

Care Begins With Family's Good Health

Insurance Benefit
Manual **2023-24**



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**Firm Sponsored
Group Medclaim
(base policy)**



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What you need to know:

At KPMG, 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) and frequently asked questions.

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.



Firm Sponsored Group Mediclaim (Base policy)

Insurer: The New India Assurance Company Ltd

TPA:

Medi-Assist TPA For- *KGDC - Pan India and, KGS, BSR - South*

Paramount TPA For- *KGS, BSR - Rest of India (Except South India)*

Policy Period: 1 April, 2023 to 31 March, 2024

Benefits Consultant: Marsh India Insurance Brokers Pvt. Ltd

Medical Benefits Coverage Details

Policy Benefits	
Sum Insured	INR 4 L per member per year(Staff Accountant- Self only), INR 4L Per Family (Sr. managers and below excluding Staff Accountant) & INR 5L per member per year (Advisor/Sr. Advisor (Retainer 50% or more)- Self only), INR 5L per Family Sr. Associate Directors / Technical Director / Director and above
Coverage Type	Family Floater
Dependent Coverage	Employee + Spouse / Spouse Equivalent* + Children (max 2 children, up to 25 years of age) + Parents/Parents-in-law, up to 90 years of age (Only one set of parents are allowed. Either Parents or Parents in law, cross combination is not allowed). **Only specified Advisor & Senior Advisor are eligible for insurance cover for self only. **Staff accountant/Advisor and Sr. Advisor are not eligible for dependent cover.

Benefits / Extensions	Coverage
Standard hospitalization	Covered
TPA services	Covered
Pre existing diseases	Covered
Waiver on 1st year exclusion	Covered
Waiver on 30 days exclusion	Covered
Room Rent	Covered
Day Care	Covered
Ambulance Services	Covered up to INR 2000/-
Pre-Post hospitalization Expenses	30 Days Pre Hospitalization & 60 Days Post Hospitalization
Organ Donor	Covered

Benefits / Extensions	Coverage
Maternity benefits	INR 150,000 for Normal/ C-sec delivery
9 months waiting period	Waived off
New Born Baby	Covered from Day 1
Pre & Post Natal Expenses	Covered (Within maternity sub-limit)
Gender Reassignment Surgery	Covered under IPD
Co payment on Claims	<ul style="list-style-type: none">Assistant Manager & below: 10%Manager & above: 20%For each and Every Parents: 25% of admissible claim amount
Congenital Internal and External Disorders	Covered (external covered up to 6 years of age)

Medical Benefits Coverage Details

Benefits	Coverage
Mental Health treatment	Covered up to full Sum Insured under IPD Therapies for mental and physical disabilities covered on outpatient basis with a per family limit of 1 L and per therapy session limit of 10,000.
Post hospitalization benefit for cancer cases	90 days
Diagnostics for Cancer treatment	Up on completion of cancer treatments, follow-up diagnostics for monitoring will be covered on day care/ hospitalization basis
Biopsy tests for cancer care	Covered
Infertility coverage	Infertility treatment covered up to full Sum Insured. Its includes IVF, IUI on hospitalization and daycare basis
Maternity benefit	Maternity benefit (for normal and c-sec) to INR 1.5 lacs for both.
COVID home care	COVID home care INR 20,000 per family
AYUSH coverage	Ayush treatment refers to alternative medicine system such as Ayurveda, Yoga and Naturopathy , Unani, Siddha, and Homeopathy, Covered on IPD basis up to full Sum
Domiciliary Benefits (SUBJECT TO BILLS REQUIRED WITH PROPER NUMBER AND OTHER TERMS ARE AS PER POLICIES T&C.)	1) Treatment taken at home when hospital bed is not available or condition of person is such that cannot be moved to hospital (doctor certification needed)
	2) Overall limit up to 50% of base SI.
	3) Sublimit: Doctor Consultations : INR 25,000. Medications: INR 50,000. Diagnostics: INR 50,000. Physiotherapy/ Nursing charges: INR 25,000
	4) Exclusions: Equipment, experimental treatment, consumables, care without active line of treatment

Medical Benefits Coverage Details

Benefits	Coverage
Treatment of mental illness, stress or psychological disorders or neurodegenerative disorders	Covered under IPD
Vaporization of prostate	Covered under IPD
Neurodegenerative	Covered under IPD
Uterine artery embolization	Covered under IPD
Surrogacy	Covered under IPD
Balloon sinuplasty	Covered under IPD
Bronchial thermoplasty	Covered under IPD
Behavioral and neurodevelopmental disorders	Covered under IPD
Intra-operative neuro-monitoring	Covered under IPD
Bariatric surgery	Covered under IPD
Robotic surgery	Covered under IPD
Deep brain stimulation	Covered under IPD
Intra-vitreal injections	Covered under daycare
Coverage for parents and adopted kids of partners of LGBT colleagues	Covered
Cochlear implant	Covered
HIV	Covered
COVID vaccination side effects observation	Covered on IPD basis even if active line of treatment is not present
Care needed to treat severe adverse events of Covid vaccination	Covered even if 24 hour hospitalization not needed

Medical Benefits Policy Period

Existing Employees + Dependents

Commencement Date	1 st April 2023
Termination Date	31 st March 2024

New Joinees + Dependents on intimation through HR

Commencement Date	Date of Joining
Termination Date	31 st March 2024

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

Commencement Date	Date of such event (Marriage / Birth)
Termination Date	31 st March 2024

Note - Newly wedded spouse / spouse equivalent* / newly born child shall be covered subject to intimation to be given (on BenefitMe portal of Marsh) within 30 days from date of event

Mid term change of any plan will not be allowed

Any other changes in the plan (opted for) will not be allowed till policy expiry.



Medical Benefits Standard Coverage

Reimbursement of expenses related to Hospitalization

- Room and boarding
- Doctors fees
- Intensive Care Unit, Nursing expenses
- Physical therapy
- 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)
- Dressing, ordinary splints and plaster casts
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy
- Lasik eye surgery is covered if eye sight is above or equal to ± 7.5
- Dental treatment is covered only in case of accident and under IPD
- Ayush treatment is covered up to sum insured
- No capping on cataract surgery

Note:

- The expenses shall be reimbursed 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, 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.
- Hospitalization only for observation & evaluation purpose are not covered in policy.
- SI Enhancement is not possible for Capped Ailment Cases even if it is a complication.

Medical Benefits Pre & Post Hospitalisation Expenses

Pre - hospitalisation 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
Coverage	Yes
Duration	30 Days

Post - hospitalisation 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
Coverage	Yes
Duration	60 Days

Medical Benefits Co-pay and Room Rent

Co-pay Details:

For each and every parents	25% of the Admissible claim amount
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Claim from Employee/Spouse/Domestic Partner/Child:

Assistant Manager & below	10% of the Admissible claim amount
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Manager & above	20% of the Admissible claim amount
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Example: On a Parental claims where admissible claim is INR 50,000. In this case Employee / beneficiary pays INR 12,500 (25%) besides the disallowed amount and INR 37,500 would be paid to the hospital by the policy.

Admissible claim – Total treatment cost – disallowed expenses (Hospital administration charges, phone bills, attendants charges, entertainment charges etc)*

Note: This copay clause is not applicable on maternity claims

Room Rent Limits:

For base sum insured INR 4 lac	INR 8,000 per day for Normal Hospitalization which includes room , nursing and RMO charges
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For base sum insured of INR 5 lac	INR 9,500 per day for Normal Hospitalization which includes room , nursing and RMO charges
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ICU	No capping
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Note: If a patient is admitted in a room higher than the entitled limit in policy, complete bill (except medicine & consumable) will be deducted in same ratio in which the actual room increases. These deductions are termed as incremental/proportionate deduction.

Proportionate Deduction: Proportionate Deduction is applicable on the Associate Medical Expenses, if the Insured Person opts for a higher Room than his eligible category. It shall be effected in the same proportion as the eligible rate per day bears to the actual rate per day of Room Rent. In case of a Pre-Defined Package like CABG, TKR etc. – cost of equivalent of lower packages is approved



Medical Benefits Maternity Benefits

Benefit Details	
For Normal Delivery	INR 1,50,000 within the Floater Sum Insured
For C-section Delivery	INR 1,50,000 within the Floater Sum Insured
Restriction on no of children	Maximum of 2 Children
9 Month waiting period	Waived off
Pre-Post Natal Expenses	Coverage period for Pre Natal 90 days and Post Natal 30 days on OPD Basis & no time limit for inpatient cases within maternity limit
Congenital Internal & External Disorder	Covered (External Congenital will be covered up to 6 years of age)
Infertility procedures (hospitalization and daycare) including artificial reproductive techniques (IVF, IUI etc.)	Covered up to full SI for both men and women
Normal Baby Expenses	Covered within & up to maternity limit

- ❖ 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.
- ❖ New born baby is covered from day one and should be included within 30 days of birth.
- ❖ Any complication arising due to Maternity (Life threatening) will be covered up to family Sum Insured
- ❖ Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered
- ❖ Maternity claim (Pre-Post Natal) can only be initiated post-delivery
- ❖ Well baby charges covered within and up to maternity limit excluding vaccination charges

Detailing of Benefits

Medical Benefits Maternity Benefits

What is covered

- No waiting period on maternity
- Normal delivery cover up to INR 1,50,000
- C-section cover up to INR 1,50,000
- OPD expenses in the pre-post hospitalization period are covered
- Inpatient prenatal and post natal charges are covered up to maternity limit
- OPD pre and post natal charges are covered up to maternity limit within 90 days pre-deliver and 30 days post delivery period
- Well baby charges covered within and up to maternity limit excluding vaccination charges
- New born baby is covered from day 1

What is not covered

- OPD expenses falling outside of 90 day pre and 30-day post delivery
- Voluntary termination of pregnancy is not covered in first 3 months
- Maternity related expenses not payable if 2 live children present

Medical Benefits Surrogacy

What is covered

- Coverage for delivery charges up to defined maternity limit.

What is not covered

- Pre-post natal expenses are not covered
- Any charges for surrogacy that do not result in delivery are not covered

Note:

- Surrogacy will be covered only per the permissible ones basis the Surrogacy Act

Medical Benefits Infertility

What is covered

- Cover all infertility procedures (hospitalization and daycare) including artificial reproductive techniques (IVF, IUI etc.) up to family SI
- Pre- and post- hospitalization expenses incurred covered 30/60 respectively as per T&C

What is not covered

- Admission for diagnostic / evaluation purpose only
- OPD expenses that fall outside of pre-post hospitalization period

**For OPD coverage related to infertility without hospitalization, refer to OPD T&C.*

Medical Benefits LGBT Coverage

Coverages with special focus for LGBT colleagues

- Cover for same sex partners
- Coverage for parents and adopted kids of partners of LGBT colleagues
- Gender reassignment surgery covered under IPD basis only
- Cover for Surrogacy

What is not covered

- Cosmetic procedure surrounding gender re-assignment
- For OPD coverage related to gender reassignment without hospitalization, refer to OPD T&C.

Medical Benefits Mental health and disability support

Inpatient

- Coverage for Treatment of mental illness, stress or psychological disorders up to SI
- Any hospitalization arising due to behavioral and neurodevelopmental disorders is covered
- Treatment of all Neurodegenerative diseases covered
- Inpatient Mental Health Covered up to full Sum Insured.

Outpatient

- Therapies for mental and physical disabilities covered on outpatient basis with a per family limit of 1 L and per therapy session limit of 10,000.

What is not covered

- Regular psychologist sessions without medical diagnosis and prescription by medical professional

Medical Benefits HIV Coverage

What is covered

- Eligibility: Covered for HIV contracted through blood transfusion only
- Limit: Up to sum insured of the chosen plan
- Benefit: Hospitalization expenses related to treatment of HIV/AIDS or its complications

What is not covered

- HIV contracted through means other than blood transfusion will not be covered

**For OPD coverage related to HIV without hospitalization, refer to OPD T&C.*

Medical Benefits Death Related Support

No deduction in case of death during hospitalization

What is covered:

If a claim is admissible under policy terms and conditions, there will be not deductions like non-medical expenses or copay.

What is not covered:

Death due to reasons specifically excluded in the policy. For eg. alcohol

Medical Benefits COVID Related Support

COVID home quarantine

What is covered:

- Eligibility: All enrolled dependents including parents/ Parent in law
- Home quarantine is covered up to INR 20,000 per family including
 - ✓ Consultations
 - ✓ Prescribed Diagnostics
 - ✓ Medicines.
 - ✓ BP and pulse oximeter equipment
 - ✓ Monitoring charges

*What is not covered:

- COVID testing when negative
- Positive COVID testing not followed by treatment

COVID Vaccine side effect

What is covered:

- 1) COVID vaccination side effects observation covered on IPD basis even if active line of treatment is not present
- 2) Care needed to treat severe adverse events of Covid vaccination to be covered even if 24 hour hospitalization not needed

*What is not covered:

- COVID vaccine cost is not covered
- OPD treatment is not covered

**Certain elements can be covered under voluntary OPD plan if opted for.*

Medical Benefits Advanced Treatments

- **Medically necessary Bariatric surgery: covered if**

- a) BMI greater than or equal to 40

- b) BMI is greater than or equal to 35 in conjunction with any of the following comorbidities

- ✓ Obesity related cardiomyopathy
 - ✓ coronary heart disease
 - ✓ Severe sleep apnea
 - ✓ Uncontrolled type 2 Diabetes

- **Organ donor expenses**

- These will cover the

- ✓ hospitalization expenses when the member wants to donate an organ
 - ✓ hospitalization expenses incurred for organ harvest from another individual for transplant in the member

- Vaporization of prostate
- Uterine artery embolization
- Balloon sinuplasty
- Deep brain stimulation
- Bronchial thermoplasty
- Intra-operative neuro-monitoring
- Intra-vitreal injections
- Cochlear implant
- Robotic surgery
- Cyber knife
- Oral chemotherapy and advanced cancer therapies
- All treatments on account of advancements in science/ technology for illnesses covered under medical plan



Voluntary/Employee Paid Group Mediclaim Top-up Policy

Insurer: The New India Assurance Company Ltd

TPA:

Medi-Assist TPA For- KGDC - Pan India and KGS, BSR - South
Paramount TPA For-KGS, BSR - Rest of India (Except South India)

Policy Period: 1 April, 2023 to 31 March, 2024

Benefits Consultant: Marsh India Insurance Brokers Pvt. Ltd

Voluntary GMC Top-up Coverage Details

OPERATIONAL ASPECTS

- The sum insured option is INR 3 Lacs , INR 5 Lacs, INR 10 Lacs, INR 15 Lacs and INR 20 Lacs.
- The top up plan is placed with the same insurer and TPA who underwrites the Group Medical Policy for operational efficiency
- Enrollment for top up policy is done once a year & not in between the policy period except for the new joiners
- When the main/base medical plan sum insured is exhausted, only then the top up plan pays for the claim (amount over and above it)
- The top up sum insured could be utilized for ailments
- Maternity benefit covered subject to limits & sub limit specified as per Base Policy
- Rest all terms and conditions for top up policy is same as per base policy

*Enhance the coverage for your dependents with additional Top-up Sum Insured, **by paying premium as indicated below***

Renewal rater on existing benefits					
Base Sum Insured	Top-up Sum Insured. Premium rates (excl. GST)				
	INR 3,00,000	INR 5,00,000	INR 10,00,000	INR 15,00,000	INR 20,00,000
400,000	9,413	13,019	19,424	28,166	39,432
500,000	13,019	17,024	20,427	29,619	41,468

The rate mentioned above are without GST. Please note GST 18% will be applied on the same

Note:

- The new joiners can declare their dependents for the top up plan at the time of enrollment.
- Post the declaration window closes, no request for enrollment shall be entertained.



Voluntary/Employee Paid Group Mediclaim Extra Dependent/Parents Policy

Insurer: The New India Assurance Company Ltd

TPA:

Medi-Assist TPA For- *KGDC - Pan India and KGS, BSR - South*

Paramount TPA For- *KGS, BSR - Rest of India (Except South India)*

Policy Period: 1 April, 2023 to 31 March, 2024

Benefits Consultant: Marsh India Insurance Brokers Pvt. Ltd

Voluntary Extra Dependents Coverage Details

OPERATIONAL ASPECTS

- The sum insured option is INR 3 Lacs , INR 5 Lacs, INR 10 Lacs
- This plan is placed with the same insurer and TPA who underwrites the Group Medical Policy for operational efficiency
- Enrollment for this policy is done once a year & not in between the policy period except for the new joiners
- The sum insured could be utilized for ailments
- Rest all terms and conditions for this policy is same as per base policy

*Option to enroll Extra set of parents **by paying additional premium as indicated below***

Total Sum Insured	300,000	500,000	1,000,000
Premium	25,311	41,830	57,282

The rate mentioned above are without GST. Please note GST 18% will be applied on the same

Note :

- The new joiners can declare their dependents for extra dependent plan at the time of enrollment.
- Post the declaration window closes, no request for enrollment shall be entertained.



Voluntary/Employee Paid Group Mediclaim Modular Plans Policy

Insurer: The New India Assurance Company Ltd

TPA:

Medi-Assist TPA For- *KGDC - Pan India and KGS, BSR - South*

Paramount TPA For- *KGS, BSR - Rest of India (Except South India)*

Policy Period: 1 April, 2023 to 31 March, 2024

Benefits Consultant: Marsh India Insurance Brokers Pvt. Ltd

Voluntary Modular Plans :

*Customised Modular Plan gives you an option to select one or more from the five plans that best suit your lifestyle and medical needs **by paying additional premium as indicated in further slides-as per the plan***

KPMG Modular Plan comes with 5 plan options

Choose what suits you the best



**Plan A - CO PAY
Buy Back**



**Plan B -
Hospitalization**



**Plan C -Critical
Illness**



**Plan D – OPD
Benefit**



**Plan E -Fertility
Care**



Plan A – Co Pay Buy Back

Option	CO PAY BUY BACK	
ESC(Employee, Spouse and Child)	ESC(Employee, Spouse and Child) Co Pay :Full Co pay Buy back	Premium: INR 7,000+ GST
Parents/Parents-in-law covered under base policy	Co pay: partial buy back (up to 10%)	Premium: INR 9,182 + GST
Parents/Parents-in-laws covered under base policy	Full Co pay buy back (no co pay)	Premium: INR 15,300 + GST

Option	CO PAY BUY BACK	
Parents and Parents-in-law covered under base and Extra dependent policy	Co pay: partial buy back (up to 10%)	Premium: INR 18,364+ GST
Parents and Parents-in-law covered under base and Extra dependent policy	Full Co pay buy back (no co pay)	Premium: INR 30,600+ GST



Plan B – Hospitalization Benefit for Employee and opted dependents

S.No.	PLAN B: Hospitalization Benefit (Increase in Room Rent)	
1.	Single standard AC room: Limit max up to INR 12,000 including GST	<p>Premium for Employee + Spouse + children + Parents/Parents-in-laws covered under base policy (ESC2P) - INR 4,000 + GST</p> <p>Premium for Employee + Spouse + children + Parents and Parents-in-law covered under base and Extra dependent policy (ESC4P) – INR 8,000+ GST</p>



Plan C – Critical Illness for Employee and Spouse

Option	Premium Rates (Floater rate for Emp and Spouse)
SI 5 LACS	INR 3,000 + GST
SI 10 LACS	INR 5,000 + GST
SI 15 LACS	INR 7,000 + GST

On first ever diagnosis of any one of the eligible Critical Illness (from list shared below), the Policy shall pay the opted Sum Insured. .

What's Critical Illness Cover?

- Critical illness refers to any Life threatening diseases. Cover for 20 major critical illnesses shared below.
- Critical illness Policy makes a lump sum payment to an employee on first ever diagnosis of any of the below shared Critical Illness
- Insurance Company shall pay the Opted Sum Insured as per Policy Norms.

Waiting Period — There is waiting of 90 days and survival period of 30 days

Critical Illness Age Criteria – 18 years to 65 years

List of 20 Critical Illness —

STROKE
CANCER
KIDNEY FAILURE
MAJOR ORGAN / BONE MARROW TRANSPLANT
PERMANENT PARALYSIS OF LIMBS
MOTOR NEURON DISEASE
AORTA SURGERY
COMA OF SPECIFIED SEVERITY
MULTIPLE SCLEROSIS
BRAIN TUMOUR
OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES
LOSS OF LIMBS
LOSS OF SPEECH
PARKINSON'S DISEASE
MAJOR BURNS
BLINDNESS
CRITICAL ACCIDENTAL INJURY
BRAIN SURGERY
MYOCARDIAL INFARCTION WITH PTCA
CORONARY ARTERY BYPASS



Plan D – OPD Benefit for Employee and opted dependents

Option	Employee + Spouse + children + Parents/Parents-in-laws covered under base policy (ESC2P)	Employee + Spouse + children + Parents and Parents-in-law covered under base and Extra dependent policy (ESC4P)
OPD Limit- 20k	INR 9,500 + GST	INR 11,000 + GST
OPD Limit- 30K	INR 14,500 + GST	INR 17,000 + GST
OPD Limit- 40K	INR 19,500 + GST	INR 22,000 + GST

What is Covered under this benefit:

Consultants: Doctor Consultations – **Up to 25% of OPD limit**

Diagnostic: Tests & screening products- **Up to 50% of OPD limit**

Dental and EYE Treatment : **Up to 20% of OPD Limit**

Dental: tooth fillings, root canals & extractions

Invasive diagnostics – biopsy, colonoscopy, cystoscopy, endoscopy – **Up to OPD Limit**
(Any Scopies without 24 hours of Hospitalization –Eg. Bronchoscopy /Fluoroscopy /Hysteroscopy)

Blood based cancer screening – **Up to OPD Limit.**

What is not covered under this benefit-

(the below mentioned exclusions are indicative and non- exhaustive), for any particular enquiry please check with your Insurance SPOCs.

Any kind of Cosmetic Treatments will not be covered under OPD

Pharmacy is not covered

Dental: costs for regular cleaning, dentures, caps and routine visits/checkups without any underlining symptoms

Eye: cost of frames, Lenses

Pre Post Natal Treatment

Voluntary health check up



Plan E – Fertility Care for Employee and Spouse

S.No	PLAN E: FERTILITY CARE Coverages	Coverage Amount	Floater Premium
1	Third Maternity child -it refers to the coverage of maternity costs with the third child or for the third time. The premise here is that first two deliveries are covered under base as the policy covers max 2 children up to age 25 years. Coverage of third living child will come under family definition and outside the scope of this benefit	Upto Maternity Limit	INR 6,000 + GST
2	Egg storage charges, stem cell retrieval and storage	Upto the Sum Insured	
3	Genetic screening of child-it refers to screening after birth however we could mention ‘Genetic Screening of Child/foetus’ to include both before & after birth	Upto the Sum Insured	
4	Maternity Care Program: (Pregnancy care program will cover consultations with obstetrician, dietician and lactation advisors, as well as prescribed vitamin/mineral/health supplements and tetanus vaccination. This will not cover the diagnostic tests which need to be filed under pre-post natal bucket in main GMC. This will also not cover expenses for management of baby.)	INR 10,000	

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.

Paramount

For Pre-authorization request, please refer Slide no. 20 for contact details for location wise assistance

Network Hospital List

<https://www.paramounttpa.com/Home/ProviderNetwork.aspx>

Insurance company: The New India Assurance Company Ltd.

Medi-Assist

For Pre-authorization request, please refer Slide no. 20 for contact details for location wise assistance

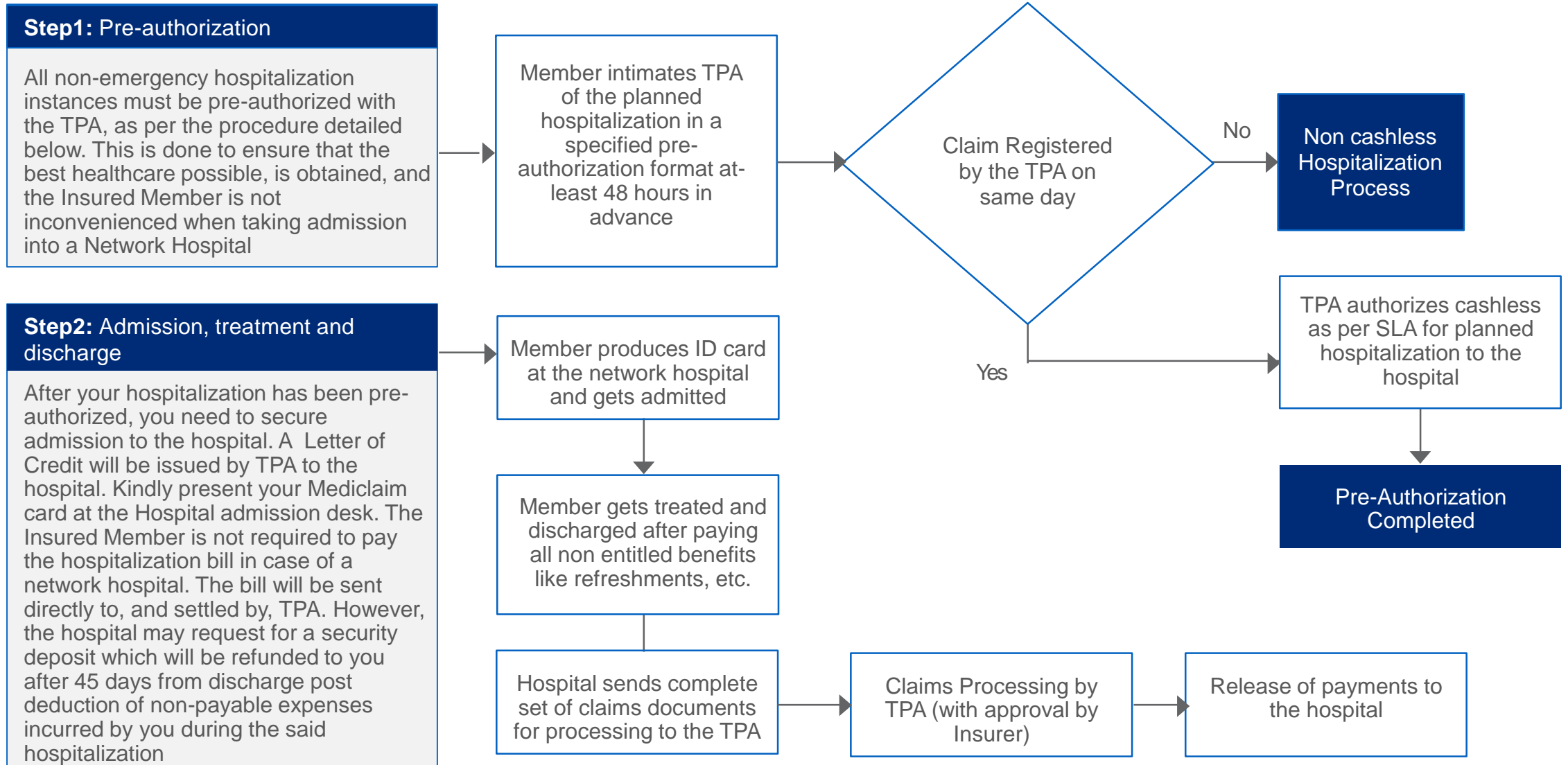
Network Hospital List

<https://www.medibuddy.in/networkHospitals>

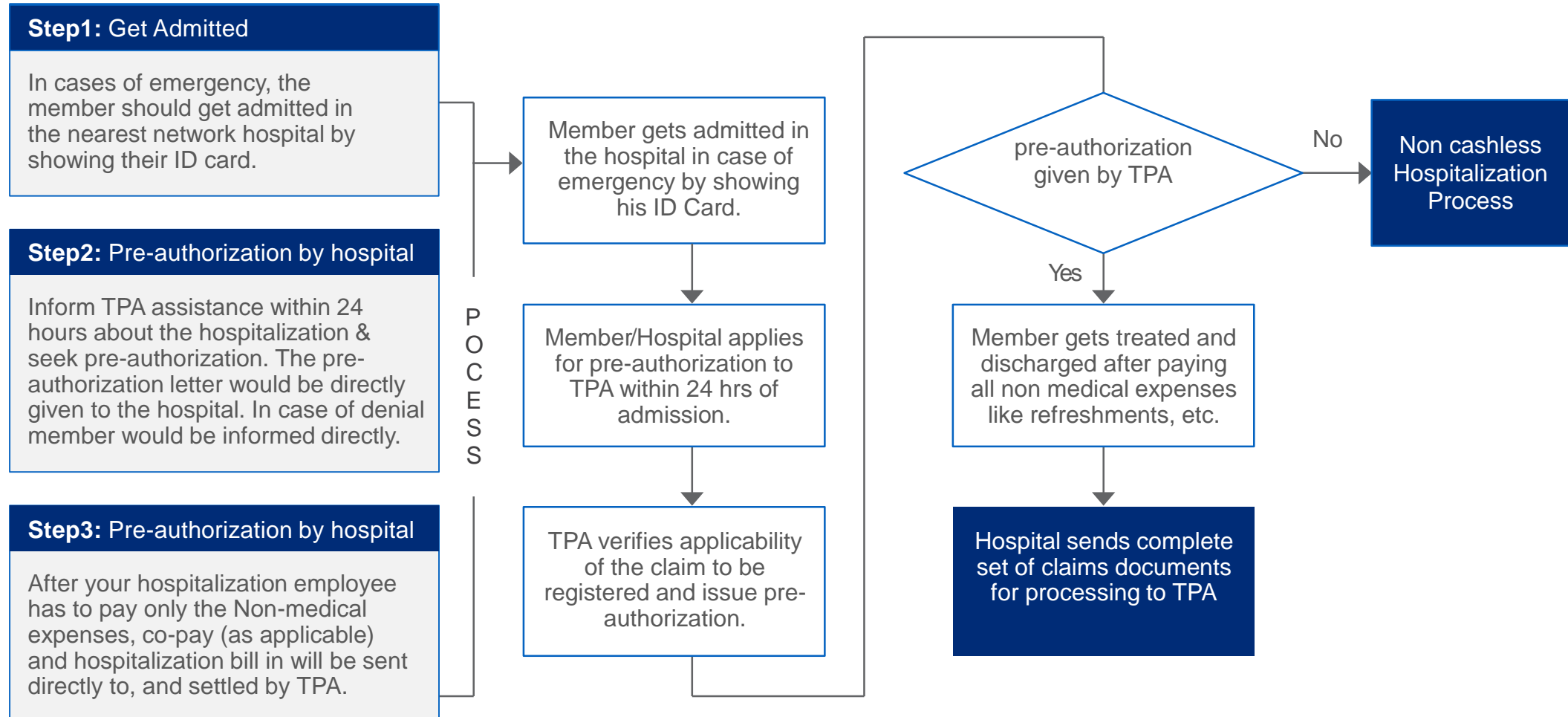
Insurance company: The New India Assurance Company Ltd.

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 to the respective SPOC at your location as part of the claims reimbursement.

Cashless Process Planned Hospitalization



Cashless Process Emergency Hospitalization



Note: Co-Pay & other deductible amounts as applicable to be paid by the member at the time of discharge

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.

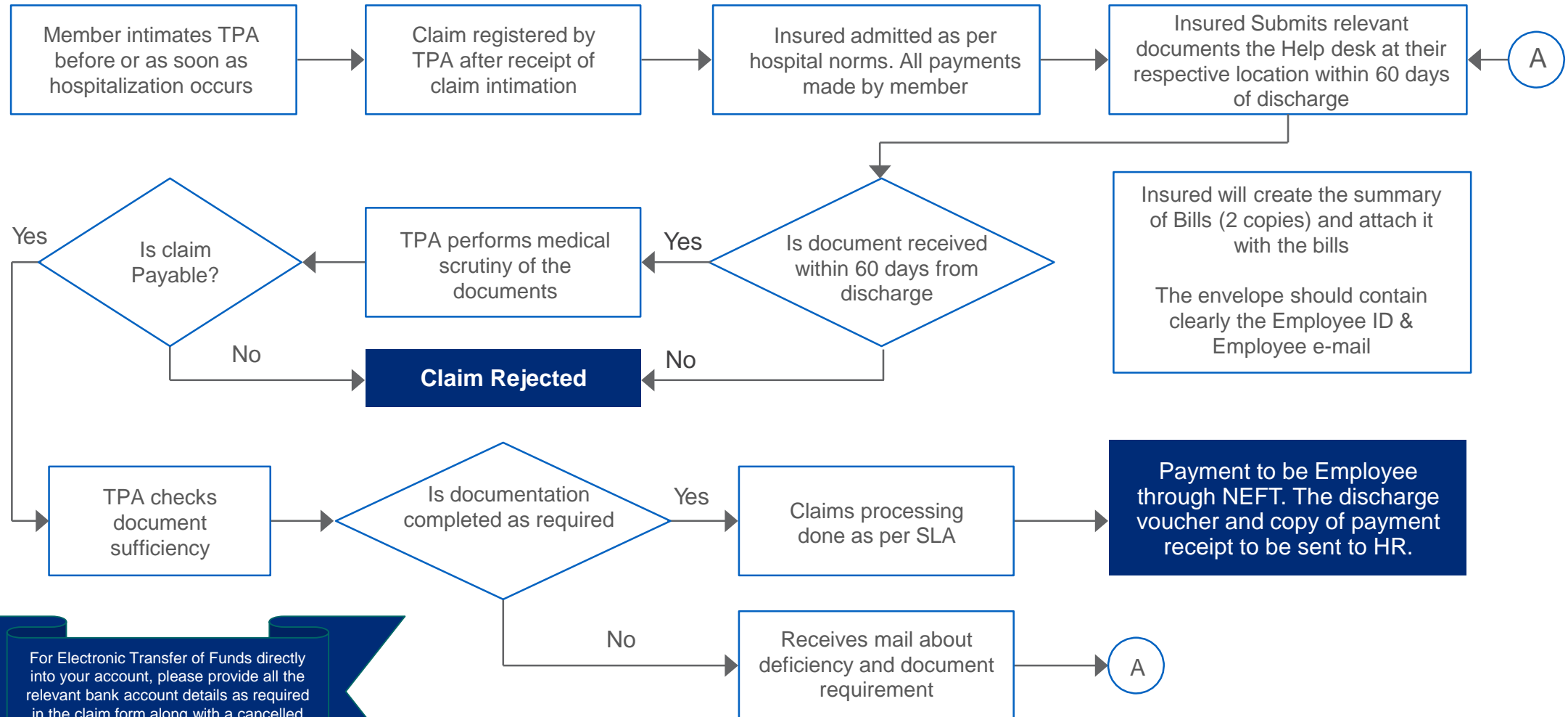
Submission of hospitalization claim

You must submit the final claim with all relevant documents within 60 days from the date of discharge from the hospital.

Pre-Hospitalization – 30days

Post Hospitalization - 60days

Non-Cashless Claims Process



For Electronic Transfer of Funds directly into your account, please provide all the relevant bank account details as required in the claim form along with a cancelled cheque. Post claim processing the amount will be reimbursed into your account directly.

Non-Cashless Claims Document List

- Completed Claim form with Signature (* Part A of claim form to be filled & signed by employee).
- Hospital bills with payment receipt in original (with bill no; signed and stamped by the hospital) with all charges itemized.
- Discharge Summary(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 (with prescriptions), 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.
- 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.
- 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.

General Exclusions

- **Doctor's home visit charges**, Attendant / Nursing charges during pre and post hospitalization period.
- Treatment which is continued before hospitalization and continued even after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.
- **Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine** and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- External and or durable Medical / Non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker , Crutches, Belts ,Collars ,Caps , splints, slings, braces ,Stockings etc. of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items etc. and also any medical equipment which is subsequently used at home etc..
- **All non medical expenses and consumables including Personal comfort and convenience items** or services such as telephone, television, Aya / barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc., guest services and similar incidental expenses or services etc..
- Change of treatment from one pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.
- Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.
- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- Any stay in the hospital for any domestic reason or where **no active regular treatment** is given by the specialist.
- **Massages, Steam bathing, Shidehara and alike treatment under Ayurvedic treatment.**
- **Treatment taken outside India**

Prosthetics etc. Any device/instrument/machine that does not become part of the human anatomy/body but would contribute/replace the function of an organ is not covered

- Warranted that treatments on trial/experimental basis are not covered under scope of the policy.

Note: The above-mentioned exclusions are indicative & not exhaustive.

General Exclusions

- Injury or disease directly or **indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations** (whether war be declared or not) or by nuclear weapons / materials.
- Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness (Any cosmetic or plastic surgery except for correction of injury)
- Convalescence, general debility, “run down” condition or rest cure, venereal diseases, intentional self- injury/suicide and diseases / accident due to and or use, **misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.**
- **Any kind of Service charges, Surcharges, Admission fees / Registration charges etc. levied by the hospital.**
- **Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed** during hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants /Surgeons fees etc. Private nursing charges, Referral fee to family doctors, Out station consultants /Surgeons fees etc.
- Sexually transmitted diseases.
- Warranted that treatments on trial/experimental basis are not covered under scope of the policy.
- **Any diagnostics with no active line of treatment is not covered** (No active line of treatment is covered for Life Threatening cases)

Note: The above-mentioned exclusions are indicative & not exhaustive.

Contact Details of your Designated Insurance Advisors :

Location Wise Demarcation-

**South – Bangalore, Kochi, Hyderabad-Vijayawada, Chennai, Coimbatore*

**Rest of India – All other cities EXCEPT those included in south*

Medi-Assist TPA For- **KGDC - Pan India** and **KPMG, KGS, BSR - South**

Paramount TPA For- **KPMG, KGS, BSR - Rest of India**

Medi Assist TPA - Central Spoc – Mr. Ranvijay Kumar – Phone +91 9205475391, E-mail ID-ranvijay.kumar@mediassist.in

Primary Contact Representative for Bangalore - KGS, RMZ Ecoworld office — Mr. Shashi K — Phone +91 7760974980 — shashi.km@mediassist.in	Primary Contact Representatives for Bangalore - KPMG India office and KGS, Global Technology Park office — Mr. Nagaraj B S — Phone +91 9513362283 — Nagaraj.b@mediassist.in	Primary Contact Representative for Kochi — Mr. Jeri Mathew — Phone +91 7090407868 Jeri.mathew@mediassist.in
Primary Contact Representative for Chennai — Mr. Mohammad Imran — Phone +91 7899486473 mohammed.imran@mediassist.in	Primary Contact Representative for Coimbatore — Mr. Nandha Kumar — Phone +91 7397222905 nandhakumar.b@mediassist.in	Primary Contact Representative for Hyderabad and Vijayawada — Ms. Laxmi — Phone +91 9108450331 Maringanti.laxmi@mediassist.in

Paramount TPA – Central Spoc – Mr. Lalit Arya – Phone +91 7042698854, E-mail ID-lalit.arya@paramounttpa.com

Primary Contact Representative for Mumbai Mr. Vikas Gupta — Phone +91 8828321019 Vikas.gupta@paramounttpa.com	Primary Contact Representative for Delhi NCR — Mr. Nitin Kashyap — Phone +91 7042391018 Nitin.kashyap@paramounttpa.com	Primary Contact Representative for Pune — Mr. Arpit Jagdale — Phone +91 9136933469 Arpit.jagdale@paramounttpa.com
Primary Contact Representative for Kolkata — Mr. Sibananda Bandopadhyay — Phone +91 9339704144 sibananda.bandopadhyay@paramounttpa.com	Primary Contact Representative for Ahmedabad — Mr. Ajitesh Singh — Phone +91 8511234103 ajitesh.singh@paramounttpa.com	Primary Contact Representative for Chandigarh — Ms. Nisha Luthra — Phone +91 9316111218 Nisha.luthra@paramounttpa.com

If any employee needs any kind of assistance, while raising the query this is requested to please share Employee Code, Entity and Location

Contact Details of Broker/Marsh-

Primary representative for all locations except for South locations

Mr. Amit Pandey

Phone +91 7290016708

Email id for all queries: kpmg@marsh.com

Primary representative for South locations-

Mr. Venkatesh

Phone +91 7406222449

Email id for all queries - Venkatesh.C@marsh.com

Central Coordinator – Pan India

Mr. Pankaj Kumar Mishra

Phone +91 8377972581

Email id for all queries: Pankaj.K.Mishra@marsh.com

Escalate your concerns to-

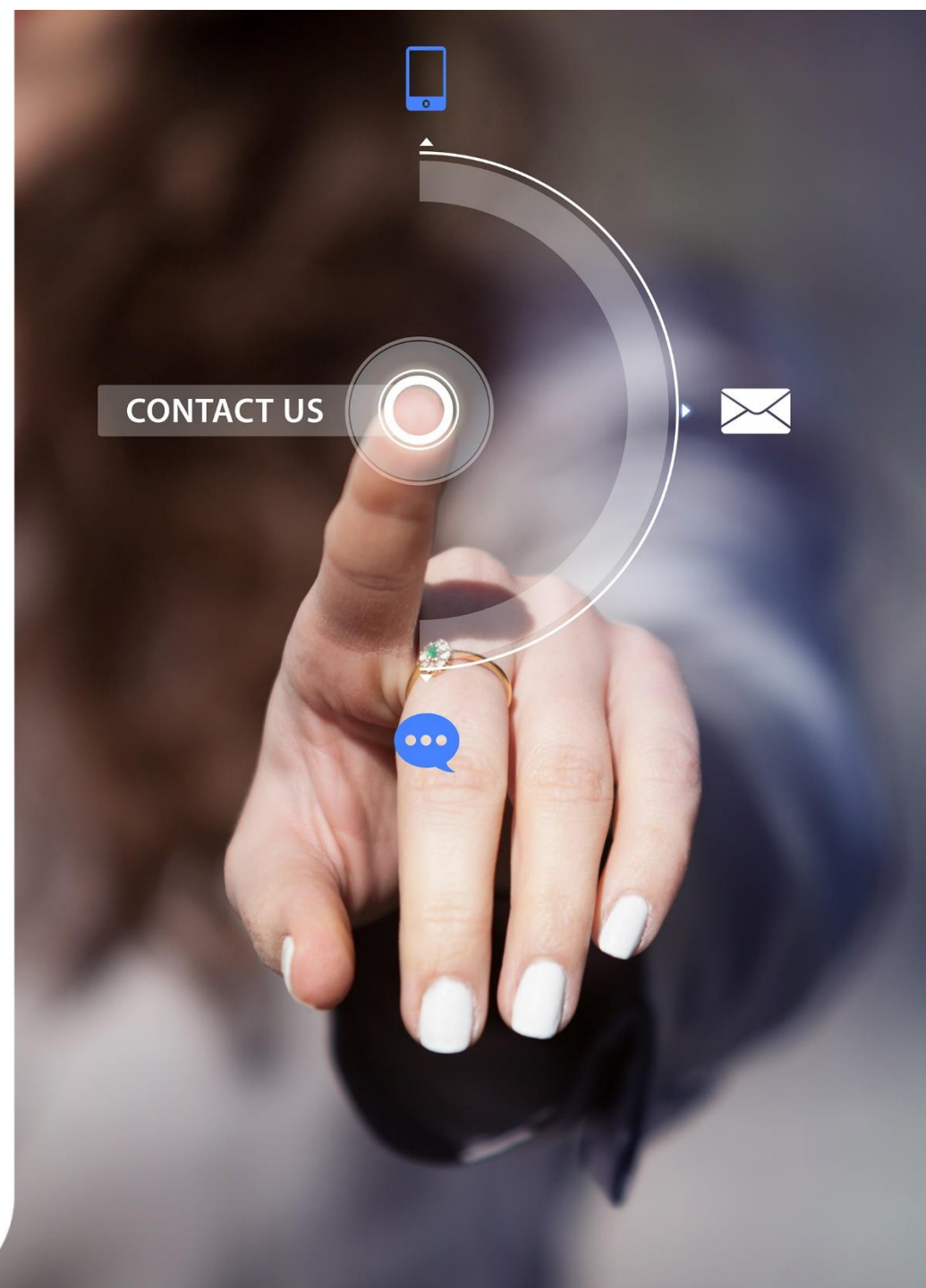
Shamlal Yesodhar

Phone +91 9995717671

Email id : Shamlal.y@marsh.com

If any employee needs any kind of assistance, while raising the query this is requested to please share Employee Code and Entity and Location

**For any further technical clarification, please reach out to :
Mr. Kshitish Kala (kshitishkala@kpmg.com)**



Thank
You

