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 BAJAJ Allianz

EMPLOYEE HANDBOOK 2023-24 GROUP MEDICLAIM PROGRAM FOR BAJAJ ALLIANZ LIFE INSURANCE CO. LTD.

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Dear Colleagues,

We are pleased to announce the renewal of our Employee Insurance Program (Group Medical Policy) for the year 2023-24 which has been renewed with effect from 01st November 2023. Below are the plan highlights, important program information & contact details that you need to know.

Insurance Partners:

- **Insurance Company : Bajaj Allianz General Insurance Company Limited**
- **Third Party Administrator (TPA) : Bajaj Allianz Health Administration Team (HAT)**

Policy Features

Group Mediclaim Insurance Policy		
Sr No	Policy Features	Benefits as per Expiring Policy
1	Sum Insured	Grade wise: GB02, GB03 & GB04: INR 3 Lakhs GB05 & GB06: INR 4 Lakhs GB07 & Above: INR 5 Lakhs
2	Family Definition	1+5
3	Family Floater(Definition of family)	Self+ Spouse+ Two Children + 2 dependent Parents /in-laws
4	Age Restriction	Children covered Up to 25 years. Existing Parents/in-laws covered provided they are covered in the expiring policy. Entry age for new dependent parents is less than /equal to 80 years. Once covered then will be covered for life.
5	Pre Hospitalization expenses	Covered for 30 Days
6	Post Hospitalization expenses	Covered for 60 Days
7	Co-Payment on Parental Claims	20% co-payment applicable on all Parental Claims
8	Additions	Mid Term inclusion is permitted only for newly wedded spouse & new born baby. New Joiners addition as per process with additional premium on prorated basis. Existing employees can also add their dependents during this initial window period of 30 days.
9	Deletion process	Deletion is allowed in case of Death/ Retirement/ Resignation/ Cessation of services. Premium refund on pro rata basis for all the employees where claim is not availed.
10	Room Rent Capping	Room rent restricted to 1% of the SI per day for normal and 2% of the SI per day for ICU, ICCU, CCU, High dependency unit, specialty rooms where medical treatment is required

		and all other charges in accordance with room rent restrictions.
11	Cashless Hospitalization at hospitals all over India	As per the network list
12	Surcharge, service charges and administration & admission charges, Registration Charges, Luxury Tax, Non-Medical Expenses	Not covered
13	Ambulance charges	Up to a maximum amount of 0.5% of the sum insured for the year.
14	Day Care Procedures	140 day care Procedures covered. List attached.
15	Internal Congenital Diseases	Covered
16	Premium calculation	Dependent wise Grid provided
17	New Born Baby Coverage	Baby cover from day 1
18	Pre-existing Disease Coverage	Pre-existing diseases are covered under the policy from day one.
19	No Waiting period for All Parental Claims of New Joiners	There will be no waiting period for the parental claim of new Joiner as well as old employee
20	Maternity covered for all self-woman employee as well as dependent spouse	INR 75,000 for normal and INR 75,000 for C- Section.
21	Pre post-natal	Pre and post natal will covered in case of IPD only with in maternity limit subject to maternity benefit covered. OPD is not covered..
22	Ailment wise capping	No Ailment Capping
23	Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists fees	Covered
24	Additional Cover	<ol style="list-style-type: none"> 1. Ectopic Pregnancy covered for all under the family floater Sum Insured. 2. Treatment for Animal bite on OPD basis to be covered within family Sum Insured. 3. Fracture to be covered up to Rs 7,500 on day care basis or on OPD basis

Additional Points to be noted:	
1	No Mid-Term Premium loading will be done during the policy period.
2	No midterm cancellation of policy
3	Co – Pay will be applicable on all Parental claims.
4	Any procedure for correction of refractive error of + or – 7 D and above will be covered under the policy subject to a certification from the treating ophthalmologist about the medical necessity of the procedure including diagnosis and documentation supporting the same
5	Angiography will be covered under the policy even it is merely an investigation subject to it being necessitated as a part of treatment for an ailment
6	Sum Insured opted last year will be carried forwarded as it is this year. Enhancement in SI will be allowed to new joinee and to existing employees at the time of policy renewal or joining as the case may be. Reductions of Sum Insured i.e. Employees will not be allowed to opt SI lower than last year.

- Grade wise SI introduced from this year.
- Maternity benefit will be applicable for Employee & Spouse for 1st two event of deliveries/abortions only in insured's lifespan. Infertility treatment is not covered under the policy.
- There will be no waiting period of 9 months for new joiners as well as for parental claims.
- Employee can increase their SI to choose from the available SI slabs.
- Cashless for planned hospitalization in PPN hospitals only for Pune, Kolkata & Patna. All other claims will be settled on reimbursement basis, prior intimation for all planned hospitalization is mandatory.
- New joiners (Joined on or After 1st Nov 23) need to enroll themselves and their dependents during the enrollment period or within 30 days from DOJ.
- Dependents once added cannot be deleted during entire tenure in the company, unless in case of death or divorce (documentary proof required)
- Employees can cover up to 6 family members including Self. Choice of coverage will be self/ Self+1/ Self+2/ Self+3/ Self+4/ Self+5. Family includes Self (employee), Spouse, 2 children (from Day 1 to 25 years' age), parents / parent-in-laws (up to 80 years old). Parents once covered will be covered for life.
- In case of Unmarried employee – The employee should cover both the parents or else none. In case, a single parent is alive, then it's admissible.
- In case of Married Employee – The employee should cover spouse and children (if any). The employee cannot cover his parents without covering spouse & children

- Midterm Addition (addition of any dependents after initial enrollment is done) can be done only in case of newly wed spouse (within 30 days from date of marriage) or in case of new born baby (within 30 days from date of birth).
- E.g. If date of birth of child is 1st Dec, 2019, child's name (or, in case child's name is not decided – "B/O <Mother's name>") must be entered in Personal Details> Family Details and then must be selected in Mediclaim> Mediclaim Enrollment. This 2 step process must be completed on or before 1st Jan, 2019.
- If Parent is above 80 years and the child is above 25 Years then the enrollment cannot be done.
- Employee must add "Self" details first in Family details, then Spouse and children (in case of married employees) and then parents or parent-in-laws. Employee cannot enroll father and mother-in-law or, Father-in-law and Mother. Employee needs to select Father and Mother or, Father-in-law and Mother-in-law.
- If new joiner fails to do the enrollment within 30 days of DOJ in the Enrolment portal of BAGIC, a default cover as per the employee's Grade for Employee only will be given.
- Hospitalizations pertaining to Infertility treatment/family planning, dental treatments & surgeries, alternative medicines, OPD etc. are not covered.
- Modern treatment methods & Advancement in Technologies (as per the list below) shall be restricted to 25% of SI. List: Uterine Artery Embolization & HIFU, Balloon Sinuplasty, Deep Brain Simulation, Oral Chemotherapy, immunotherapy-Monoclonal Antibody to be given as injection, Intra vitreal injections, Robotic Surgeries, Stereotactic radio surgeries, Bronchical Thermoplasty, Vaporisation of the Prostrate, IONM, Stem Cell Therapy (Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered. 50% Co-Pay for cyber-knife treatment, Gamma Knife treatment and Stem Cell Transplantation, Robotic Surgery, Femto laser treatment for eye. It will be applicable for each eye each event. Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance Company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over & above limit will have to be borne by the customer.
- Cochlear Implant treatment shall be restricted to 50% of the SI.
- Weight management services and treatment related to weight program's including treatment of obesity will not be payable.
- External Congenital diseases are not covered.
- Guideline for Deletion Endorsements: In case of refund endorsements on account of deletion, pro-rata refund for entire family should be done subject to nil claims & the refund would be nil in case of claim taken.

Claims Procedure:**Reimbursement Claims – Treatment Taken in Non-PPN / Non-Network Hospitals****Claim Submission Window Period Guidelines:**

- Window period for submission of claim documents is 30 calendar days after date of discharge
- Post hospitalization documents must be sent within 90 days from date of discharge.

Claim Intimation

- Prior intimation within 48 Hrs to HAT will be required in case of Planned Hospitalizations
- Intimation within 8 Hrs will be required in case of emergency hospitalizations after admission
- Intimation Modes: Claim Intimation Form available on the Bajaj Allianz website.

On submission of complete claim documents in Original, BAGIC will scrutinize and dispatch the settlement / repudiation letter to the employee within 15 working days of submission of documents to HAT.

Checklist for Reimbursement claims Submission (All original documents – Partial List)

- Copy of the Intimation Letter / Mail / Intimation Number
- Duly filled & signed claim form of insurance company [Click Here for Claim Form and Procedure](#) then Click on Health Insurance Claim Process
- ID Proof & Address proof of patient
- Health Card of the patient. Soft copy of the card is available with the local BASSL/BAFDL HR.
- Original discharge card / Discharge Summary / Day care summary duly signed by treating doctor & with hospital stamp
- Original hospital bill with break-up details with serial number duly sealed & signed
- If medicine and consumable charged in the hospital then detail break up should be given (name of the medicine / consumables with charges)
- Original Pre-numbered hospital payment receipt duly sealed & signed (with revenue stamp)
- Original prescriptions / consultation papers with consultation receipts
- Original pharmacy bills (please make sure patient name is mentioned on the bill)
- Original advance paid receipt if any
- Indication given by the treating doctor for lab test / surgery
- Original investigation reports along with original bills & payment receipts for the investigations done within & outside hospitals
- All Imaging Films, ECG Strips, Doppler / Angiogram CD etc. (in case of fracture/major and minor surgery)
- Current year Hospital Registration Certificate with total number of beds
- MLC copy /FIR in case of Accidental cases. (In case of accidental cases, fall from bike, fall at home etc.)
- Detailed narration of the incidence, No alcohol certificate from treating doctor (in case of accidental cases, fall from bike, fall at home etc.)
- The copy of the cancelled cheque of with IFSC code, printed name of employee
- If employee has availed cashless but if it is not utilized, a letter from hospital mentioning the same
- In case of Maternity claims, obstetric history of the patient (Gravida Para Living Abortion) Certificate from the Treating Doctor. USG Report (ultrasonography report Mandatory for Maternity cases)
- For Cataract claims, IOL sticker & purchase invoice copy of the sticker is mandatory

Reimbursement Claims – Address For Sending Documents

The Above documents need to be submitted to the **following address:**

Health Administration Team

Bajaj Allianz General Insurance Company
2nd Floor, Bajaj Finserv Building, Survey No. 208/B-1, Behind Weikfield IT Park,
Off Nagar Road, Viman Nagar, Pune-411014

MENTION YOUR **E-CARD NUMBER, EMPLOYEE ID, COMPANY NAME AND MOBILE NUMBER** CLEARLY ON THE FACE OF THE ENVELOPE

PLEASE KEEP A **PHOTOCOPY OF THE DOCUMENTS AND COURIER REFERENCE NUMBER** FOR YOUR RECORDS



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Important Links:

1. **For Policy Enrollment (Additions Deletions of Members, Access Codes, E-Cards)**
https://ecard.bajajallianz.com/hCard/Health_Ecard/hlth_cardlogin.jsp
OR
Member to contact Local BALIC HR directly.
2. **Network Hospital Link**
<https://www.bajajallianz.com/branch-locator.html>
3. **For Claims Status, Cashless (Preferred) Hospital List**
https://general.bajajallianz.com/BagicNxt/b2c/customer/claim_enquiry_new.jsp
<https://general.bajajallianz.com/BagicNxt/InHouseSP/hm/externalUserCC.jsp>
4. **Claim Process & Forms**
<https://www.bajajallianz.com/health-insurance-plans/health-insurance-claim-process.html>
5. **CDC Video Link:**
<https://youtu.be/WGZgD9TBmwY>

Communication Matrix:**Contact Details for BALIC Support Team for on-call & e-mail assistance.****Timings:**

Mon-Sat: 8 a.m. to 11 p.m.

Sunday: 10 a.m. to 7 p.m.

Contact Person	Contact Number	Email ID
Medi-CALL Desk	020-67031777	Medicall.Support@bajajallianz.co.in

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Thank You