nursing staff and qualified medical practitioner round the clock .
- Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
- Vaccination or inoculation unless forming a part of post bite treatment.
- Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and also requiring hospitalization .

GENERAL EXCLUSION

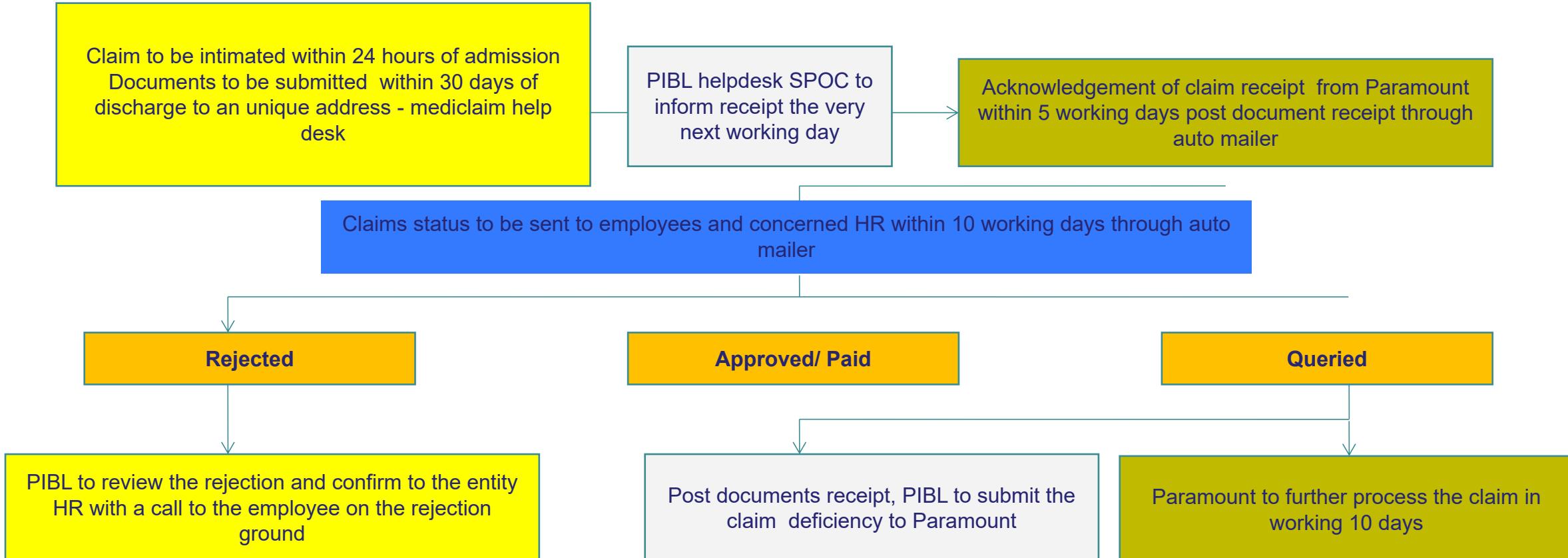


- Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
- Naturopathy Treatment, unconventional, untested, unproven, experimental therapies.
- Treatment for any other system other than modern medicine (also known as Allopathy)
- Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.(not applicable for Daycare procedure no.111 Free skin transportation, donor site)
- Venereal disease or any sexually transmitted disease or sickness.
- Weight management services and treatment related to weight reduction programmes including treatment of obesity.
- Change of sex or cosmetic or aesthetic treatment of any description, plastic surgery (other than as necessitated due to an accident or as a part of any illness), all treatment for erectile dysfunctions.

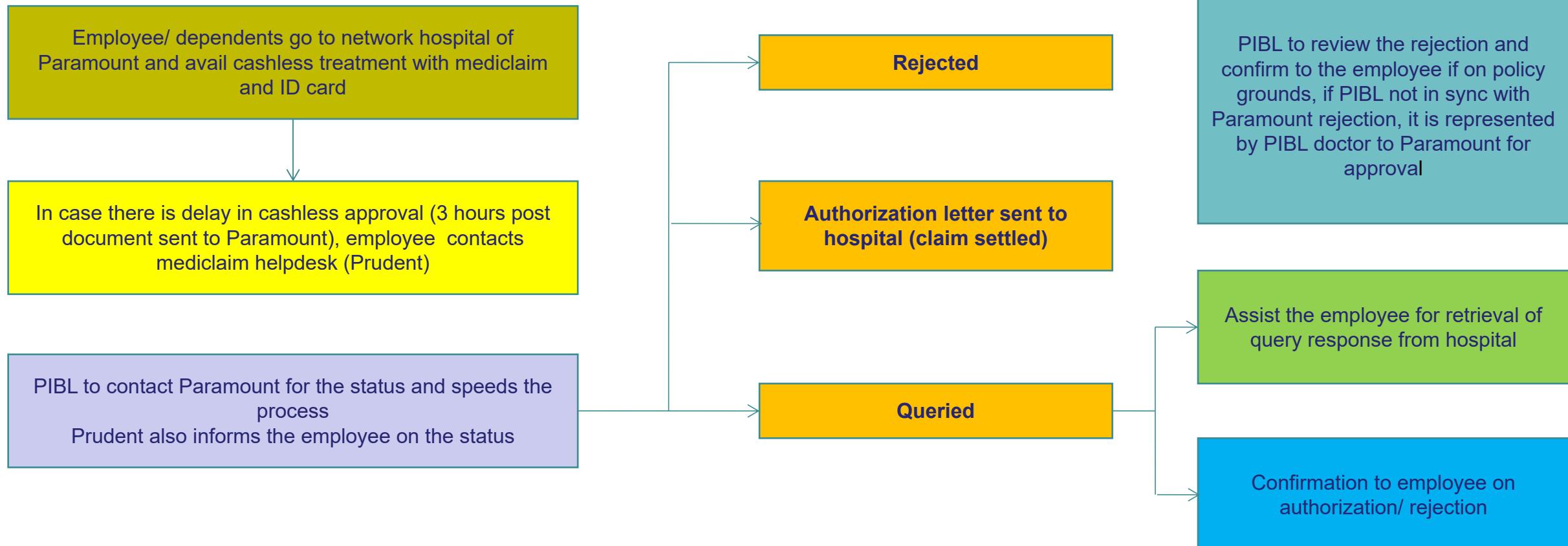
CLAIM PROCESS



REIMBURSEMENT CLAIM PROCESS



CASHLESS CLAIM PROCESS



Escalation Matrix

Contact Level	Name	MobileNo	E-mail Id
Level 1	Aatish Gaurav	7767998400	clariontechnologies@prudentbrokers.com
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Level 3	Dr. Sheetal Gurav	9923071666	clariontechnologies@prudentbrokers.com
Level 4	Sameer Iftekhari	9923546655	clariontechnologies@prudentbrokers.com



Thank you

