



EXL Group – Insurance Benefits Manual (2024-25)

Disclaimer:

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Prepared by

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Brief introduction – Insurance Benefits

Group Medical

Provides insurance coverage to the colleagues & their dependents for expenses related to hospitalization due to illnesses or injuries

Group Personal Accident

Provides insurance coverage against the risk of death & disability during the policy period, sustained due to an accident caused by violent, unforeseen and external event

Group Medical Benefits

Hospitalization cover

Cashless Process

Non-Cashless/Reimbursement Process

General Exclusions

Contact Details/Escalation Matrix



Coverage Details For Group Medical Policy

Policy Parameter	
Insurer	National Insurance Company Ltd.
TPA	Family Health Plan Insurance TPA Limited
Policy Start Date	27-October-2024 or from date of joining (DOJ) for new joiners
Policy End Date	26-October-2025
Coverage Type	Family Floater or Individual
Sum Insured	INR 1.5 lakh per life; Maximum 5 lakh per family

Self	Eligible
Spouse/Partner & Dependent Children till age 25	Eligible
Mid term enrollment of new dependents (Spouse/Partner & Children)	Allowed within 30 days of joining
Mid Term enrollment of existing Dependents	Not allowed
Mid Term enrollment of new joiners (New employees + their Dependents)	Allowed within 30 days

(Excluded: Clairvoyant and ITI)

****No Individual should be covered as dependent of more than one employee**

Please Note :

A) The expenses are payable provided they are incurred in Indian territory and within the policy period

B) Expenses would be admissible if the hospitalization is more than 24 hours, unless the procedure done is a part of defined “Day Care” list,

Covers expenses related to :

- Room and boarding (Non-ICU)

Executive & Sr. Executive	Restricted to INR 4,000/ for Normal & actual for ICU
Assistant Manager & LAM	Restricted to INR 4,000/ for Normal & actual for ICU
Manager & Sr. Manager	Restricted to INR 5,500/ for Normal & actual for ICU
AVP & Sr. AVP	Restricted to INR 8,000/ for Normal & actual for ICU
For VP and Above	No capping

- Doctors/Medical Practitioner fees
- Intensive Care Unit
- Nursing expenses
- Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Drugs and medicines consumed on the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy
- Ambulance expenses in emergency cases
- Maternity expenses (coverage details of the cover in following slides)

Coverages of time bound exclusions

Pre-Existing Diseases

Definition	A pre-existing condition is any condition for which the insured has already received medical advice or treatment prior to enrollment in the insurance policy
Coverage in EXL	Covered from Day One for all colleagues and their dependents

30 days waiting period

Definition	Any claim arising (except for accidental claim) within 30 days of the policy inception are not covered in default policy conditions
Coverage in EXL	Waiting period of 30 days is waived off for all colleagues and their dependents

1st/ 2nd /3rd and 4th years waiting period

Definition	Varying waiting periods are applicable on non-emergency diseases / ailments / conditions like Cataract, Diabetes mellitus, Hypertension, Stone in Gall Bladder etc. from the inception of the insurance policy
Coverage in EXL	Waiting periods are waived off for all colleagues and their dependents

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 OPD expenses for up to 30 days prior to his / her hospitalization.
Covered in EXL	Yes
Duration	30 Days

Post-Hospitalization 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 day period.
Covered in EXL	Yes
Duration	60 Days

Maternity Benefits

Benefit Details	
Maternity coverage	Up to INR 40,000 for Normal delivery INR 50,000 for C-section for 2 living children
9 Months waiting period	Waiting period of 6 months applicable only for new joiners

- These benefits are admissible in case of hospitalization in India.
- Covers first two live births only. Those 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
- If the baby is suffering with any covered disorder (other than mild jaundice), the expenses for baby's treatment shall be considered from the family Sum Insured . This cover is available from day 1 of baby's birth
- Maternity related complications covered upto full S.I. in case of life-threatening situations
- Infertility is covered within the maternity limit



Ambulance / Domiciliary cover

Ambulance Cover

Definition	<p>The Company shall reimburse the Insured Person the expenses incurred for emergency ambulance charges, up to 1% of Sum Insured subject to maximum ₹ 1,000/- in a Policy Period for each Insured Person, for transportation to the Hospital or from the Hospital to another Hospital or from the Hospital to diagnostic center and return during the same Hospitalization.</p> <p>Ambulance Charges shall be admissible provided a Hospitalization claim has been admitted under the Policy.</p>
Coverage in EXL	Covered up to INR 1,000 per insured member

Domiciliary Hospitalization

Definition	<p>Domiciliary Hospitalization means medical treatment for an Illness/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:</p> <ul style="list-style-type: none">- The condition of the patient is such that he/she is not in a condition to be moved to a Hospital, or- The patient takes treatment at home on account of non-availability of room in a Hospital.
Coverage in EXL	Not Covered

Coverages

Benefits / Extensions	Coverage
Internal Congenital Cover	Internal congenital disorders are covered, these are disorders by birth and not visible by naked eyes
External Congenital Cover	These are disorders by birth and are visible externally. Not covered
Psychiatric ailment coverage	Hospitalization with respect to psychiatric treatment cover up to INR 50,000 for colleagues (This will be IPD coverage)
Lasik Surgery	Covered with +/-7.5 including removal of spectacles even if hospitalization is less than 24 hours i.e., covered if treatment taken as Day care procedure.
Oral Chemotherapy	Covered upto full Sum Insured for Employees Only claims Covered upto 25% of Sum Insured for Spouse & Children claims
Bereavement cover	Hospitalization expenses covered for colleagues in case of death
Widow/Widower cover	Mediclaim expenses for dependent Spouse/Partner & Children till the end policy period if employee was deceased during policy period
AYUSH	Consultation and Medicine pertaining to AYUSH services are covered up-to 20% of Family Sum Insured within hospitals certified by AYUSH ministry

Coverages

Benefits / Extensions	Coverage
Home Care	Covered up to Rs. 15000 in-case tested COVID positive during pandemic
Other Coverages	LGBTQ with living partner is covered. Subject to submission of proof/documents as required by insurer
	Specific treatments i.e., Dialysis, Chemotherapy, Radiotherapy, Cataract, , Lithotripsy, D&C, Tonsillectomy taken in a hospital/ Nursing Home, would be covered under the purview of this policy even if the treatment demands hospitalization for less than 24 hrs.
Modern Treatments	<p>Expenses related to following modern treatments covered up to 25% of the sum insured</p> <ul style="list-style-type: none"> A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) B. Balloon Sinuplasty C. Deep Brain stimulation D. Oral chemotherapy for Spouse & Children E. Immunotherapy- Monoclonal Antibody to be given as injection F. Intra vitreal injections G. Robotic surgeries H. Stereotactic radio surgeries I. Bronchical Thermoplasty J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

Hospitalization claim process

Cashless process – Planned

Cashless process - Emergency

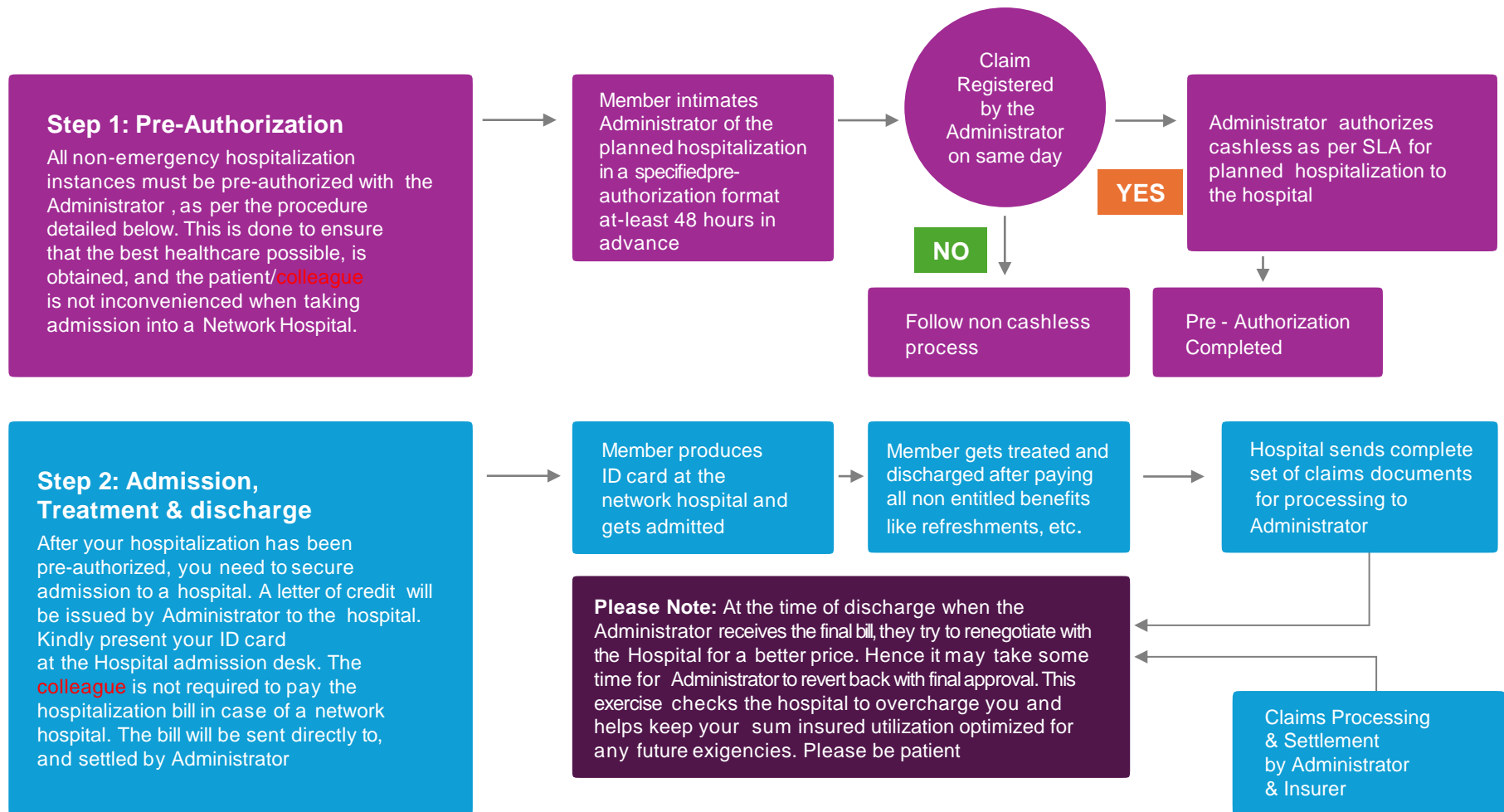
Reimbursement (non-cashless)



Cashless Hospitalization- Planned

How cashless benefits to you?

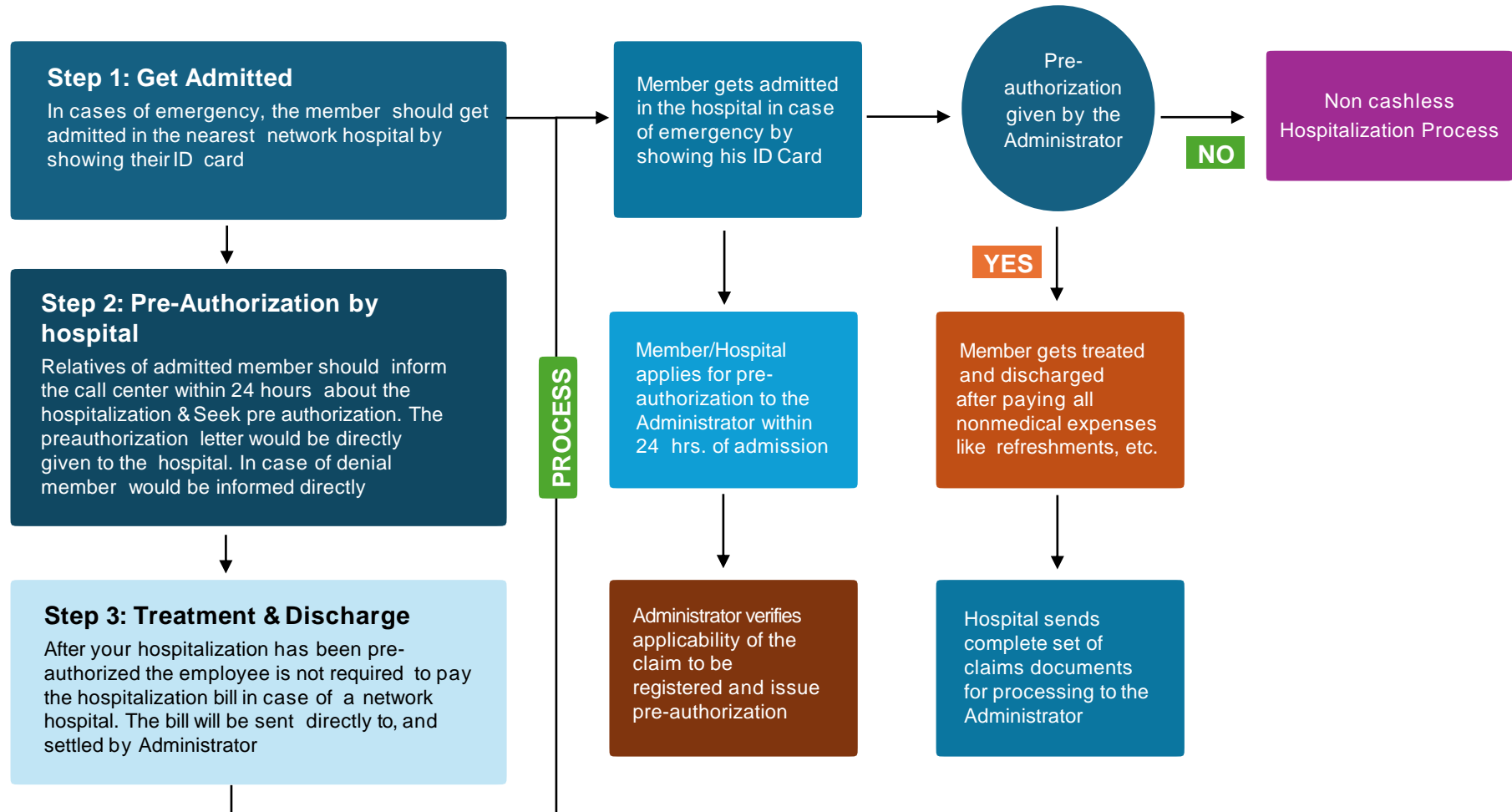
- Hassle free process with minimum documentation
- Treatment at discounted rates negotiated by TPA and Insurer
- Pay only for non-medical expenses and policy exclusions



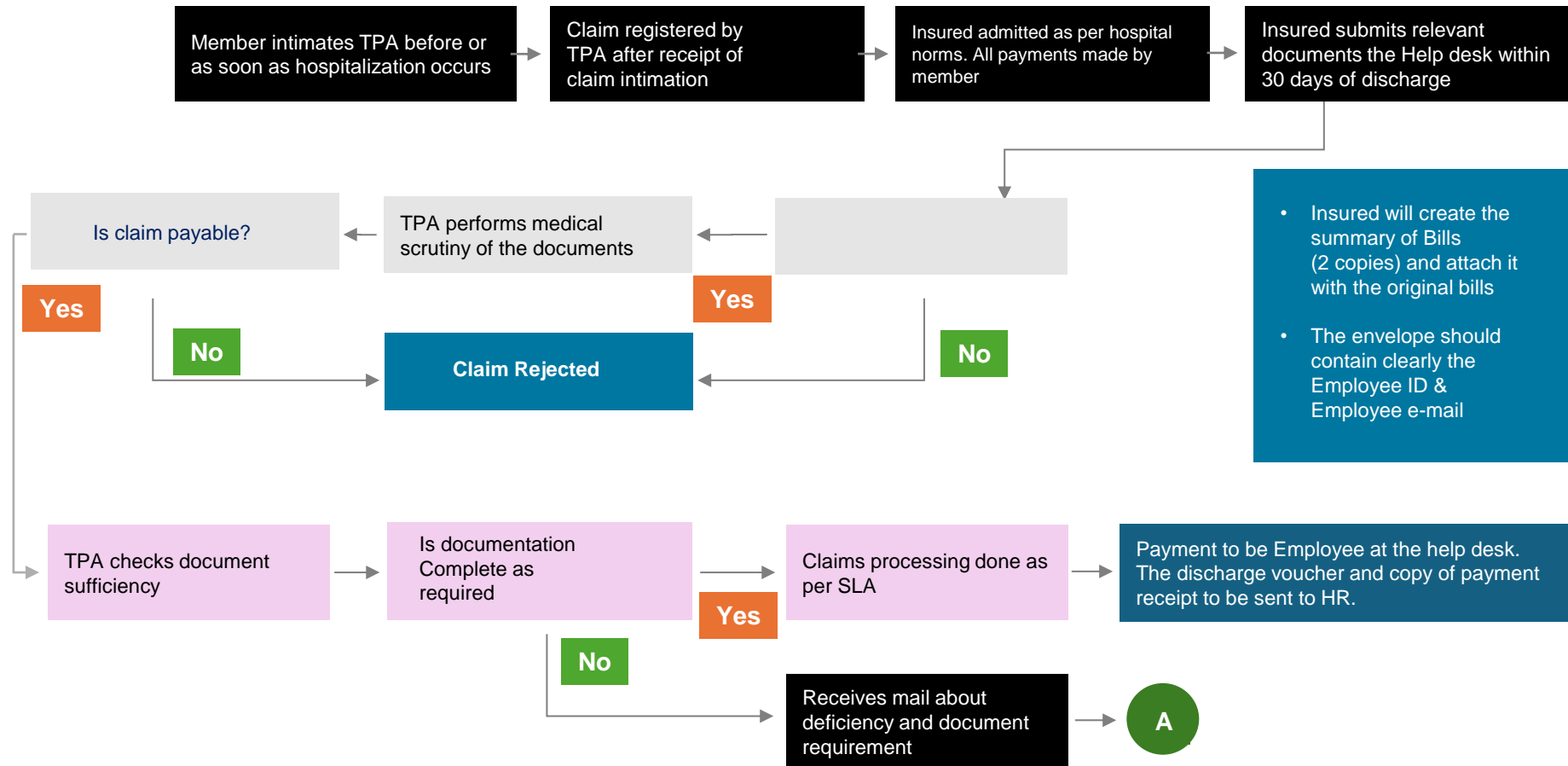
Cashless Hospitalization- Emergency

How cashless benefits to you?

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Reimbursement Claim Process Flow



Claim Documents Checklist

- Duly filled and signed Reimbursement claim form with Signature
- Final bill with its detail break up. Provide Break up details including Pharmacy items, Materials, Investigations even though it is there in the main bill
- Hospital bills and reports in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
- Detail Discharge summary/Day care summary /Death summary as applicable
- 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
- 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
- Indoor Case Papers along with other documents
- Cancelled Cheque Copy / NEFT details of the employee (Personalized cancelled cheque or Front page of passbook with account holder name , IFSC and account details)

Frequently Asked Questions

Is there any time limit to submit the pre-authorization request?

In case of an emergency or unplanned admission, the hospital must send the pre-authorization request to TPA within 24 hours from the time of admission.

In case of a planned hospitalization, it is prudent to send the pre-authorization request to Medi Assist at least 72 hours prior to the admission date. This will ensure a hassle-free admission procedure for you at the hospital.

Are my medical expenses incurred before and after hospitalization covered?

Your policy may allow reimbursement of relevant medical expenses incurred during, pre- & post-hospitalization for the particular condition for which hospitalization was necessary. This is subject to the terms and limits prescribed in the policy. Pre – post Hospitalization period is 30 days and 60 Respectively.

What is the maximum number of claims allowed during the policy period?

There is no upper limit on the number of claims that can be raised during the policy period. However, the total cumulative claim amount cannot exceed the sum insured in the policy.

What is the deadline to submit a reimbursement claim?

Hospitalization claims can be submitted within **30 days** from the Date of discharge. It's a sincere request to try filing the claims as soon as possible to avoid any issue.

.How long does it take to process the reimbursement claim and when will I receive the payment after approval of the claim?

After receiving all the required documents, it takes **15 working days** to process the claim and **3 working days** after that for payment.

What is co-pay?

Co-pay is a percentage applied on payable amount which the policy holder has to pay at the time of discharge. The rest of the amount is paid by the insurance company.

Frequently Asked Questions

What happens to my sum insured after a claim is filed? And what happens if the cost exceeds my hospital insurance cover?

The sum insured is reduced by the amount of the claim paid for the rest of the policy year. You have to pay the balance amount if your claim exceeds the sum insured.

What are shortfall documents or information required (IR), and when and where do I send them?

Deficiency/shortfall of documents are raised over the email if the documents already sent are insufficient for further validation of the existing claim. Pending documents needs to be sent to TPA within **7 days** from the receipt of the e-mail.

Where can I get more help?

Should you have any questions, clarifications or concerns regarding your health insurance, please get in touch with your single point of contact mentioned in the escalation matrix.

What is Proportionate deduction?

Proportionate deduction comes into force when you choose a room with tariff which is above the allowed room rent capping in your policy. It means that the insurer will cover you for the associated medical expenses in proportion of rent sub limit to actual rent paid. Capping on room rent is linked with Consultation charge/Surgeon fee/Anesthesia charges / Charge by specialist / Procedure charge and other expenses shall be deducted in proportionate to room rent charges.

Medical Benefit – General Exclusions

- Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations
- Circumcision unless necessary for treatment of disease
- HIV and AIDS
- Hospitalization for convalescence, general debility, intentional self-injury, use of intoxicating drugs/ alcohol.
- Venereal diseases
- Injury or disease caused directly or indirectly by nuclear weapons
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, etc..
- Cost of spectacles & hearing aids
- Any cosmetic or plastic surgery except for correction of injury
- Hospitalization for diagnostic tests only
- Vitamins and tonics unless used for treatment of injury or disease
- Voluntary termination of pregnancy during first 12 weeks (MTP)
- Claims (of high value) submitted without prescriptions/diagnosis
- Health foods
- Costs incurred as a part of membership/subscription to a clinic or health center
- Non-medical expenses like Hospital surcharge, telephone bills, cafeteria bills

GMC Location Wise Escalation Matrix for EXL

Location	FHPL SPOC Information	FHPL Address
Bengaluru	Mr. Mr.Vignesh (vignesh.c@fhpl.net / 6366823452), Dr.Kusma (kusuma.s@fhpl.net / 7090412220) Mr.Jerome (jerome.anto@fhpl.net)	Family Health Plan Insurance TPA Limited Ground Floor, Corporate Miller, Thimmaiah Road, Govinda Chetty Colony, Vasanth Nagar, Bengaluru, Karnataka 560051
Kochi	-Ms. Rakhi (kochin.crm@fhpl.net / 7909111145)	Family Health Plan Insurance TPA Ltd Door No 62/769, First Floor Brigade Plaza, Opposite Lotus Club Warriam Road, Ernakulam Kochi, Kerala - 682016
Chennai	Mr.Srinivasan (srinivasan@fhpl.net / 9087288000)	Family Health Plan Insurance TPA Ltd 3rd Floor, Spero Property
	Mr. Srikanth G (Srikanth.gunasekaran@fhpl.net / 9282132324)	South Phase -7A, THIRU-VI-KA SIDCO Industrial Estate Landmark-Behind Olympia IT Park and adjacent to Bluedart/DHL Courier Chennai, Guindy - 600032
Hyderabad	Mr. Sandeep (sandeep.a@fhpl.net/ 8712604454)Mr. K Chandra Shekar (chandra.shekar@fhpl / 9154147405)	Family Health Plan Insurance TPA Ltd (Registered & Corporate) No:8-2-269/A/2-1 To 6, 2nd Floor, Srinilaya Cyber Spazio, Road No.2, Banjara Hills, Hyderabad, Telangana – 500034
Jaipur	Mr. Jagdish Choudhary (jaipurfhpl@gmail.com / 9782768582)	Family Health Plan Insurance TPA Ltd Shop No. 39, Ground Floor, Opp. SBI Bank, Vidhyadhar Enclave II, Central Spine Road, Vidhyadhar Nagar Jaipur - 302 023.
	Mr. Harish Rawat (Harishrawat@fhpl.net / 9214332001)	
Pune	Mr. Hemant Wahurwagh (hemant.wahurwagh@fhpl.net / 9175063091)	Family Health Plan Insurance TPA Ltd Office 501-506, Sky Max Mall,Near Datta Mandir chowk, Viman Nagar,Pune-411014 Phone Number -020-30520230/31/32/33.
Ahmedabad	Mr. Kishore (kishorev@fhpl.net / 9227207002)	Family Health Plan Insurance TPA Ltd, Unit - 303, 3rd Floor, Mauryansh Elanza, Near Parekh Hospital, Opp. Jain Derasar,Shyamalal Cross Road, Satellite, Ahmedabad –380015,Gujarat
Delhi NCR	Mr. Srikanth Durge (Helpdeskqgn@fhpl.net/ 8527447001)	Family Health Plan Insurance TPA Ltd.
	Mr. Jitender Saini (Jitender.saini@fhpl.net /9212256982)	Plot No. 276, Udyog Vihar Phase-IV, Gurgaon -122016
Delhi NCR/Pune/Chennai/Hyderabad/Jaipur/ Ahmedabad/Bangalore/Kochi: Ms. Shweta Dass (shweta.dass@fhpl.net / 9599337660/)		
Toll Free Helpline Number24/7 1800-425-4033		

GMC Escalation Matrix for EXL

Family Health Plan Insurance TPA Limited

Level 1: Srikanth Durge	Escalation 1: Jitender Saini	Escalation 2: Shweta Dass
helpdeskqgn@fhpl.net	Jitender.saini@fhpl.net	shweta.dass@fhpl.net
M: 8527447001	M: 9212256982	M: 9599337660

Marsh Point of Contact

Level 1: Hitesh Chauhan	Escalation 1: Y, Shamlal L	Escalation 2: Rachit Baijal
Hitesh.Chauhan@marsh.com	Shamlal.Y@marsh.com	rachit.baijal@marsh.com
M: 9911832044	M: 9995717671	M: 7290089449

Group Personal Accident Policy (GPA)

Coverage Details (Colleague)

Benefits Extensions – Definitions

Claims Procedure

Document Checklist

General Exclusions

Contact Details/Escalation Matrix



GPA Benefit Details

All **colleagues (expect Clairvoyant and ITI)** will be provided with a Personal Accident insurance policy through National Insurance Co. Ltd., based on company's benefits. This insurance provides compensation/payment up to a financial limit as assigned by the company, to the insured person or his/her legal heirs, if the insured person suffers death or disablement due to an accident. The cover is worldwide, but payment of claim can only be made in INR

Policy Parameter	
Insurer	National Insurance Company Ltd.
Policy Start Date	27-October-2024
Policy End Date	26-October-2025
Coverage	For colleagues (expect Clairvoyant and ITI) only and does not include family members
Sum Insured	As per the Bands mentioned in the next slide
Accidental Death	Yes (100% of Sum Insured)
Permanent Total Disability	Yes (100% of Sum Insured)
Permanent Partial Disability	As per defined table of the policy
Temporary Total Disability	Weekly Benefit - 1INR 20,000 for 104 weeks
Loss of 1 limb/ 1 eye	50% of the Sum Insured
Loss of 2 limbs/2eyes/1 limb and one eye	1000% of the Sum Insured
Geographical Limit	Worldwide

Band Wise GPA Sum Insured

Designation/Bands	Sum Insured (IN INR)
Executive (Band A1)	950,000
Sr Executive (Band A2)	1,500,000
Assistance Manager (Band B1)	4,000,000
Lead Assistance Manager (Band B2)	5,000,000
Manager (Band C 1)	7,000,000
Senior Manager (Band C2)	8,000,000
Assistant Vice President (Band D1)	10,000,000
Sr Assistant Vice President (Band D2)	12,500,000
VP & Above (Band E1, E2 & F)	25,000,000

GPA Coverages

Permanent Total Disability

Definition	If such injury shall, as a direct consequence permanently and totally, disable the Insured person of being employed, then a lump sum equal to hundred percent (100%) of the Capital Sum Insured is paid to such employee
Coverage in EXL	Yes (100% of Capital Sum Insured)

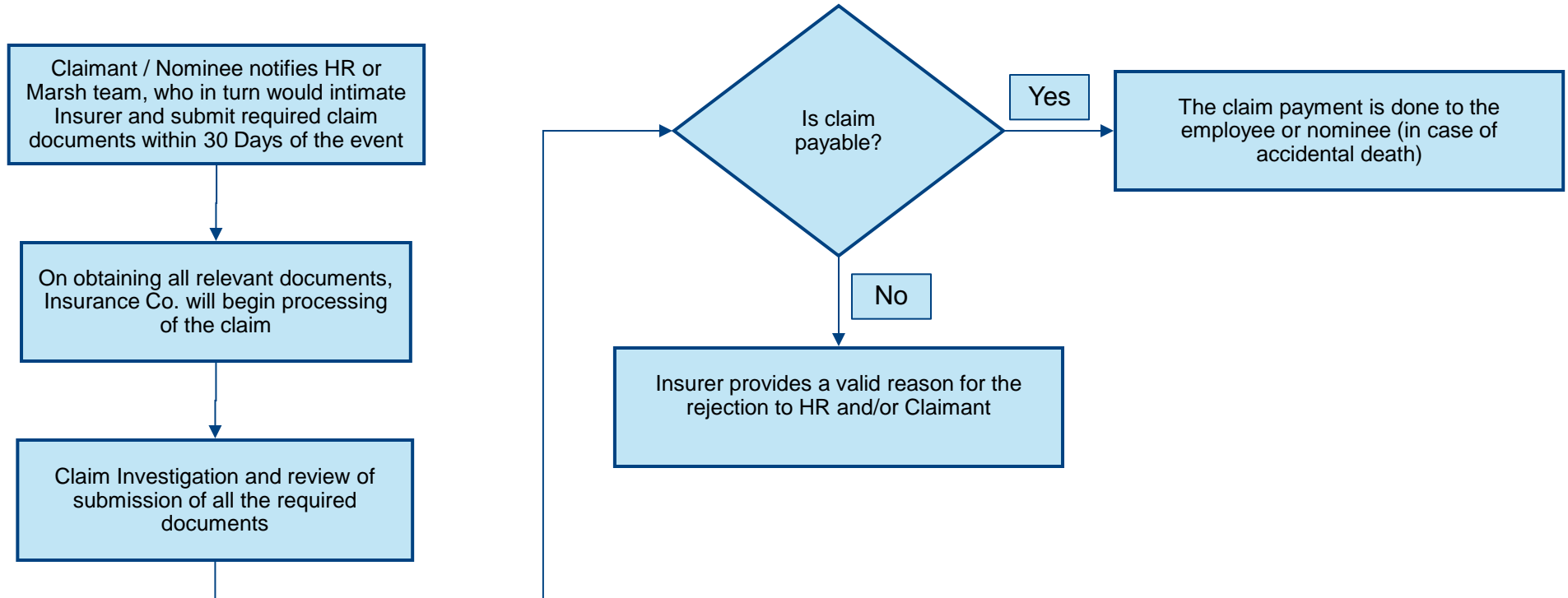
Permanent Partial Disability

Definition	Permanent partial disability is a disability in which the insured person is prevented permanently from working at full physical capability because of partial loss of use of the body i.e., loss of one finger, eyesight loss of one eye etc.
Coverage in EXL	Yes, as per Table defined in the policy

Temporary Total Disability

Definition	Temporary Total Disability is an injury which leads to total disability but is temporary in nature. For ex: Fracture of a limb which prevents the insured person to perform regular duties or activities for a defined period of time
Coverage in EXL	Yes, Weekly Benefit- 1% of Sum Insured subject to a maximum of INR 5,000 per week for 104 weeks

GPA Claims Process



Group Personal Accident – Claims Document Checklist

Weekly Benefit Claims

1. Completed Claim form
2. Doctor's Report
3. Disability Certificate from the Doctor, if any
4. Investigation/ Lab reports (x-ray etc.)
5. Original Admission/discharge card, if hospitalized
6. Employers Leave Certificate & Details of salary

Death Claims

1. Completed claim form
2. Attending Doctor's report
3. Death Certificate
4. Post-Mortem/ Coroner's report
5. FIR (First Information Report)
6. Police Inquest report

Dismemberment/ Disablement Claims

1. Completed claim form
2. Doctor's Report
3. Disability Certificate from the Doctor
4. Investigation/ Lab reports (x-ray etc.)
5. Original Admission/ discharge card, if hospitalized.
6. Police Inquest report, wherever applicable

GPA General Exclusions

- Service on duty with any armed force
- Insanity
- Venereal disease
- AIDS
- Influence of intoxicating drink or drugs
- Aviation other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft any where in the world
- Nuclear radiation or nuclear weapons material
- Any consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military, or usurped power, seizure, capture, arrest, restraint, detainments of all kings, princes, and people of whatever nation, conditions and qualities so ever
- Childbirth, pregnancy or other physical causes peculiar to the female sex
- While committing any breach of law with criminal intent

GPA Escalation Matrix for EXL

Marsh Point of Contact		
Level 1: Hitesh Chauhan	Escalation 1: Y, Shamlal L	Escalation 2: Rachit Baijal
Hitesh.Chaohan@marsh.com	Shamlal.Y@marsh.com	rachit.baijal@marsh.com
M: 9911832044	M: 9995717671	M: 7290089449

THANKS