

- 1 Policy Overview
- 2 Health Claims Process





General Information

Policy Details:

- Policy Number: 110132328120000136
- Policy Period: From 1-September-2023 to 31-August-2024 mid night.

Sum Insured:

- Rs 500000 per family for all the employees.
- ☐ SI applicable as family floater
- ☐ Midterm increase of sum insured is not applicable.
- ☐ Mid-term change/addition not allowed except spouse by marriage and child by birth subject to not more than three children.





Family and Dependents

Family Definition:

- ☐ Self + Spouse + 3 Dependent Children
- Children are covered up to the age of 25 years. Treatment for mentally / physically handicapped children would be reimbursed beyond permissible age limit.
- Adoption Once legally adopted the dependent can be added on to the family floater The paperwork needs be accurate and specify the legal addition of the dependent to the
 employees family. Dependent child then will be covered under the employees insurance





Family and Dependents

Member Addition and Deletion Process:

- ☐ Allowed for New Joiners, Newly wed spouse & New born child.
- ☐ Employee to exercise this option at the time of joining the policy
- ☐ Date of inclusion in the policy will be
 - New Joiners: from date of joining with insured.
 - Newly wedded spouse: from date of marriage.
 - > New born Baby: from date of birth.
- Employees have to intimate the HR within 30 days from the date of event for the addition of dependents in above said conditions.





Member Room Eligibility

Room Rent and Eligibility:

- Room Rent capped (Including Nursing Charges)at 2% of SI for normal room (Rs.10000) and 4% of SI (Rs.20000) for ICU per day
- All other related charges in accordance with room rent restriction or actual whichever is lower.
- In the event of a person getting admitted in higher category all hospital related charges will be pro-rated to the eligibility limit as per the room rent restriction.

Proportionate Deduction % = Room opted – Room Eligible x 100% Room opted

Ex: Proportionate Deduction % = 12000 - 10000 x 100% = 20% 12000

20% of the bill charges are deducted and 80 % is paid in the given example.





Hospitalization Cover

Hospitalization:

☐ Minimum period of 24 hrs of admission in a hospital for a proper medical/ surgical management with active line of treatment.

Active Line of Treatment:

- ☐ Justified hospitalization based on clinical condition and treatment provided.
- Hospitalization for treatment which
 - > cannot be taken on an out patient basis
 - cannot be taken at home
 - requires Doctor's supervision
 - > is not only oral medication (tablets)
 - > not only for evaluation and observation





Hospitalization Cover

Day Care Treatment:

- ☐ Medical treatment, and /or surgical procedure which is
 - Undertaken under General or Local Anaesthesia in a hospital/ day care centre in less than 24 hours because of technological advancement
 - Which would have otherwise required a hospitalisation of more than 24 hours.

Example: (Including but not limited to) (Detailed list is available with SSC HR and on

Connections)

- Cataract Surgery
- Chemotherapy & Radiotherapy for Cancer
- Tonsillectomy
- Dialysis





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Coverages and Conditions

Coverage and Conditions:

- Pre Hospitalization 30 days prior to date of admission to hospital
- Post Hospitalization 60 Days after date of discharge from hospital
- Domiciliary hospitalization covered up to Rs.20,000 per family
- *Domiciliary hospitalization" means medical treatment for an illness/disease/injury which in the normal course require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances: the condition of the patient is such that he/she cannot be removed to Hospital/or the patient takes treatment at home on account of non-availability of room in a hospital or unavailability of bed in hospital.
 - Ambulance charges are covered in case of emergency hospitalization to a limit of Rs
 5000/-, Cardiac Ambulance charges to be Rs. 7500 per event
 - Modern Treatment Methods & Advancement in Technology at 50% of sum insured subject to Hospitalization. Eg: Monoclonal antibody, robotic surgery, balloon sinuplasty, Bronchial Thermoplasty etc. (This is just indicative and not exhaustive). Experimental surgeries would not be covered (Only surgeries approved by the medical council would be covered)



Additional Coverage and Conditions

- External Congenital disease is covered only in Life threatening conditions.
- Internal Congenital disease covered
- Nursing Allowance covered for INR 100 per day up to a maximum of 15 days with a deductible of first 2 days. Which means that the first two days nursing





Additional Coverage and Conditions

Limit on any one disease or ailment:

Diagnosis	Limit (Rs)
Functional Endoscopic Sinus Surgery	35000
Hospitalization arising out of psychiatric ailment	30000
Cyber knife treatment/ Stem Cell Transplantation	50% Co-pay
Cochlear Implant	50% of Sum Insured





Maternity and Baby Cover

Maternity Benefit:

- Rs. 60,000 for Normal Delivery
- Rs. 80,000 for C-section.
- Maternity Benefits applicable for first 2 deliveries only.
- Maternity Benefit will be applicable only for self and Spouse.
- Pre and Post natal treatment covered within the maternity limits in case of hospitalization only up to Rs. 5000
- Infertility would be covered with in the maternity sub limit on IPS /Day care basis

New Born Baby Cover:

New Born Baby cover from day one within family floater SI





Maternity and Baby Cover

Coverage and Conditions:

- Surrogacy condition Cost of surrogacy (maternity expenses as per sublimit) would be
 provided and the child would be included in the insurance .The treatment should be
 legal and per the law of India (altruistic surrogacy is allowed, commercial surrogacy is
 not) .Only first child maternity expenses of surrogate mother will be covered up to
 maternity sublimit. Pre-post-natal expenses are not covered for surrogacy cases.
- The details of the surrogate (along with documentations) to be provided once the surrogate pregnancy is confirmed so that the surrogate can be added under the policy.
- The coverage for surrogate mother would be limited to maternity sublimit of Rs.
 60,000 for Normal Delivery and Rs. 80,000 for C-section





Coverage Enhancement Included during renewal

Coverage and Conditions:

- Provision for legally adopted child to be added under the policy
- Modern Treatment Methods & Advancement in Technology at 50% of sum insured
- Cardiac Ambulance charges upto Rs. 7500 per event
- Cost of surrogacy (maternity expenses as per sublimit i.e. Rs. 60,000 for Normal Delivery and Rs. 80,000 for C-section)
- Treatment for mentally / physically handicapped children would be reimbursed beyond permissible age limit of 25 years
- Infertility covered within maternity sublimit on IPD basis/Day care basis
- LGBTQ+ Partners irrespective of marital status and gender to be included subject to
 declaration by the corporate at the inception, proof of living in the same residence-If this is
 applicable for spouse, , subject to swapping of partner is not allowed.



SPOC DETAILS

Level	Name	Email ID	Contact No.
SPOC	Sakshi Shigwan	sakshi.s.shigwan@relianceada.com	8976874061
Level 2	Vinod Manchekar	vinod.manchekar@relianceada.com	7304590383
Level 3	Devendra Sonawane	devendra.sonawane@relianceada.co <u>m</u>	7304454360
Escalation	Ajay Sharma	ajay.sk.sharma@relianceada.com	9321760187





Exclusions

Treatment and Services Not Payable:

- ☐ Miscellaneous charges and other non treatment related expenses are not payable.
- □ Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any ailment, sickness or injury, for which confinement is required at a Hospital/Nursing Home or at home under domiciliary hospitalisation as defined.
- Expenses on vitamins and tonics unless forming part of treatment for disease or injury as certified by the medical practitioner.
- ☐ Unproven/Experimental Treatment, OPD claims not covered
- Cost of spectacles, contact lenses and hearing aids.
- Dental treatment or surgery of any kind unless requiring hospitalization
- □ Convalescence, general debility, 'run-down' condition or rest cure, congenital external disease or defects or anomalies

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Policy Details

Exclusions

Treatment and Services Not Payable:

- ☐ Sterility, venereal disease, intentional self-injury and use of intoxicating drugs/alcohol.
- Circumcision unless necessary for treatment of a disease not excluded herein above or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- All expenses arising out of any condition, directly or indirectly, caused to or associated with human T-Cell Lymphotropic
- ☐ Virus type III (HTLV III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.





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Claim Process

Claim Intimation:

- **Planned Hospitalization :** The policyholder/Insured person will intimate such admission at least 48 hr prior to the planned date of admission
- **Emergency Hospitalization:** The policy holder / insured person will intimate such admission within 24 hrs of such admission.

In the event of an employee availing Cashless/Reimbursement claim. She / He may intimate the same to RGICL via any of the following modes

- Through mobile app "Self-I" Link to download app http://onelink.to/ep5mb4
- Calling our Toll Free number 1800 3009
- Checking into the website www.reliancegeneral.co.in
- Writing to rgicl.rcarehealth@relianceada.com





Claim Process

Cashless Process:

- RGICL has 9300 plus hospitals on panel
- ☐ The updated list shall be available on the website https://rgi-locator.appspot.com/?Search_by=hospital&sourcesystem=website&phonenumber=&emailid=#/
- ☐ In the event of hospitalization in cashless hospital; the insured needs to approach the

 TPA / Insurance / Billing desk at the hospital and the Hospital sends the information via

 Email or Provider Portal to RGICL
- ☐ The TAT for Cashless issuance shall be 4 hrs from the receipt of all documents (Initial approval) and TAT for the final approval shall be 2 hrs from the receipt of all the documents.
- ☐ The Insured shall be informed about the status of the Cashless processing to his registered contact number and email-id.





•----- Intimate Claim to US •----

Intimate with in 24 hours for the emergency Hospitalization/One day prior for Cashless or Reimbursement



Our Smart App on Google Playstore and iOS AppStore



Bro Bot – Any time any where reach 24/7 Claim Assistance



Logon to www.relianceg eneral.co.in



Mail us on rgicl.rcarehealt h@reliancead a.com



Call us on 1800 3009 (Toll free) or 022 4890 3009 (Paid)



Whats app on 7400422200



^{*} Please refer to your policy document for more details on the claim procedure or contact your relationship manager.

Claim Journey - Cashless

















Insured/dependent goes for hospitalization (Emergency / planned)

Submits health card at TPA desk

Gets hospitalized

The Hospital TPA desk connects with RCare

RCareTeam reviews the daim request

Pre auth approval-4 hours

<u>Cashless Process</u>

Membergets admitted at the network hospital by furnishing the Esard (hospitalization may be planned or an emergency)



Hospital completes the formalities for KYC, scans the documents, and sends the pe authorization request along with diagnosis details t&Care



RCare verifies the documents received and replies with the status of the Mediclaim



Deficiency Letter sent to hospital, if additional information is required

TAT for initial fresh approval is 4 hours & enhancement/additional approval is 4 hours.



If the received documents are complete, the final call on the status shall be intimated to the hospital



Any additional documents' requirements will be intimated to the hospital





List of Documents – Cashless



The following documents to be submitted to the hospital cashless team while admission

- ✓ Duly Completed Pre Auth Form
- ✓ Photo Identity proof of the patient
- ✓ Health Card copy
- ✓ NEFT Details (Only applicable for reimbursement of the deposit amount if any)
- ✓ KYC (Identity proof with Address) of the proposer, where claim liability is above Rs I Lakh
 as per AML Guidelines
- ✓ Pan Card copy of the claimant/Proposer
- ✓ Any other relevant document asked by cashless team at hospital
- Retain the photocopy of all the hospital bills/documents submitted to cashless team at the hospital for record purpose



Claim Journey - Reimbursement Insuredgoes for Documents upload in Rcare Team Gets treatment & The Final Call on the claim is hospitalization Rcare selfi app or website reviews the makes payment notified/done as per the portal for Medida im (Emergency / planned) daim request coverage in the policy Reimbursement Process RCare reviews the document and Membergets admitted to the hospital at their own expenses (it Insured then scans all the claim sends the updates right from in Insured collects all the documents and submits them at warding till the end of the claim might be an emergency documents, bills & receipts the RCare Corporate Portal process admission/planned admission) If any document is missing, If all the documents scanned are TAT for daim processing received without any deficiency, RCare will ask the employee to completion is Ъ days from the the daim will be sent for a final fumish the documents for further date of all the documents. claim processing Tech+♥= Live Smart

GENERAL

RELIANCE

Kindly note that all Health claim related notifications will be received by members from our business email id :rgicl.rcarehealth@relianceada.com

List of Documents - Reimbursement



- ✓ Duly Completed claim form (optional if the claim is submitted through digital modes through Reliance Selfi App or corporate portal)
- ✓ Photo Identity proof of the patient
- ✓ Insured Person Test Report From the ICMR authorized COVID'19 test Centre (Only for Covid)
- Original Home care prescribed certificate by authorised medical practitioner (Only for Covid)
- ✓ Original bills with itemized break-up
- ✓ Payment receipts
- ✓ Hospital Discharge summary or home quarantine Domiciliary summary(Covid) including complete medical history of the patient along with other details.
- Any other Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner.
- ✓ NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque

 Te

List of Documents - Reimbursement



- ✓ KYC (Identity proof with Address) of the proposer (employee), where claim liability is above Rs I Lakh as per AML Guidelines
- \checkmark Pan Card copy mandatory (employee) for the claim amount above 1 Lakh
- ✓ Legal heir/succession certificate , wherever applicable
- ✓ Any other relevant document required by Company/TPA for assessment of the claim.





•----- Claim Status Check Through

Self I



- Login to Self I Mobile App with your credentials
- Attach Policy if not done yet
- Click on to Claim status tab and check your claim status within no time

Corporate Portal



- Login with Your credentials http://corporate.reliancegeneral.

 co.in/Login/COEMLogin
- Check your claim status by selecting 'Track Claim'.

Call Centre



- Dial Tollfree Number 1800 3009
- Select The language and enter the claim number following # (or)

Email

•



- Write to <u>Rgicl.racrehealth@reliancegeneral.co.in</u>
- Acknowledgement email followed by Response within 24 hours

Website



- Login to <u>www.reliancegeneral.</u> <u>co.in</u>
- click on to claims tab and navigate to check your claims status









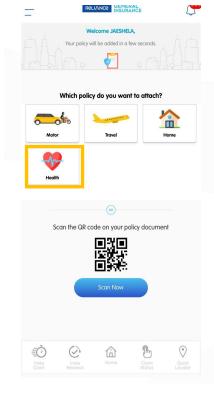
Launch Self-I app, look for "Attach policy" – Click to attach your policy Policy numbers given below -





Reliance Selfi





Click on Health to attach your health policy







• 110132328120000136 -HINDUSTAN PORTS PRIVATE LIMITED



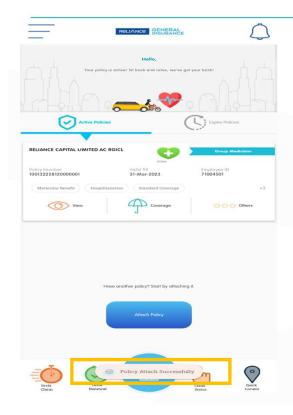




Along with your policy number enter "date of birth "and "Employee ID" to show your policy





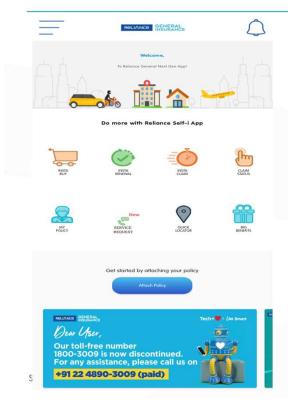


Pop up will show "Successfully attached your policy"



Selfi: My Profile



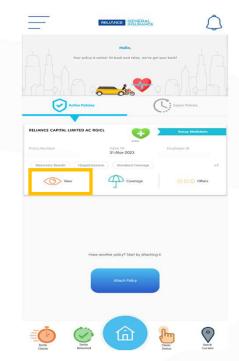


Look for "My policy" on the top of the page to view your policy details



Selfi: My Profile





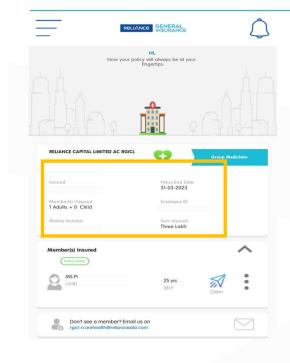
After successfully attaching the policy, you can view your active policies under Active policies.





Selfi



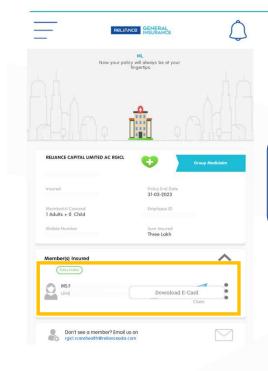


You can view your details and number of members insured in the policy



Self -I: Health card





From "Member(s)
Insured" you can look for
"Download E-Card"

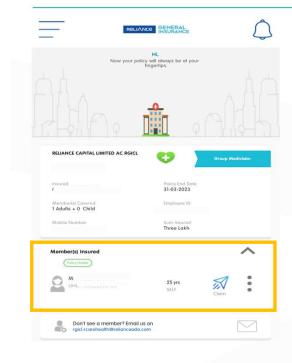


Health card get downloaded by clicking download e-card



Self –I: Claim





When you are admitted to the hospital, click "Claim" to activate your policy



Self –I: Cashless or Reimbursement





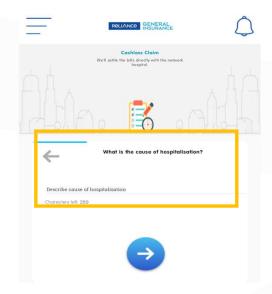
Initiate your claim based on whether your hospitalisation was "Cashless" or "Reimbursement."



Self –I: Hospitalization details

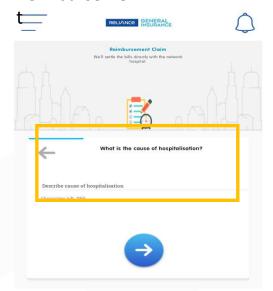


Cashless



Enter the cause of hospitalisation

Reimbursemen



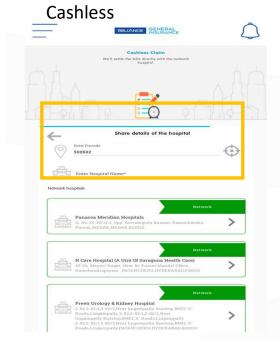


Slide 2

Selfi: Hospitalization details

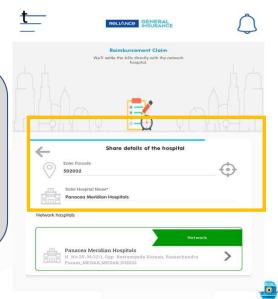


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Enter "Pin code," and the hospital name will show at the bottom depending on the pin code. Choose the "Hospital name" from the list that appears below.

Reimbursemen



Slide 2

Self –I: Hospitalisation details



Cashless



Enter "Doctor name", "Date of Admission", "Date of discharge" and "Remarks" to initiate claim

Reimbursemen

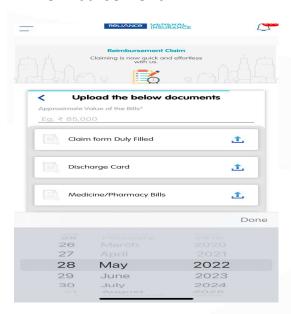


Slide 2

Self –I: Hospitalisation details



Reimbursement

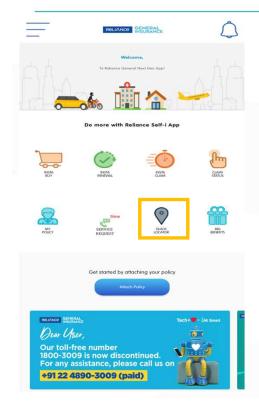


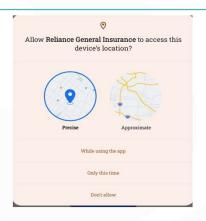
Upload the documents and click on submit



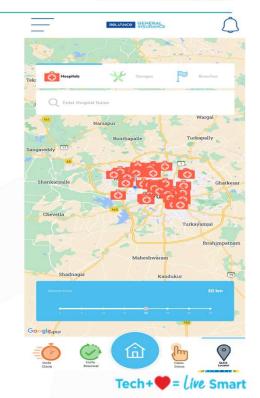
Self –I: Quick Locator for Network hospital search







Click on "Quick Locator" to view Rcare network hospitals.



Self –I: Big Benefits





Click on "Big Benefit" which you can avail from your policy

