

INSURANCE COVERAGE DOCUMENT

Master Policy Number: **0000001202**

YOUR INDIVIDUAL CERTIFICATE NUMBER IS: **856154**
 COMPANY NAME: **Tech Mahindra**
 UNIT: **Enterprise - LT Europe, Japan & Canada Plan**
 COMPANY PIN: **1033**
 PLAN TYPE: **Long Term Plans**
 TPA REFERENCE: **Region 14**
 COUNTRY/COUNTRIES OF COVERAGE: **Canada**

START DATE OF COVERAGE: **27 May 2018**
 END DATE OF COVERAGE: **24 Aug 2018**
 DURATION OF COVERAGE: **90 Days**
 DATED: **24 May 2018**

INSURED(S) DETAILS:

	NAME	EMPLOYEE CODE	MAYFAIR ID
(1)	HIMANSHU VINODRAI DOSHI	483723	1033104114

LONG TERM CANADA PLAN COVERAGE

SECT A (MEDICAL EXPENSES): An insured has a per claim maximum limit of USD 100,000.

Deductible for Sect A:

- a) Inpatient Admissions: USD 10 per claim
- b) Outpatient and Other treatments: USD 10 per claim, unless otherwise stated.

- (1) Hospitalization & Inpatient Admission Expenses - Fully Covered – All reasonable and customary costs covered for emergency hospitalizations. Deductible for Inpatient Admission: USD 10 per claim
- (2) Ambulance Services - Fully Covered – Ambulance medically required for inpatient admission or transfer for emergency treatment
- (3) Outpatient Expenses- Fully Covered – All reasonable and customary costs covered. Deductibles - USD 10 per claim, unless otherwise stated.

(4) Health check-ups:

- (a) Health check-ups (0-2 years) – Max Cover Limit per insured per annum USD 600
- (b) Children +2 yrs to age 16 yrs – MAX COVER LIMIT: USD 600 per claim.
- (c) All Insured's after 12 months of coverage – MAX COVER LIMIT: USD 600 per claim.

(5) Dental Care -MAX COVER LIMIT: USD 1,000 (per annum). Deductible: USD 10 per claim.

Routine Dental Care: One routine dental check-up after 90 days continuous coverage Max USD 50 per annum. Deductible: USD 10 per visit. *Reimbursement only.

(6) Vision Care- Covers infections & accidental damage.

Routine Vision Care: One routine check up plus one pair of prescription spectacles/lenses after 12 months of continuous coverage. MAX COVER LIMIT: USD 200 (per annum) Deductible: USD 10 per visit. *Reimbursement only.

(7) Prescription drugs/medicines- All Prescription drugs are covered. Excludes OTC. (Over The Counter- available without the Physician's prescription).

(8) Mental Disorders- MAX COVER LIMIT: USD 2,000 (per annum) Deductible: USD 10 per claim.

(9) Pre-Existing Conditions/chronic illnesses - MAX COVER LIMIT: USD 2,500 (per annum) Deductible: USD 10 per Dr's visit.

(10) Short-Term Rehabilitation Expenses- Max limit: USD 1,000 per annum

SECT B (MATERNITY EXPENSES): MAX COVER LIMIT: USD 15,000. Deductible: USD 100. 3 months waiting period.

Max Limit (before the 3 month eligibility is completed): USD 2,000 per Insured person per policy period.

The maximum payable benefit under maternity is USD 15,000

** The above MUST be pre-authorized by MA.

Maternity – Travel Expenses if returning to India:

We would allow for the travel expenses up to USD 1200 of the expectant mother to and from India should she wish to go back to India for her delivery. If a woman is pregnant at the inception of her policy or within 3 months of enrolment this benefit will not be applicable. It would not be applicable after the 7th month too.

SECT C (EMERGENCY REPATRIATION & RELATED MEDICAL EXPENSES): MAX COVER LIMIT: USD 100,000

(1) Additional up to USD 1000 to cover expenses for close business associates, relatives or friends to remain with Insured

- (1) Additional up to USD 1000 to cover expenses for close business associates, relatives or friends to remain with insured.
- (2) Cover costs of transporting one member of the family necessarily having to accompany the Insured person returning to the Home Country.
- (3) On-going treatment in home country for up to 12 months from the date of incident/loss or when the Section C max limit is reached, whichever is the earlier.
- (4) Staff replacement: We will cover the actual travel costs of replacement staff up to a max of USD 2,000
- (5) The decision to approve or require Repatriation is made by the Underwriter or their authorised representatives, so long as the Insured is certified fit to fly.
- (6) Repatriation of mortal remains is covered under this section to a maximum of USD 15,000

SECT D (PERSONAL ACCIDENT): Benefits are administrated by Mayfair We Care, who can be contacted by email: info@mayfairwecare.com

- (1) Death (under 16 yrs old benefit USD 1000) - USD 25,000
- (2) Loss of one or more eyes/or limbs - USD 10,000
- (3) Permanent total disablement - USD 25,000

SECT E (LOSS OF PERSONAL EFFECTS) ONLY as a result of mugging:

- (1) Loss of personal effects due to Mugging: Maximum Cover Limit: USD 1000 (Max Cash Limit of USD 250). Deductible: USD 50.
- (2) Loss of Passport: Mayfair will reimburse USD 250. Deductible: Nil

TRAVEL RELATED COVERS:

- (1) Personal Liability: Max cover USD 200,000. Deductible: USD 200.
- (2) Loss of International Driving License: Max Cover USD 100. Deductible: Nil
- (3) Loss of Baggage: Max Cover USD 1,000. Deductible: Nil
- (4) Delay of Baggage: Max Cover USD 200. Deductible: First 10 hours. (There is no cover for the first 10hrs)
- (5) Trip Delay: Max cover USD 250. USD 10 for every 10 hours. Deductible: First 12 hrs (There is no cover for the first 12 hrs)
- (6) Trip Interruption: Max Cover USD 1,000. Deductible: Nil
- (7) Emergency Hotel Accommodation: Max Cover USD 2,000. Deductible: Nil
- (8) Hijacking: Max Cover USD 250 (USD 25 for every 24 hours). Deductible: Nil

"The validity of the policy is subject to the current coverage dates listed in the Mayfair website"

(a) For 24 Hours Emergency Medical Assistance and Cashless Services:

Help desk worldwide:

International toll free

USA & Canada: 1 888 800 1205

South Africa: 080-098-1498

Mexico: 1-800-514-7855

Romania: 800895669

From most of the countries: + 800-212-12112

Alternatively you can all direct or make a collect call by dialing: + 1-905-532-6130 *

Email: mayfairassist@generalihealth.com

(b) For Pay and Claim or General Policy Queries:

TOLL FREE from most landlines: Please refer above for a list of toll free numbers from select countries

DIRECT LINE : +91 80 30147200 ** and choose the appropriate option

ALTERNATE NO : +1-905-532-6130 and choose the appropriate option

Email: mayfair.claims@mayfairwecare.com

(c) Escalations and Feedback:

- (1) If you need to escalate any issues please email attention to the Claims Manager: mayfair.claims@mayfairwecare.com
- (2) If your issue is still not resolved please email attention to the Complaints Director at: info@mayfairwecare.com

(d) Important Points to Note **

- (1) * Please always note the direct-line number as the toll-free number may not work from certain connections
- (2) ** Open IST (GMT +5.5) 8 am to 8 pm
- (3) If you receive a copy of an invoice from a Service Provider requesting payment, please forward it to mayfairassist@generalihealth.com immediately
- (4) Please be advised the above is only a brief summary. For further info (i.e. What is and isn't covered, exclusions, helpful hints/advice, etc) you will need to get a copy of your company membership guide either from your HRD/TRAVEL DEPT or by going online to www.mayfairwecare.com and entering your insured's login.
- (5) Any reference to 'Region' in this document is a reference to our system setup in Mayfair database. It does not define any scope or area of coverage.