



benefits that truly benefit

Group Mediclaim Benefits Manual 2023-2024

VEDANTA LIMITED – SESA GOA

Businesses of Marsh McLennan



What you need to know:

At Vedanta we ensure that benefits are effectively designed to help employees live a healthy lifestyle. This brochure has been developed to take into account your busy life. The information falls under what you need to know (dates, processes, information on specific benefits)

Please take the time to review this information in detail.



Group Medclaim Policy

Provides insurance coverage to employees for expenses related to hospitalization due to illness, disease or injury subject to a minimum of 24 hours hospitalization.

Medical Benefits

- Coverage Details
- Cashless Process
- Non-Cashless
- Claims Process
- Claims Document List
- General Exclusions
- Contact Details
- Optimal Utilization of Benefit





Group Mediclaim Policy

Insurer: The New India Assurance Co Ltd

TPA: MEDIASSIST TPA Ltd.

Brokers: Marsh India Insurance Brokers Private Ltd

Policy Period: 1st Oct 2023 to 30th Sep 2024

Medical Benefits Coverage Details

Policy Parameter	
➤ Insurer	THE NEW INDIA ASSURANCE CO. LTD.
➤ Policy Start Date	1 st Oct 2023
➤ TPA	MEDIASSIST TPA Ltd.
➤ Policy End Date	30 th Sep 2024
➤ Coverage Type	Family Floater
➤ Dependent Coverage	1+5 family comprise of employee spouse 2 dependant children upto age of 28 and parents / in laws (upto the age of 91 years).Existing employees with more than 2 children will continue to be covered. Existing parents above 91 also covered. ** Either set of parents can only be covered. There cannot be any cross selection.
➤ Sum Insured	Graded

Sum Insured Coverage ***	Current Limit	New Limit
➤ P,M1,M2	1,800,000	
➤ M3 & M4	1,350,000	
➤ M5 ,M6 and M7	900,000	
➤ M8 , M9 & M10	750,000	
➤ Trainee	225,000	

Benefits / Extensions	Coverage
➤ Standard Hospitalization	• Yes
➤ Pre existing diseases	• Yes
➤ Waiver on 1 st year exclusion	• Yes
➤ Waiver on 1 st 30 days excl.	• Yes
➤ Baby day 1 Cover	• Yes
➤ Pre & Post hospitalization	• Yes , 30 & 60 days
➤ Day care procedures	• Yes
➤ Waiver on 9 months waiting period	• Yes

Policy Benefits

Benefits	Coverage
Room Rent	Normal – 2% of Sum Insured ICU –10000/- per day for employees with SI of INR 2.25 lacs 3% of Sum Insured for other SI. (7.5,9,13.5 & 18L)
Ambulance Charges	INR 5,000 per event (home to hospital)
Domiciliary hospitalization	Covered with Prior approval (Minimum 3 days treatment)
Ayurveda / Homeopathic / Unani Treatment	Covered only in Government hospitals
Other Condition	Coverage of hormonal and immunotherapy for cancer patients coverage of oral chemotherapy in both day care and IPD any advancement in medical technology is covered.
Ailment wise capping	Not Applicable
Nasal Sinus	Yes ,INR 35,000 in case of hospitalization
Maternity benefits	Yes , INR 75,000 for both normal and C-section for 1st two children only. Well baby expenses covered within maternity limit.



Policy Benefits – Contd..

Benefits	Coverage
Maternity related complications	Covered , Abnormal presentation /Still birth / Spontaneous miscarriage / Ectopic pregnancy / Missed abortion / Post partum hemorrhaged / retained placental membrane/ Gestational diabetes.
Pre & post natal expense	Covered within maternity limit.
Infertility Treatment	Covered up to INR 200,000 per case on both IPD and OPD basis.
Baby expenses	Covered within maternity limit. If there is a complication in baby arising after the delivery, the baby should be readmitted to the hospital, so as to enjoy the day 1 coverage.
Extended physiotherapy	Covered up to 6 months upto family SI.
Income protection plan	INR 20,000 per week from 91st day for max 3 months. This benefit is payable to employees after completely utilizing the sick / casual / privileged / paid leaves paid from the time the employee goes on LOA (without pay) for disability arising out of major critical illness. This need to be certified by the treating doctor & HR Head.



Policy Benefits – Contd..

Benefits	Coverage
Psychiatric treatment in conjunction with treatment for other diseases	To be covered up to INR 50,000 on both OPD and IPD.
Surrogacy	Separate limit equal to maternity benefit limit (Only applicable to employees who take help of surrogate mother for childbirth subject to infertility having been medically established in either of the parents.)
Cochlear Implant / external organ transplant	Covered up to SI
Donor expense	Covered up to family SI limit (Includes hospitalization expenses (excluding cost of organ)incurred on donor during the course of organ transplant to the insured member)
Dental Treatment	INR 10,000 per family limit (Covers Tooth extraction , Root Canal treatment and Flab surgery (Gum diseases).
GMC Coverage	No deduction in case of death during hospitalization



Policy Benefits – Contd..

Benefits	Coverage
Medical Evacuation	Medical Evacuation covered up to 50,000 per incident with overall policy limit of 2 lacs
Other conditions	In case of claims which falls within 2 policy period, date of admission in hospital will be considered for determining liability under a policy period.
Other conditions	Those hospitals where New India is having PPN network, only PPN rates will be applicable
Other conditions	<p>If intimation of claims is made after 30 days, co-pay of 10% will be applicable in reimbursement claim. This co-pay will be over and above all other conditions in the policy for reimbursement.</p> <p>Addition of missed dependents to be considered with additional premium exceeding 90 days window period. 5% of lives allowed in Errors and omissions.</p>
Other conditions	Internal Congenital disease is covered



Policy Benefits – Further Enhanced



Genetic disorders treatments and procedures

Coverage for hospitalization based treatment for any genetic treatment up to full insured. Any treatment/procedure which requires less than 24 hour stay to be covered under daycare.



Cataract & Dental Limit

Cataract limit enhanced to INR 50,000 per eye & Dental is covered upto sum insured only in case of accidental claim. Else the existing limit of INR 10,000 per family will prevail.



Deceased family member continuation cover

Continuation of Mediclaim insurance coverage of the deceased family members till notional date of retirement



GIC Circular cost restrictions on COVID claims

GIC Circular cost restrictions on Covid claims is waived off. Every claim to be processed as per Group Policy terms & conditions



Maternity Benefit

Enhancement in maternity limit by INR 25,000 in case of twin delivery



Cover for Disabled Children

Cover for disabled children without any upper age limit



No active line of treatment

Covered upto a limit of 20 Lacs (Group Level)



Ambulance charges on actuals

Ambulance charges on actuals



External Congenital Disease

Non cosmetic treatment for external congenital ailments covered up to INR 1 lacs



Sum insured

Auto replenishment of sum insured once in case of COVID hospitalization

Maternity Benefits

Benefit Details	
Benefit Amount	<ul style="list-style-type: none">•Yes , INR 75,000 for both normal and C-section for 1st two children only.•Well baby expenses covered within maternity limit.• Pre & post natal expense Covered within maternity limit .
Maternity Complications	<ul style="list-style-type: none">•Covered , Abnormal presentation /Still birth / Spontaneous miscarriage / Ectopic pregnancy / Missed abortion / Post partum hemorrhaged / retained placental membrane/ Gestational diabetes.
9 Months waiting period	Waived off
Enhancement in Maternity Limit	INR 25,000 in case of twin delivery

- These benefits are admissible in case of hospitalization in India.
- Covers first two children only. Those who already have two or more living children will not be eligible for this benefit. . In case of second pregnancy, if twins are born, then third child will be covered on payment of additional premium of Rs.1000/-+GST per child
- Voluntary Termination of pregnancy is not payable under any circumstances.
 - a. First 12 weeks – Not payable at all
 - b. After 12 weeks – Is payable only if certified by the Doctor as a necessity being a life threatening situation for the expecting mother
- Family Planning treatments, male sterility, is not covered



Medical Benefits Policy Period

Existing Employees + Dependents

Commencement Date	1 st Oct 2023
Termination Date	30th Sep 2024 or date of leaving company whichever is earlier

New Joinees + Dependents on intimation through HR

Commencement Date	Date of Joining
Termination Date	30th Sep 2024 or date of leaving company whichever is earlier

New Dependents (due to Marriage / Birth) on intimation through HR

Commencement Date	Date of the occurrence of the event
Termination Date	30th Sep 2024 or date of leaving company whichever is earlier
Enrollment in the Program	Allowed to include newly-wed spouse and new born baby, within 30 days from the date of event



Medical Benefits Standard Coverage

Coverage

- Room and boarding
- Doctors fees
- Intensive Care Unit
- Nursing expenses
- Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Physical therapy
- Drugs and medicines consumed on the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Dressing, ordinary splints and plaster casts
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy

Note: The expenses are payable provided they are incurred in India and within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to.

Expenses on hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Dental Surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D & C taken in the Hospital/Nursing home and the insured is discharged on the same day of the treatment will be considered to be taken under hospitalization Benefit, however under pre authorization (cashless) only.



Pre & Post 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 Expenses for up to 30 days prior to his / her Hospitalization.
Covered	Yes
Duration	30 Days



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	Yes
Duration	60 Days

**Any One Illness: A claim is considered as a single illness if it has a continuous period of illness or results in a relapse within 45 days of the earlier treatments*

Cashless Process

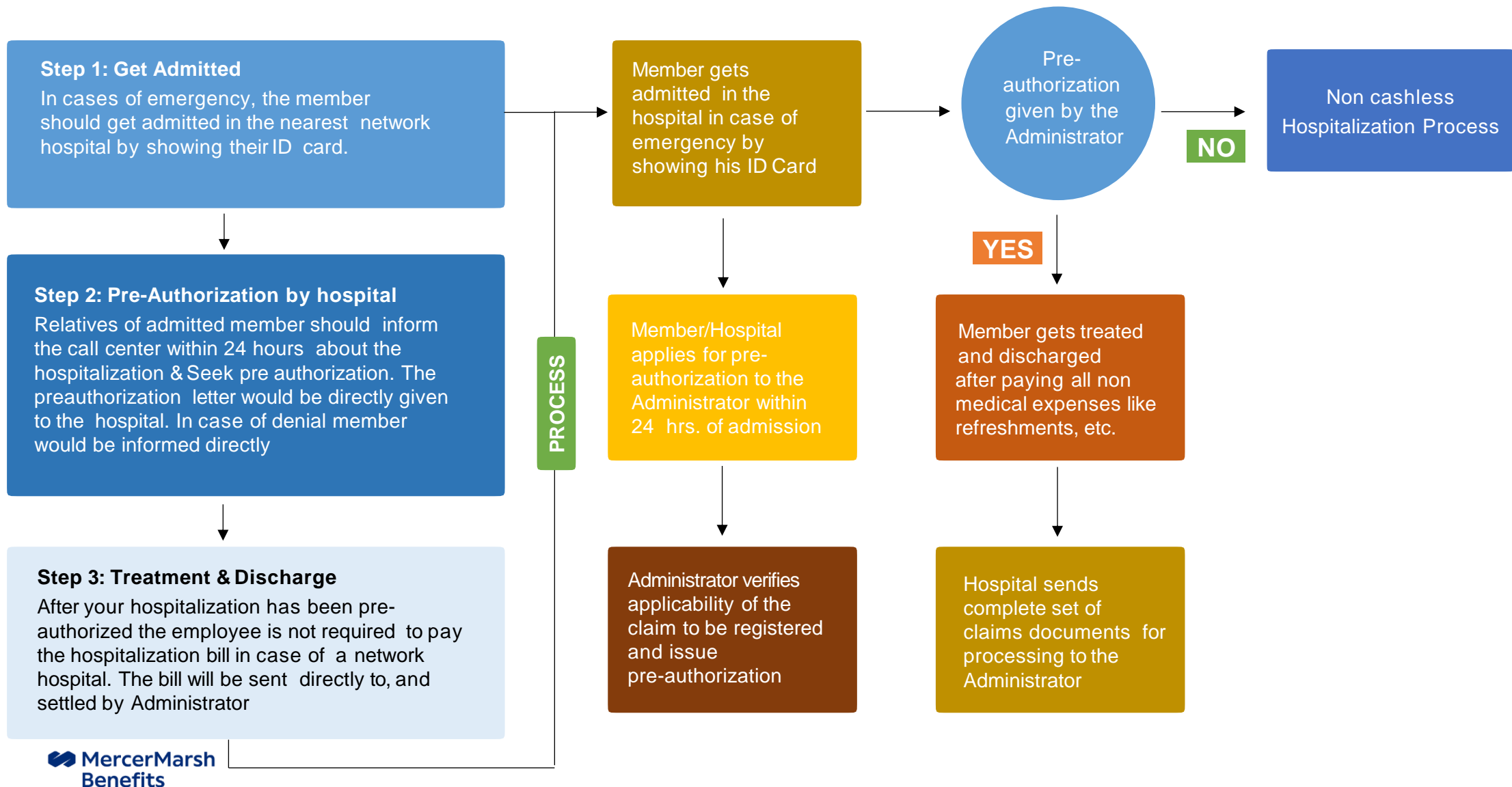
Cashless means the Administrator may authorize upon a Policyholder's request for direct settlement of eligible services and it's according charges between a Network Hospital and the Administrator. In such case the Administrator will directly settle all eligible amounts with the Network Hospital and the Insured Person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent as these services are covered under the Policy.

Cashless extended in two portions - Initial Approval is sent in the range of 50-70 % of requested amount. Balance at the time of discharge in the form of final approval

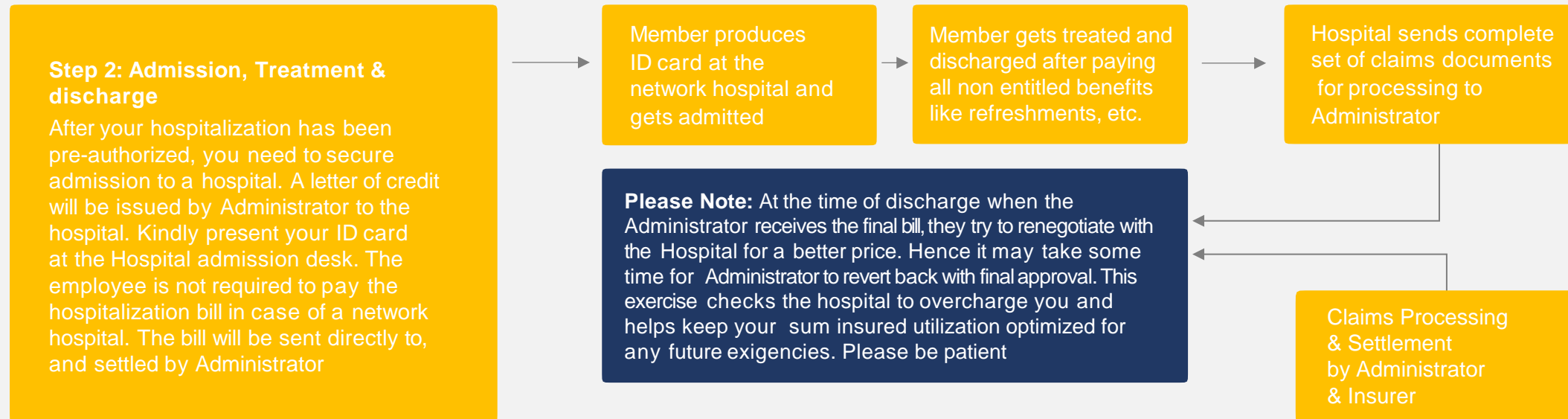
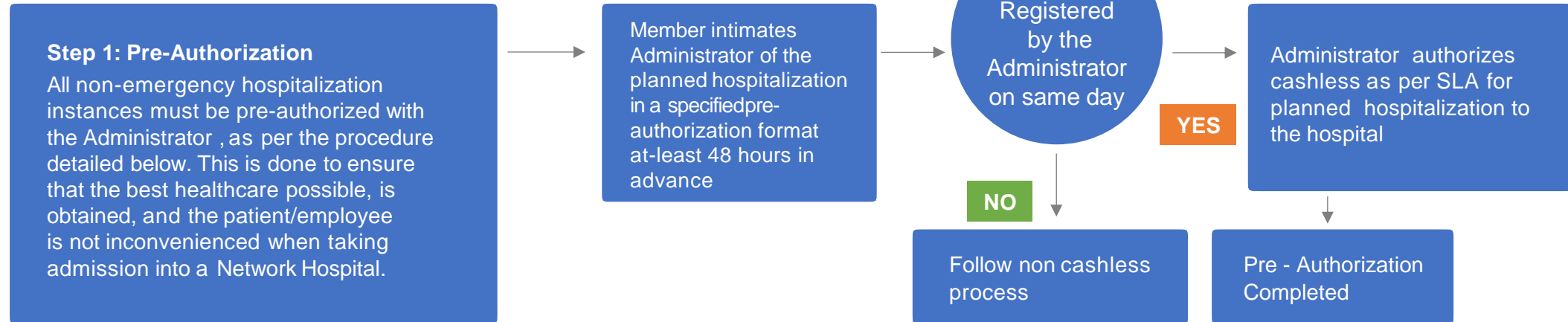
Note: Patients seeking treatment under cashless hospitalization are eligible to make claims under pre and post hospitalization expenses. For all such expenses the bills and other required documents needs to submitted separately as part of the claims reimbursement.



Hospitals in the network
**[www.medibuddy.in/
networkHospitals](http://www.medibuddy.in/networkHospitals)**



Cashless Hospitalization - Planned



Non-Cashless Process

Admission Procedure

- In case you choose a non-network hospital you will have to liaise directly with the hospital for admission.
- However you are advised to follow the pre authorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.

Discharge Procedure

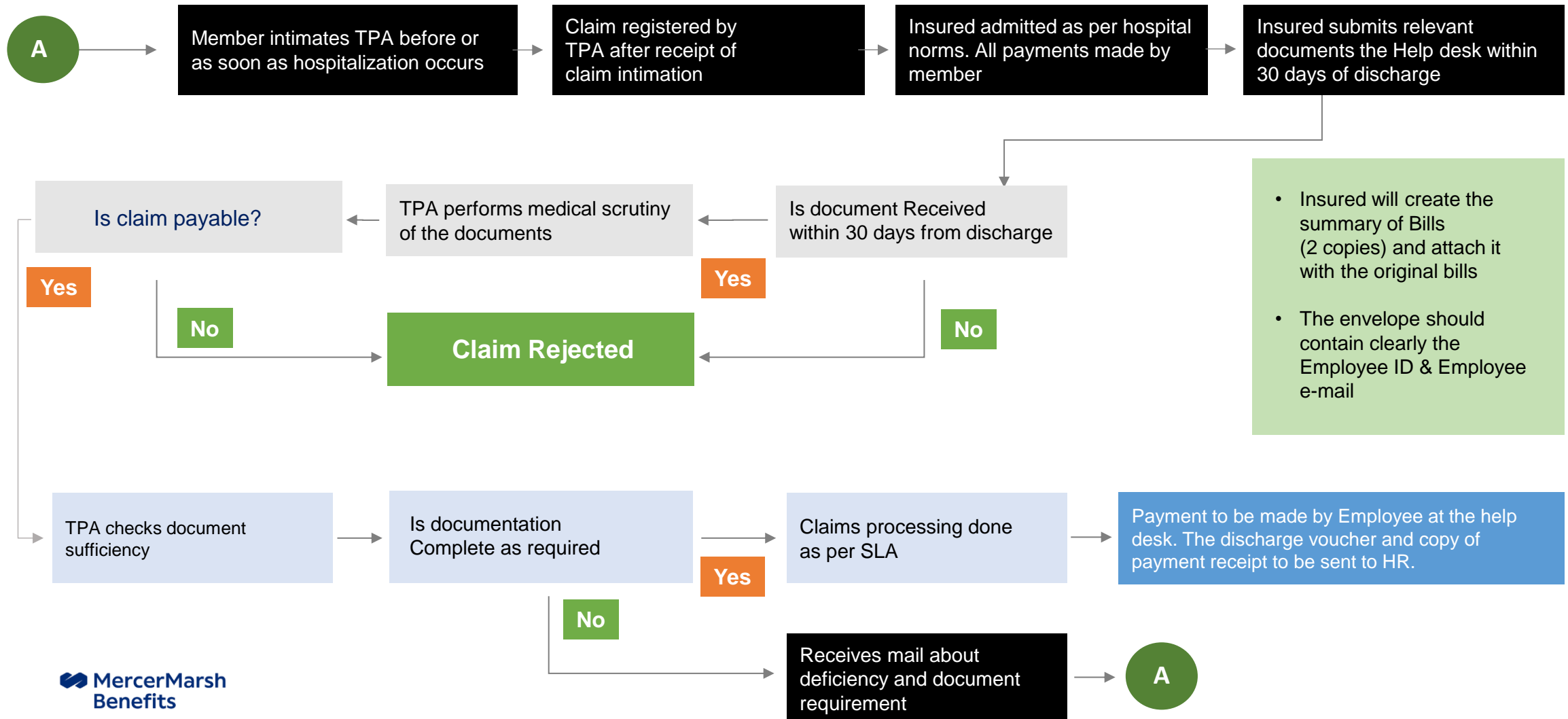
- In case of non network hospital, you will be required to clear the bills and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as - discharge summary, investigation reports etc. for submitting your claim

Submission of Hospitalization Claim

- You must submit the final claim with all relevant documents within 30 days from the date of discharge from the hospital.

Employee Benefits Manual

Non-Cashless Process



Claims Document List

- Completed Claim form with Signature
- Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
- Discharge Report/Certificate/card (original)
- 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.
- Provide Break up details including Pharmacy items, Materials, Investigations even though it is there in the main bill
- 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

*Please retain photocopies of all documents submitted

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
- Congenital external diseases or defects/anomalies
- 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
- Naturopathy and AYUSH
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, etc.
- Cost of spectacles, contact lenses, 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)
- OPD Claims not payable under the base Group Medclaim Policy
- Claims (of high value) submitted without prescriptions/diagnosis
- Health foods
- Costs incurred as a part of membership/subscription to a clinic or health centre
- Naturopathy
- Cost of appliances, spectacles, contact lenses, hearing aids
- Non-medical expenses like Hospital surcharge, telephone bills, cafeteria bills

Deductions / Non Payable Expenses

Administrative Expenses

- Admission charges
- Registration charges
- Medico-legal charges
- Attendant stay charges
- Relative stay charges
- Additional stay
- Gate pass/Attendant pass
- Conveyance charges
- Booking charges
- Overhead charges
- Establishment charges
- Tax/Luxury charges
- Surcharge/Service charges
- Incidental charges
- Waste disposal charges

Documentation Expenses

- Documentation charges
- Discharge summary
- Medical records charges
- Birth certificate
- Death certificate
- Medical certificate
- TPA charges

Consumable

- Antiseptic/ disinfectant solutions
- Soap & Powder (talc)
- Oil & Cream
- Sanitary pads/Diapers
- Cassette/CD/Film charges
- Toiletries & stationeries & cosmetic expenses
- Oxygen cylinder
- ECG electrode charges
- Mortuary/coffin charges
- Housekeeping charges
- Preparation charges
- DONOR organ charges
- Vaccination charges
- Outstation consultants / surgeons
- Referral charges
- HIV Charges
- RMO/ duty doctor charges
- Assistant charges for minor cases
- Expenses towards sterilization

Services

- Private nurse charges
- Telephone charges
- Fax charges
- Food/beverages
- Diet & dietician charges
- Electricity charges
- Water charges
- T.V / Internet charges
- Newspaper/magazine
- A/C charges
- Stationary charges
- Lines/Laundry charges

Note: The list is indicative, actual deduction would vary.

Optimal Utilization of Benefit

- Health Insurance is a benefit for the employee and their dependents. One has to utilize the benefit with utmost caution and prudence
- The ever-increasing cost for the benefits require a proactive involvement from all of us
- The following steps are recommended, ensuring the benefits is prudently utilized by the employee and dependents

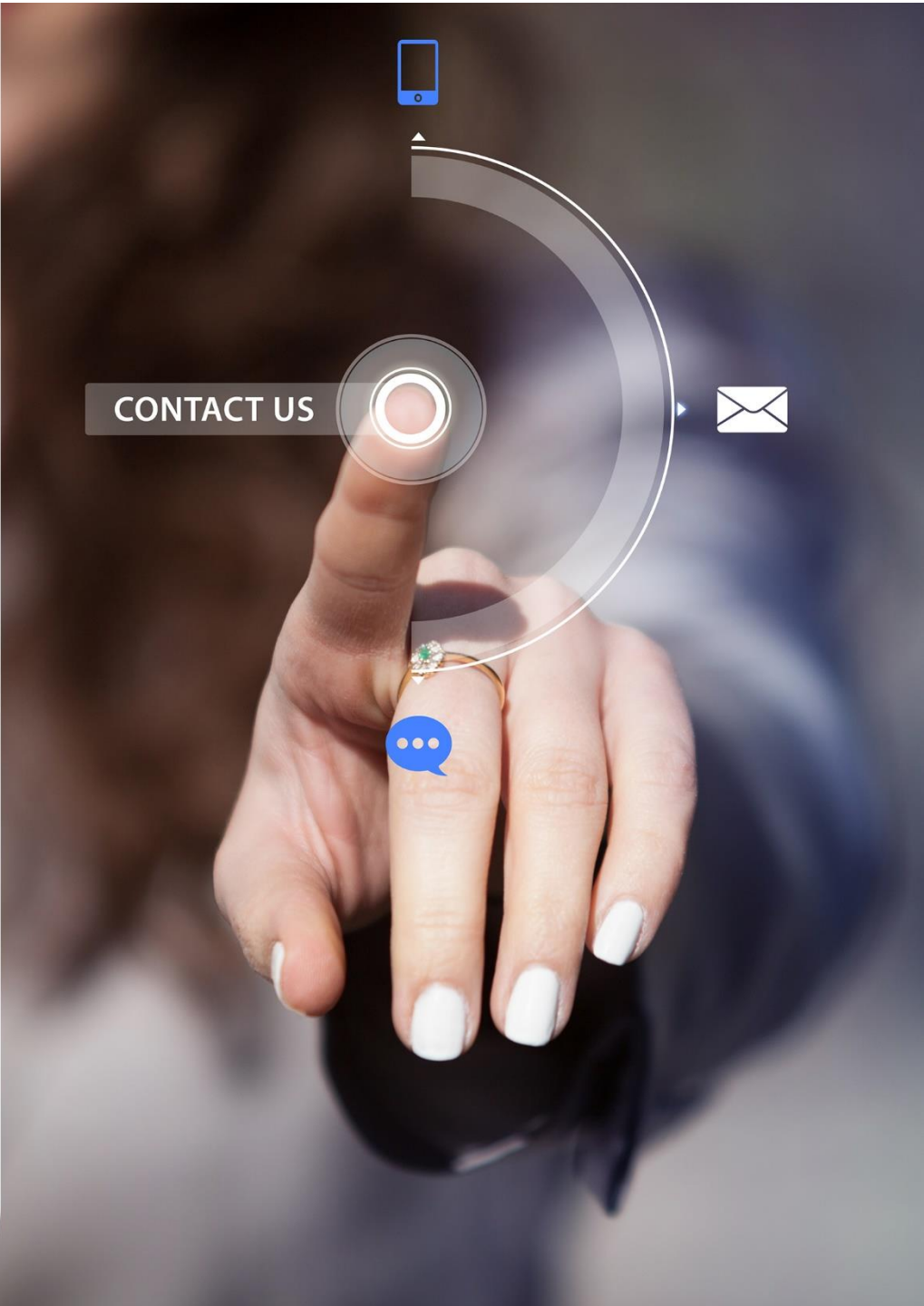
Please ensure to crosscheck the final bill sent to the TPA for the following:

- You are Billed only for the services utilized for e.g. category of room, diagnostics undergone, medicines consumed
- Total of the bill
- In case of any planned hospitalization, approach the hospital in advance (24 hrs.) and request pre-authorization this enables TPA to further negotiate the rates
- To approach hospitals with caution - most expensive is not necessarily the best
- To cross check the tariff with the Bench Mark Rates provided - the benchmark rates would give an idea
- The general spend for the treatment or procedure
- Try to negotiate
- Ask WHY & WHAT is billed to you (as a consumer, we have the right to know)

Contact Details

TPA Contact Matrix				
	Name	Email ID	Phone No.	Mediassist
FIRST LEVEL	Narayan	Narayan.gaonkar@mediassist.in	8147359975	SPOC
SECOND LEVEL	Sushmita Kumari	sushmita.kumari@mediassist.in	8904975072	SPOC 2
THIRD LEVEL	Sarika Bhatia	sarika.b@mediassist.in	7619173336	Escalation level 1

Marsh India Contact Matrix				
	Name	Email ID	Phone No.	Marsh India
FIRST LEVEL	Ms Megha Singh	Megha.Singh02@marsh.com	8373928382	SPOC
SECOND LEVEL	Mr Manish Pundhir	Manish.Pundhir@marsh.com	8377907994	1st Level Escalation
THIRD LEVEL	Ms Supreet Kaur	Supreet.kaur@marsh.com		Final Escalation level



Thank You

