



INSURANCE POLICY DETAILS

BENEFITS MANUAL – 2024









Intermediary



Insurance Company



Third Party Administrator

WHATS IN & WHATS NEW??





Salient Features - GMC

- Maternity Benefits
- LGBTQ Cover / Live-in Partner
- Injury/Hospitalization arising out of Terrorism covered
- Cross Combination is allowed for parents & inlaws
- Genetic Disorders Covered
- Newborn covered from day 1
- Pre and post hospitalization charges covered
- No Co-pay

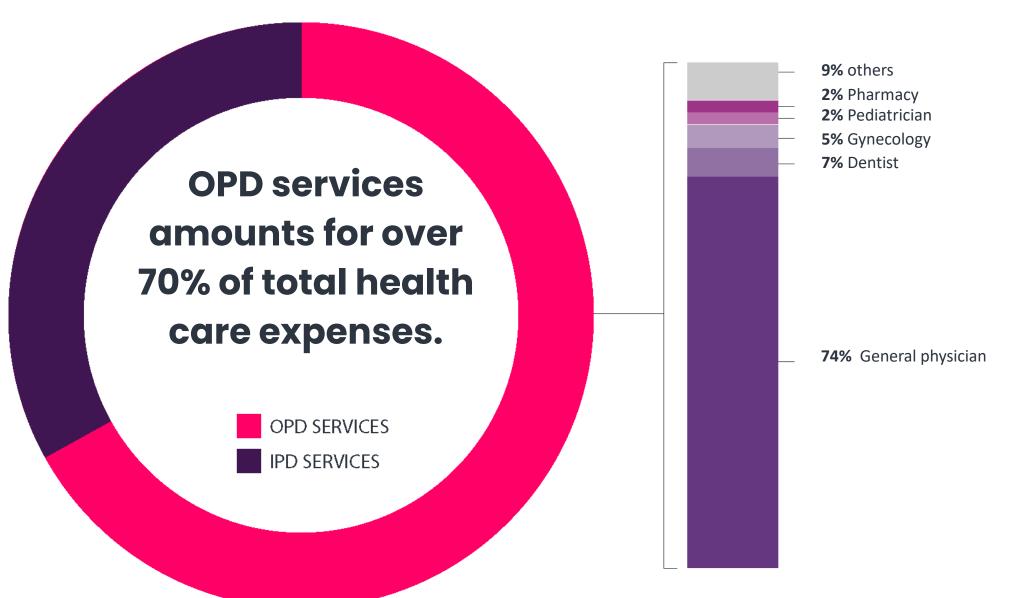
Enhancements - GMC

- Out-Patient Department Coverage
- Chat Bot (WhatsApp Community Group)
- Olivia Al Assistant













BerryBox OPD Advantage

Engaging Employees





WHAT IS OPD AND WHY DO I NEED THE.... BERRYBOX OPD Program







BERRYBOX OPD Program

The impact of OPD cover.



Detect and managing diseases early on.



Identify health problems in their early stages.



Significantly reduce healthcare costs for both patients and the corporate.



Avoid severe complications requiring hospitalization or extensive treatment, ultimately resulting in fewer IPD claims.



OPD services include screening, counselling, and health education, helping patients prevent the onset of chronic diseases and maintain good health.





BerryBox Care Services





BERRYBOX HEALTH & CARE TECH

Care implies addressing a person's full range of care needs

Adopting a multi-dimensional approach to care, we have built BerryBox Benefits, India's most comprehensive care services platform with more than 25 carefully curated benefits for employees.









MULTIDIMENSIONAL CARE

BERRYBOX HEALTH & CARE TECH



Unlimited Teleconsultation (Family)



Virtual Specialists (33+ Specialities)



In-Person clinic, Vision & Dental



Nutritionist/ Dietician on call



Online pharmacy



Critical care access



access



MENTAL & EMOTIONAL CARE

Monthly Interactive webinars



Eleder

care

Wellness



Wellness Programs

Mental



SOCIAL CARE

Academic & Career counselling



Medical Loans



Educational loans

FINANCIAL CARE



Early salary loans



Individual diagnostics



Health check packages



Emergency Ambulance



Vaccination Onsite & In clinic



Pregnancy care program





Wellness, News



Structured Disease OPD Plans Management



Physiotherapy Consultation



Panchakarma



Super Top-up



letters, Blogs

Holistic approach to care (physical health, mental wellness, social connectedness, financial security) that encourages individuals to proactively develop a healthy lifestyle and facilitates overall wellbeing.

PHYSICAL





BERRYBOX PLAN - EMPLOYEE + SPOUSE + 2 CHILDREN

BENEFIT - LIMITS

Specialist Consults (Cashless)- IN clinic

Prescribed Lab & Radiology - Cashless

Pharmacy-Prescribed - Cashless

Dental- Flat (Non cosmetic) - in clinic

Vision- Consult & Prescription Lenses - in clinic

Virtual specialist – online (GP + Specialist)

Psychologist - Online

Physiotherapist - Online

Nutritionist - Online

Ayurveda / Aayush - Virtual

Short term Nursing Care

GPA for All Dependants

Panchakarma

Preventive Health Package – Self Only

ECG 1 test

Ambulance - First Usage





Strong Network

5805

OPD Network (clinics& Hospitals)

4500

Schools

8829

Pharma & Home Collection Pin Codes

2850

Dentists

1871

Gyms

1190

Ophthalmologists

233

Cities with Emergency Ambulances

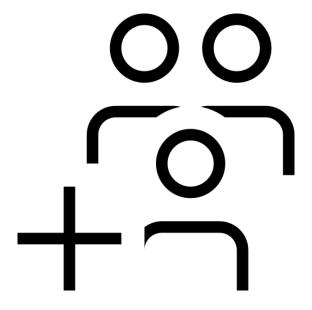
290

Psychologists





GROUP HEALTH INSURANCE 2024-25







GROUP MEDICAL INSURANCE BENEFITS -2024-25

Covers medical expenses for Employees & their families during hospitalization due to illness or accidents, offering comprehensive financial protection for health-related costs.

The policy covers expenses incurred on -

- Room rent, medicines, surgery etc. Expenses for hospitalization
- Payable only if a 24-hour hospitalization has been taken (Except for named day care procedures, which do not require a 24-hour hospitalization).
- Typical expenses covered include room/boarding, nursing, surgeon/anaesthetist fees, anaesthesia, medication, diagnostic tests, dialysis, chemotherapy, radiotherapy, pacemaker, prosthetics, and organ-related costs.







POLICY TERMS – EMPLOYEES

Policy Holder	ACS Global Tech Solutions – EMPLOYEE POLICY			
Policy Period	16 th Feb 2024 to 15 th Feb 2025			
Insurer	The Oriental Insurance Company Limited			
Broker	Futurisk Insurance Broking Co Pvt Ltd			
Third Party Administrator (TPA)	MediAssist India Insurance TPA Pvt. Ltd.			
Family Floater Sum Insured	INR 500,000,INR 750,000 & INR 10,00,000 per family			
Family Definition	Self + Spouse + 2 children Children from day 1 (date of birth) up to the age of 23 years (Legitimate / Legally Adopted) as long as they are dependent on the employee. Spouse can be covered as dependent if he/she does not belong to same entity.			
Pre-existing diseases exclusion clause	Waived for all			
30 days waiting period	Waived for all			





POLICY TERMS

EMPLOYEE POLICY BENEFITS				
Room rent & Nursing Charges restriction	There is a per day restriction for Room Rent & Nursing Charges for all insurance claims. Normal room rent + nursing charge Limit is 1% of the sum Insured for Normal room and No LIMIT for ICU.			
Room rent linked to procedure	If the Insured member is admitted in a room where the room rent + nursing charge incurred is higher than the room rent limit specified above, proportion deduction will apply not only on the room rent + nursing charges but on also on other treatment costs, doctor's/surgeon's fees etc. This shall be applicable to the total medical expenses (including surcharge or taxes thereon) incurred during the stay in the hospital.			
9 months waiting period	Waived off			
Maternity Benefits	INR 75,000/- for Normal delivery and INR 95,000/- C-section			
Pre & Post Natal Expenses	Covered for INR 10,000/- within Maternity Limit			
New-Born Baby coverage	Newborn baby is covered from Day 1 within the Family floater sum insured			
Pre & Post Hospitalization reimbursement	60 for pre-hospitalization & 90 days for post-hospitalization			





POLICY TERMS

EMPLOYEE POLICY BENEFITS				
Day care procedures	Filed procedures are Covered			
Co-pay	No co-pay			
Ayush, Unani, Siddha & Homeopathy	Covered in case of 24 hours hospitalization with government registered hospitals			
Domiciliary Hospitalization	Covered			
Congenital Diseases	External covered under life threatening conditions only and Internal is covered			
Cataract	Restricted up to INR 25,000 per eye			
Emergency ambulance	Ambulance charges covered upto INR 3,000 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			
New wedded Spouse / New born baby enrolment period	Within 10 days from the date of event The employees are requested to send the declaration for (interim additions of Newly Wedded Spouse & Newborn Child)			





POLICY TERMS - PARENTS

PARENTAL POLICY BENEFITS				
Policy Holder	ACS Global Tech Solutions — PARENTS POLICY			
Policy Period	26 th Feb 2024 to 25 th Feb 2025			
Insurer	The Oriental Insurance Company Limited			
Broker	Futurisk Insurance Broking Co Pvt Ltd			
Third Party Administrator (TPA)	MediAssist India Insurance TPA Pvt. Ltd.			
Floater Sum Insured	INR 500,000 /- and INR 800,000 /- FLOATER			
Family Definition	Parents / In-laws /Cross Combination - Covered (2)			
Pre-existing diseases exclusion clause	Waived for all			
30 days waiting period	Waived for all			





POLICY TERMS

PARENTAL POLICY BENEFITS				
Room rent & Nursing Charges restriction	There is a per day restriction for Room Rent & Nursing Charges for all insurance claims. Normal room rent + nursing charge Limit is 1% of the sum Insured for Normal room and No LIMIT for ICU.			
Room rent linked to procedure	If the Insured member is admitted in a room where the room rent + nursing charge incurred is higher than the room rent limit specified above, proportion deduction will apply not only on the room rent + nursing charges but on also on other treatment costs, doctor's/surgeon's fees etc. This shall be applicable to the total medical expenses (including surcharge or taxes thereon) incurred during the stay in the hospital.			
Waiver of 1 st ,2 nd 3 rd year exclusions	Waived off			
Emergency Ambulance	Ambulance charges covered upto INR 3000 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			
Co-pay	No co-pay on all claims			
Cataract	Restricted to INR 25,000 per eye			
Ayush, Unani, Siddha & Homeopathy	Covered in case of 24 hours hospitalization with government registered hospitals			
Pre & Post Hospitalization reimbursement	60 for pre-hospitalization & 90 days for post-hospitalization			





GMC - POLICY FEATURES

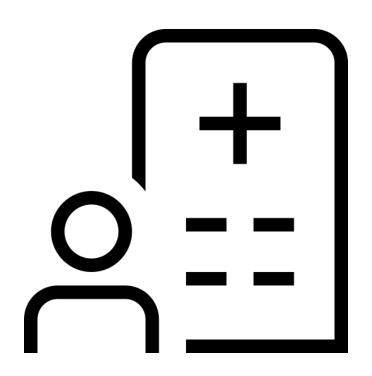
- Option for the employee to convert the policy to a retail policy with waivers (according to her /his tenure with the organisation)*
- Mobility Aid-Related to Orthopaedic or any Surgery as a part of Rehabilitation up to INR 10,000 per member, subject to the recommendation of the surgeon
- For all chronic ailments-Post hospitalization expenses can be submitted up to 150 days*
- RCT, scaling covered up to INR15,000 as per standard policy terms & conditions
- Covid Cover: Standard COVID coverage applicable in all policies Over & above additional coverage to be taken outside the policy by employee
- Psychiatric Ailments Covered with a limit of 30,000 per family (IN PATIENT / OUT-PATIENT)
- Cyber knife Robotic Treatment / Stem Cell Transplantation
- Cochlear Implant Treatment (Hearing loss) Covered and restricted to 50% of the sum insured
- Well mother/ Well baby expenses to be covered within maternity limit
- In case of death an Employee his dependents to be covered till end of the policy
- In case of death a claimant, no deductions to be made and should be settled to family floater sum insured
- LGBTQ Cover / Living Partner
- Terrorism covered
- Cross Combination is allowed for parents & in-laws
- Genetic Disorders Covered







CASHLESS & REIMBURSEMENTS







PROCEDURE FOR CASHLESS CLAIMS



Start Employee Approaches Network Hospital with E-card

Hospital intimates Medi Assist & sends Pre-Authorization request with approximate cost of the treatment for approval

At the time of Discharge hospital sends the final bill and the discharge summary to Medi Assist for the final approval

Medi Assist issues letter of credit (for cashless) with approval for partial / full amount as per eligibility and coverage to the hospital

Medi Assist sends the final approval to hospital which allows the employee to get discharged by paying all non-medical / non-payable expenses

Hospital sends complete set of claims documents for processing to Medi Assist

Follow reimbursement process

Claims Processing by TPA & Insurer, release of payments to the hospital

No





PROCEDURE - EMERGENCY HOSPITALIZATION



Start

Member get admitted in the hospital in case of emergency by showing his E-Card. Treatment starts

Member / Hospital applies for pre-authorization to Medi Assist within 24 hrs

Medi Assist verifies admissibility of the claim to be registered and issues pre-authorization

Hospital sends complete set of claims documents for processing to Medi Assist

Claims Processing by TPA &

Member gets treated and discharged after paying all non-medical / non-payable expenses

Preauthorization given by Medi Assist

Insurer

Release of payments to the hospital

Follow reimbursement process

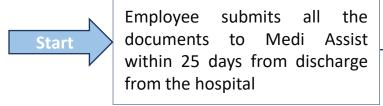






PROCEDURE - REIMBURSEMENT





Medi Assist will check for the eligibility and admissibility of the claim as per policy terms

Is Claim

payable?

Medi Assist will process the claim and settle the reimbursement through NEFT, settlement letter

along with the

will the Medi Assist re-access complete claim documents for admissibility as per policy terms

On rejection of the claim, Mediassist would provide the reason for rejection

the shortfall submits Employee documents to Medi Assist

Medi Assist will ask for the additional / missing documents

Are

documents

intact?







REIMBURSEMENT CLAIM- CHECKLIST

Documents Checklist for Reimbursement Claims	GMC Claim
Original Claim Form fully filled up and duly signed by you & Hospital	1
Original main hospital bill with printed Bill No. with stamp & break-up (with detailed break-up of various heads like Room Rent / OT Charges / Nursing Charges etc.)	~
Original Discharge Summary with stamp and signature (Gives the summary of diagnosis and treatment in hospital)	✓
Original Death Summary (only in case of death of patient during hospital stay)	✓
Original Hospital Payment Receipt with Receipt No.	✓
Hospital Registration No. (Registration No. & No. of beds on hospital letterhead with signature)	✓
Doctor's Registration No. (On Doctor's letterhead with signature)	✓
Original Pharmacy & Investigation bills	✓
Original Prescriptions	✓
Investigation Reports in Original / Attested from hospital (reports for all tests done along with images)	✓
Implant Sticker & Invoice- If any Surgery claims	✓
FIR/MLC Copy- If any Accidental Claims	✓

Note: With all the above original medical documents submit the claims to insurance helpdesk executive within 20 days from the date of discharge from the hospital





EXCLUSIONS:

- Circumcision unless necessary for a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
- Birth control procedures, hormone replacement therapy, treatment arising from or traceable to pregnancy, childbirth including caesarean section and voluntary medical termination of pregnancy during the first 12 weeks from the date of conception. However, this exclusion will not apply to Ectopic Pregnancy proved by diagnostic means and certified to be life threatening by the attending Medical Practitioner
- Routine medical, eye and ear examinations, cost of spectacles, contact lenses or hearing aids, issue of medical certificates and examinations as to suitability for employment or travel
- Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases / illness / injury caused by and/or related to HIV
- Vitamins and tonics unless forming part of treatment for disease, illness or injury as certified by the Medical Practitioner
- Treatment of obesity, general debility, convalescence, rundown condition or rest cure, congenital external diseases / illness or defects or anomalies, sterility, venereal disease or intentional self-injury and use of intoxicating drugs/alcohol
- Any treatment received in convalescent homes, convalescent hospitals, health hydro's, nature cure clinics or similar establishments
- Medical Treatment following use of intoxicating drugs and alcohol or drug abuse, solvent abuse or any addiction or medical condition resulting from or relating to such abuse or addiction.
- Sex change or treatment, which results from, or is in any way related to, sex change.
- Vaccination and inoculation of any kind.
- Disease / illness / injury / critical illness directly or indirectly, caused by or arising from or attributable to foreign invasion, act of foreign enemies, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power riot, strike, lockout, military or popular uprising or civil commotion.
- Treatment by a family member and self-medication or any treatment that is not scientifically recognized.













EXCLUSIONS:

- Any non-Medical Expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges etc.,
- Any stay in Hospital without undertaking any treatment or where there is no active regular treatment by the Medical Practitioner
- Aesthetic treatment, cosmetic surgery and plastic surgery unless necessitated due to accident or as a part of any disease/illness / injury not excluded hereunder
- Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
- Disease, illness, injury, directly or indirectly, caused by or contributed to by nuclear weapons/materials or radioactive contamination.
- Experimental and unproven treatment
- Cost incurred for medicines which are not under the advice of the Medical Practitioner, and which are not consistent with or incidental to the diagnosis and treatment
- Any treatment which is undertaken as an out-patient without any admission as an in-patient at the Hospital
- Naturopathy treatment.
- Treatment taken from persons not registered as Medical Practitioners under respective medical councils.
- Medical Treatment in respect of the Insured/Insured Person whilst engaging in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports.
- Intravitreal Injection like Avastin/ Lucents/Macugen etc.
- Keratoconus
- Medical treatment required following any criminal act of the Insured / Insured Person



NON-MEDICAL EXPENSES





ADMINISTRATION EXP. Admission charges Registration charges • Medical Records/Medico-legal charges Attendant stay charges Relative stay charges Additional stay • Gate pass / Attendant pass Overhead charges Establishment charges • Tax Surcharge Incidental charge Waste disposal charges

DOCUMENTATION EXP. Documentation charges Medical records charges Discharge summary Birth certificate Death certificate Medical certificate **CONSUMABLES** Antiseptic/disinfectant solutions Soap Powder (talc) Oil /Cream Cream Sanitary pads / Diapers Cassette / CD / Film charges Oxygen cylinder **Health Foods**





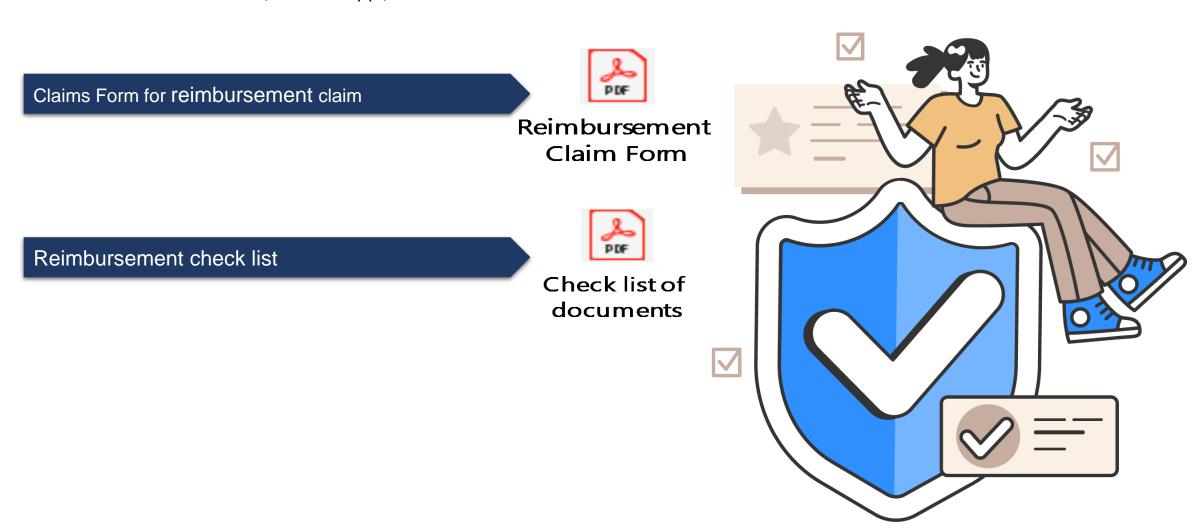




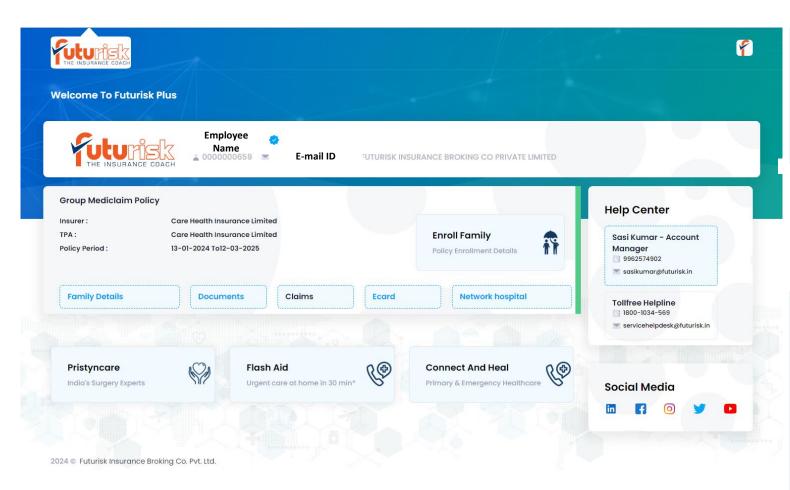


LINKS

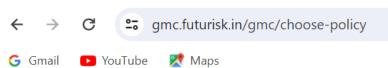
For documents, claims, ecards, network hospitals, please go to
 Futurisk Plus CRM Dashboard / Mobile App / Chatbot



CRM / MOBILE APP





















Policy Name	Select
ACS Parental Policy	View
ACS GMC Policy	View

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Powered by:

GMC Dashboard of ACS Global Tech Solutions Pvt Ltd

Group Sponsored Benefits

Product Name	Insurer Name	Policy Period	Emp Coverage Details	Manage Policy	Network Hospitals
ACS GMC Policy / GMC1	Oriental Insurance Company limited	Validity 16-02-2024 / 15-02-2025	View	Add/View Members	Network Hospitals

Claims Intimation

Claim Status

Query Management





GMC Dashboard of ACS Global Tech Solutions Pvt Ltd



SNo.	Relation	Name	Gender	Date Of Birth	Edit	Delete
1	Self	Mayank B	Male	23-09-1995	ď	
2	WIFE	sdhaidhai	Female	11-02-1993	Z	â

Back Dash Board

Proceed

CHATBOT

Unlock Ease: Insurance on the go!

Our WhatsApp Chat-Bot Companion for All Your Insurance Queries!

AT YOUR FINGERTIPS -

- Enrollment
- Family Details
- Policy Details
- Network Hospitals
- E-Cards
- Help Centre
- Claims
- Al Assistant



















Smarter Interactions, Faster Solutions 24/7 Support at Your Fingertips



Name: Olivia

Age:27

Location: New York

Interest: Wellness consulting |

Employee Benefits | Health Insurance | Empowering Individuals to Achieve

Wellness

Introducing The AI Assistant: OLIVIA





What is a Mediclaim policy?

A Mediclaim policy reimburses hospitalization expenses incurred as an inpatient for the treatment of sickness or accident occurring during the period of insurance.

•What is the duration of the policy?

One year effective from the date of inception of policy , i.e., 16^{th} Feb 2024 to 15^{th} Feb 2025 – Employee Policy One year effective from the date of inception of policy , i.e., 26-Feb-2024 to 25-Feb-2025 – Parents Policy Top up effective from the date of Inception of Policy , i.e., 25-Mar-2024 to 24-Mar-2025 – Top up Policy

•Is there a minimum time limit for stay within the hospital under Mediclaim?

Under Mediclaim, the minimum stay within the hospital must be for a minimum of 24 hours. However, for dialysis, chemotherapy, eye surgery, etc (as per the defined list) – the stay can be for less than 24 hours.

•Who is a Third-Party Administrator (TPA)?

TPA is an agency appointed by the insurance company to take care of claim settlements in health insurance., Medi assist is the TPA for ACS Global

•Who is an Insurance Broker?

An Insurance broker is appointed by the ACS Global to assist you in all your Insurance related requirements. Futurisk is your Insurance Broker.

•What is the Role of Futurisk?

Futurisk is your **SPOC** for any & all insurance related matters.

•What is a floater policy?

A Floater policy is a single policy that takes care of the hospitalization expenses of your entire family who has been declared at the time of taking the policy. Any member of your family or all put together can claim up to the maximum sum insured.

•What is Sum Insured?

Sum insured is the maximum amount that can be claimed under the policy. This is the limit for the policy period













For any queries, Please connect to our executive :

Level	Contact Person	Location	Contact Number	Email ID
SPOC	AKSHAY REDDY	HYDERABAD	+91 9177852313	akshay@futurisk.in
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