

GROUP MEDICLAIM POLICY

TATA TECHNOLOGIES LIMITED

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Document Preparation

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Revision List

Revision No	Effective Date	Rationale for Change	Change type
Version 6.10	01.04.2022	Mediclaime Insurance policy for FY 2022-23 – Policy cover & premium changes	Modify
Version 6.9	03.03.2022	Updated Medi Assist SPOC details	Modify
Version 6.8	12.05.2021	Modification in FAQs	Modify
Version 6.7	02.04.2021	Mediclaime Insurance policy for FY 2021-22 – Policy cover & premium changes	Modify
Version 6.6	01.01.2021	Change in clause related to medical cover for retired employees	Modify
Version 6.5	14.04.2020	Mediclaime Insurance policy for FY 2020-21 – Policy cover & premium changes	Modify
Version 6.4	05.11.2019	Change in contact details	Modify
Version 6.3	02.04.2019	Correction in ailment capping clause	Modify
Version 6.2	02.04.2019	Mediclaime Insurance policy for FY 2019-20 – Policy cover & premium changes	Modify
Version 6.1	02.04.2018	Change in MediAssist contact information	Modify
Version 6.0	02.04.2018	Medical Insurance policy for FY 2018-19 – Policy cover & premium changes	Modify
Version 5.0	02.04.2017	Medical Insurance policy for FY 2017-18 – Policy cover & premium changes	Modify
Version 4.0	02.04.2016	Medical Insurance policy for FY 2016-17 – Policy cover & premium changes	Modify

Version 3.0	02.04.2015	<ul style="list-style-type: none"> • Medical Insurance policy for FY 2015-16 – Policy cover & premium changes • Inclusion of additional benefits for LWP & One-time grant for critical illness • Enhancement of Corporate Buffer • Change in ailment capping limits 	Modify
Version 2.0	02.04.2014	<ul style="list-style-type: none"> • Medical Insurance policy for FY 2014-15 –Policy cover & premium changes • Medical cover retired employees: • additional cover /top up option made available • Age limit for coverage of employees below L3.2 grades increased. • Coverage of spouse after demise of employee in case of employees in all grades. 	Modify
Version 1.0	01.04.2013	Introduction of Medical Insurance Cover & consolidation of all employee medical and health related matters.	New Policy

1. Objective

The objective of Group Mediclaim Policy is to ensure that employees at Tata Technologies have quick access to health care services and protect employees and their families financially in the event of illness or injury.

2. Scope

This policy is applicable to following category of employees:

- All full-time employees on India rolls including employees deputed on assignments outside India
- Retired employees currently covered under the company's existing Medical Benefits Scheme
- Existing employees on India rolls after their retirement

3. Policy Provisions

This policy broadly covers the following Company services:

1. Medical Insurance Cover for Hospitalization with Cashless facility
2. Medical Insurance and Domiciliary Treatment – Retired Employees

1. Medical Insurance Cover

The Company provides a standard Basic Cover to each employee which covers the employee and his/ her core family (core family includes spouse and children). Other than this basic cover provided by the company, employees have an option to take additional/ top-up cover at their own cost.

A Corporate Medical Insurance Cover has been set up with **New India Assurance (NIA)**. Detailed provisions under the Policy are covered in the document **Medical Insurance Guidelines (MIG)** (Annexure -1). The highlights of the Policy cover are summarized below:

1.1 Scope of Medical Insurance Cover

- All full-time employees and their dependent family members are covered
- Employees deputed abroad are also covered along with their dependent family members (only for treatment in India)

1.2 Policy Cover & Premiums

- The Policy provides **all employees** and their **core family** members, a **Basic Cover of INR 3,00,000 per annum** for which the premium is borne by the company.
- **Definition of Core Family**
 - Self
 - Spouse / LGBT / Live in relationship Covered
 - Children – unmarried and unemployed up to the age of 25 years includes legally adopted by single parent or set of parents. Children from single parents are also covered. There is no age bar for differentially abled children. For Differentially Abled children (as certified by the Govt. Hospital doctor) the above age bar will not apply
- **If an employee wishes to cover his/ her parents/ in-laws, an 'Additional Cover' is mandatory. The premium of this is to be borne by the employee which is eligible for Tax exemption under section 80D of IT rules.**
- An employee can cover additional 2 dependent members, if he / she opts for additional cover:
 - Any two members from parents or parents-in-law
- If both husband and wife are employed in TTL, they cannot cover the same dependents under this policy
- The premium payable by new joiners is prorated from their date of joining till the end of policy period
- In case of separations:
 - Basic and Additional Cover will cease, effective the date of separation
 - Pro-rated premium will be refunded to the employee (provided he/ she opted for additional cover) if there is no claim for self or dependents in the current policy period
- The table below summarizes the basic cover provided by the company and additional/ top-up cover options available for the employees:

FOR FINANCIAL YEAR 2022-23

Sl.	Particulars	Amount (INR)
1	Basic Cover (a)	3,00,000
2	Premium payable by Company per annum	15,441
OPTION 1		
3	Additional/ Top-Up Cover (b)	1,00,000
4	Total Insurance Cover (a + b)	4,00,000
5	Premium payable by you for Core family	5,942
OR		
6	Premium payable by you for Core family & Parents / Parents in laws	12,627
OPTION 2		
7	Additional/ Top-Up Cover (c)	2,00,000
8	Total Insurance Cover (a + c)	5,00,000
9	Premium payable by you for Core family	8,912
OR		
10	Premium payable by you for Core family & Parents / Parents in laws	18,717
OPTION 3		
11	Additional/ Top-Up Cover (d)	3,00,000
12	Total Insurance Cover (a + d)	6,00,000
13	Premium payable by you for Core family	10,399
OR		
14	Premium payable by you for Core family & Parents / Parents in laws	20,796
OPTION 4		
15	Additional/ Top-Up Cover (e)	4,00,000
16	Total Insurance Cover (a + e)	7,00,000
17	Premium payable by you for Core family	11,911
OR		
18	Premium payable by you for Core family & Parents / Parents in laws	24,232
OPTION 5		
19	Additional/ Top-Up Cover (f)	5,00,000
20	Total Insurance Cover (a + f)	8,00,000
21	Premium payable by you for Core family	13,416
OR		
22	Premium payable by you for Core family & Parents / Parents in laws	27,244

1.3 Registration for Medical Insurance Cover

- All employees are automatically covered under this policy (including new joiners from the date of employment) on the basic cover
- However, each employee needs to register/ confirm his/ her family members before they can avail benefits under the Policy. The registration process is described in the Medical Insurance Guidelines (MIG).
- Dependents of new joiners during the year need to be registered within 20 days of joining. The Policy cover will take effect from the date of employment, but only after the registration has been done on time.
- A dependent's name once registered cannot be replaced by another dependent during the policy period

It is not possible to make changes to already registered parents/ in-laws in the policy period year. However, these changes can be made at the beginning of the enrolment period.

- Replace dependent parents/ in-laws in case of demise of any of the parents/ in-laws - This can be done by raising a request in F1 to intimate HR with supporting documents
- Addition of dependent parents (if not already done before), up to a maximum of two parents/ in-laws.

- **Life Events**

Addition (Registration) of new dependent family members can be made progressively during the policy period in following cases:

- Marriage (including addition of in-laws after marriage provided parents have not been declared already)
- Childbirth/ adoption

The policy will take effect from the date of the event, marriage, and childbirth/ adoption as the case may be but after registration in ESS is done.

- Delay in registration, may impact the effective date of start of coverage. Therefore, employees are advised to register their dependents within 20 days of such events.

- **Request for Additional Cover**

Requests for additional cover can be made:

- Only once, at the time of portal opening for existing employees and
- At the time of registration for new joiners

Applicable Additional Premium will automatically be deducted from subsequent payrolls in three equal installments.

1.4 Cashless facility

- **NIA** has a City wise list of approved hospitals, which provide cashless facilities subject to following the process described in the MIG. You are advised to seek treatment in these Hospitals as much as possible. The link for the same is provided in the MIG.
- Under certain conditions, there could be portions from the total hospital bills that would be payable by the employee at the point of discharge.
- In case an employee is under unavoidable compulsion to use a hospital not listed in the approved list of hospitals, the employee would need to pay for the treatment on his/ her own and claim reimbursement from NIA. Such reimbursements will be subject to the limits stipulated in the MIG. The procedure for submission of such claims is also covered in the MIG.
- Intimation on Hospitalization must be given **within 7 days of admission** to MediAssist. Failure in doing so will lead to non-processing of claims. Where claims are to be submitted, this must be done within 30 days of discharge from the hospital.

1.5 Limits for Hospitalization Expenses

- **Hospitalization Period**
Hospitalization under the policy needs to be for a minimum period of 24 hours. However, certain Day-care Hospitalization benefits are available for a specified list of treatments for which the minimum stipulation of 24 hours does not apply. The MIG provides details on this.
- **'Room Rent' Limits**
 - Per day Room Rent eligibility at hospitals is up to INR 6,000 or 1.5% of total sum insured whichever is higher. Any **Incremental** charges over this limit are to be borne by the employee. This limit on Room Rent does not apply to ICU charges.
 - No Room rent Capping for Covid 19+ Hospitalization.
 - The rates for most hospital treatments and other hospital expenses are linked as a proportion of 'Room Rent'. Therefore, any **Incremental** charges over INR 6,000 or 1.5%

of Sum Insured 'Room Rent' will mean that the employee has exceeded charges other than 'Room Rent' by the same proportion. If therefore, an employee has exceeded Room rent charges by 25%, then 25% for all other charges also, will be deemed to be **Incremental** charges and will need to be borne by the employee. The computation of **Incremental** charges will exclude medicines and consumables. These will be reimbursed in full.

- **Ailment Capping for certain treatments**

The MIG provides for a list of treatments with specific limits. Excess over these limits need to be borne by the employee.

- **'Co - Pay' for Parents**

For Parents, employees need to bear 20% of the net Hospitalization bills. This is a Co Pay clause under the Policy, where costs are shared between the employee and the Insurance Company for parents or parents-in-law. Therefore, first the employee will pay this 20% to the hospital and then the balance will be collected by the hospital from NIA.

- **Incremental Charges**

Expenses incurred in excess of these limits will need to be paid by the employee to the Hospital directly at the point of discharge of the patient. The amounts within the limits will be paid by NIA directly to the Hospital.

The MIG provides suitable illustrations on the limits described above

1.6 Corporate Buffer

- The Company has taken a Corporate Buffer Policy of INR 1 Cr to cover Critical Illnesses (as listed in MIG) which may require treatment costs in excess of the Basic Cover provided by the Company and additional Cover taken by the employee
- However, the Corporate Buffer will be limited to the following:
 - After the Basic and Additional covers are exhausted
 - Up to an amount equal to total sum insured by an employee
 - The Corporate Buffer can be used for the employee, spouse and children only

1.7 Compensation for Loss of Pay leave

In case the employee himself/ herself is required to remain on leave without pay (LWP) owing to critical illnesses as listed in MIG, a compensation amounting to INR 10,000 per week subject to a maximum of 20 Weeks is payable.

1.8 General Provisions

- **Automatic Renewal of Basic Cover**

Basic Cover for the employee and his/ her core family will automatically get renewed every year. Employee should ensure that they have reviewed their electives as made last year and use the enrollment window to continue or make changes for the new policy period. This will not be done in scenarios where the employee explicitly requests for changes before the beginning of the policy period (in case of demise of a member/ divorce etc.).

- **Confirmation for Additional Cover**

The additional cover taken by an employee in the current policy period needs to be specifically confirmed or changed as required, for applicability in the next year. Employees will be given opportunity to provide this confirmation before the commencement of new policy. If no confirmation is received within the stipulated time the previous year cover will continue and the recovery of premium will be made accordingly (Basic Cover + Top Up as opted in the previous policy period).

- The entire administration of transactions under the policy is managed by MediAssist. All aspects of Cashless Hospitalization, settlement of Hospital bills and claims by employees are coordinated by MediAssist who act as the Third-Party Administrator (TPA)
- The responsibility for successful treatment or any failure, rests entirely between the Hospital and the Employee and dependent seeking treatment. Tata Technologies, NIA or MediAssist are not responsible under any circumstances
- Insurance Policies in general occasionally invoke fraud perpetrated by the beneficiaries under the policy. Such act on the part of employees or their dependents will be subjected to strict disciplinary action and may even lead to termination of the employee's services
- Consequent to the sensitivity and personal nature of medical information of individuals, Tata Technologies, NIA and MediAssist jointly commit to the confidentiality of all medical records of employees and their dependents. However, such information may be required to be shared for legal or statutory compliance, after informing the employee about the same.

1.9 Exclusions:

NIA rules provide for a number of exclusions from policy cover. Please refer MIG for a list of high-level exclusions.

1.10 Policy Reviews

The Company will make annual reviews of the Policy Cover amounts, benefits and the corresponding premiums payable by the employee and these may change from year to year.

2. Medical Cover - Retired Employees

• **Medical Insurance – Hospitalization**

Retired employees will be covered under the same Medical Insurance policy as regular employees

- The basic cover and additional cover (if any) existing at the point of retirement, for the employee and all registered family members will cease to exist at the point of retirement.
- Thereafter, the employee will continue to be covered by the Insurance policy as a retired employee
 - INR 3,00,000 per annum for self and spouse.
The premium for this will be borne by the company.

The table below summarizes:

- The Basic Cover taken by the company and corresponding premium
- Additional Cover (self and spouse) options available and corresponding premium.

Sl.	PARTICULARS	AMOUNT (INR)
1	Basic Cover (a)	3,00,000
2	Premium payable by Company per annum	15,441
<u>OPTION 1</u>		
3	Additional/ Top-Up Cover (b)	1,00,000
4	Total Insurance Cover (a + b)	4,00,000
5	Premium payable	5,942
<u>OPTION 2</u>		
6	Additional/ Top-Up Cover (c)	2,00,000
7	Total Insurance Cover (a + c)	5,00,000
8	Premium payable	8,912

OPTION 3		
9	Additional/ Top-Up Cover (d)	3,00,000
10	Total Insurance Cover (a + d)	6,00,000
11	Premium payable	10,399
OPTION 4		
12	Additional/ Top-Up Cover (e)	4,00,000
13	Total Insurance Cover (a + e)	7,00,000
14	Premium payable	11,911
OPTION 5		
15	Additional/ Top-Up Cover (f)	5,00,000
16	Total Insurance Cover (a + f)	8,00,000
17	Premium payable	13,416

- This policy will cover employees who have already retired and are currently covered by the Company's Medical Benefits scheme for the same cover amounts as above
- The cover for retired employees will be subject to the following provisions
 - Retired employee and his/ her spouse (registered at the time of retirement) are covered up to their attaining the age of **75 years**, or demise of the retired employee/ spouse, whichever is earlier.
 - The spouse can continue to avail the medical benefit scheme even after the demise of the retired employee, till he/ she attains the age of 75 years or till his/ her demise, whichever is earlier provided he/ she has intimated the company for enrollment and continuation of the scheme every year.
 - Employees separated under the Companies Early Separation Plan (ESP) and their spouse (registered in company records at the time of separation) are covered
 - **L4 and above:** up to 10 years from the date of their separation or attainment of 65 years of age or demise of such separated employee whichever is earlier.
 - **Up to L3.2:** up to 5 years from the date of their separation or attainment of 65 years of age or demise of such separated employee whichever is earlier.
 - Post attainment of 65 years of age, employees separated under ESP have an option to continue to avail benefits under this policy by bearing full premium amount.
- **Domiciliary Treatment for Retired Employees**
To cover domiciliary treatment including purchase of spectacles, dental treatment and investigation (not leading to hospitalization) etc., reimbursement up to the following amounts will be made based on submission of actual bills:

- Grades T/S up to L3.2 – INR 10,000 per annum
 - Grades L4 & above – INR 30,000 per annum
- The Medical insurance cover and domiciliary treatment of retiring employees would be discontinued effective 01 Jan 2021. Existing retired employees and employees superannuating in calendar year 2020 will continue to be covered through this policy.

3. **Annexure 1:**

The Medical Insurance Guidelines can be accessed through the link below:

[Mediclaime Insurance Guidelines](#)

4. **Annexure 2: Frequently Asked Questions**

4.1 **Medical Insurance Policy & Enrolment**

4.1.1 **What is the Group Mediclaime Insurance Policy?**

This is a medical insurance cover with NIA taken by Tata Technologies for all India full time employees collectively. This covers you and your core family. The premium for Basic cover is paid by the Company.

4.1.2 **What is Additional Cover?**

Over and above the Basic insurance cover provided by the Company, you can take an Additional Cover for you and your core family and for inclusion of your parents/ parent in laws. The incremental premium for this additional cover needs be paid by you. This gives you a higher total cover. If you desire to cover your parents/ in-laws, then an 'Additional Cover' is mandatory.

4.1.3 **How do I pay for the premium for the Additional Cover?**

For employees on company payroll as at April, the entire annual premium for additional cover is deducted through subsequent 3 months' payroll (post online declaration) in equal installments. For new joiners, this is deducted starting first payroll after joining in three equal installments.

4.1.4 **Am I entitled to a reduced premium for the Additional Cover for the next year's policy, in case I have made no claims in the current policy period?**

Premium amounts for next policy period cannot be determined in current policy period. These are derived post assessment of overall policy performance in the current policy period.

4.1.5 Which members of my family can be covered?

In addition to you, your family includes:

- Your spouse
- Dependent children
- Any two members from your parents/ in-laws dependent on you if you opt for additional cover

4.1.6 How do I get enrolled under the Policy?

Your own enrolment for the basic cover is automatic. However, you need to enroll your dependent family members and opt for the desired additional Cover.

4.1.7 Can I enrol my dependent family members and add/ delete dependents any time?

Enrollment of dependent family members can be done by employees only once at the beginning of the year. No addition/ deletion is allowed.

There are two exceptions:

- Employees can enroll:
 - Spouse within one month of marriage
 - Children within one month of childbirth/ adoption

Employees who join during the year should complete enrollment of all dependents within 20 days of joining.

4.1.8 If I join during the year, do I still need to pay the full annual premium for additional Cover?

You have to pay prorated premium for the remaining policy period. However, the coverage will remain the same and will not be proportionately reduced.

4.1.9 What happens if I am on long term deputation abroad and not under India payroll?

- You will be covered and eligible for all benefits, similar to employees on India rolls. However, the cover will apply only for treatment in India for you and all enrolled family members.
- If your payroll is not active in India and you desire to take additional cover, the corresponding additional premium will be recovered through payroll processing in India and advice will be sent to host country to recover the same.

4.1.10 Can I make changes to the parents/ in-laws already covered?

You cannot make changes to your parents/ in-laws already covered. However, you can make the following changes at the beginning of the policy period at the time of enrolment:

- Replace dependent parents/ in-laws in case of demise of any of the parents/ in-laws by raising a request in F1 to intimate HR department with supporting documents
- Add dependent parents if you have not done so, up to a maximum of two parents/ in-laws

4.1.11 Can I reduce the Additional cover taken during the previous year policy?

No, this is not applicable for this policy period. You may top up or retain the same sum insured.

4.1.12 I am currently serving notice period and do not wish to continue with additional cover. What procedure should I follow?

You would need to raise a request in F1 for getting this addressed.

4.1.13 I was covered under basic cover of INR 3,00,00 last year. I had opted for top-up of INR 2,00,000. Hence, my total cover was INR 5,00,000 in which I covered my parents also. What are the options available for me in terms of coverage?

Your coverage would remain the same as last year (INR 5,00,000) in case you do not make any changes to this via ESS at the time of declaration. Additionally, you have the option to enhance your total sum insured to INR 600,000, INR 7,00,000 or INR 8,00,000 by opting for additional cover of INR 300,000, INR 4,00,000 or INR 5,00,000 respectively and paying corresponding applicable premium.

4.1.14 How will group medical insurance work for inter group transfers?

For inter group transfer cases, the policy will cease to be effective after the last working day of the employee at TTL. The employee would be eligible for refund of pro-rated premium (in case he/ she had opted for additional cover) provided no claims have been made (for self or family).

4.1.15 In case of demise of an employee (mid of the policy period) will the employee's family/ nominees continue to be covered till the end of policy period?

Yes, deceased employee's family/ nominees will continue to be covered for the rest of the policy period.

4.1.16 I will be retiring from the services of Tata Technologies Ltd. India before the end of this financial year. How will my coverage under this policy be treated post that?

Post retirement, you will move to retired employees plan i.e. you and your spouse will be covered under basic cover by the company and you will have the option to increase your sum insured by opting for additional cover. You will be eligible for pro-rated premium refund provided there was no claim made for you or your nominees in the policy period (till retirement date).

4.1.17 Can I continue medical cover after leaving the company in the middle of the policy year?

If you leave the company in the middle of the policy year then continued coverage can be extended upon purchase of a new retail policy for self and dependents as per existing policy. Premium will need to be borne directly by you. Insurer shall grant continuity cover to the dependents (those who were covered in the policy) and for the period and the Sum Insured for which they were covered. However, once you purchase the retail policy all terms and conditions of the retail policy shall apply.

4.1.18 When can I opt out of additional cover?

If you have not made any claims for last 2 years then you can opt out or reduce the additional/ top-up sum insured for self and dependents. If you have not made any claims for parents/ in-laws in last 2 years but made a claim for yourself, spouse or children then you can opt out of parental cover or continue as is with same or increased sum insured. Please note: once parental cover is discontinued, it will not be possible to add them back.

4.1.19 What are the options of dependent coverage under LGBT?

LGBT is a term used for lesbian, gay, bisexual and transgender community. Under LGBT status, you can cover your partner/ spouse, children (as per definition of core family) and parents/ in-laws. Please note that the company may require you to submit document/s of your relationship status at any point of time. Hence, make sure to submit genuine partner and dependent details at the time of enrolment.

4.1.20 What are the options of dependent coverage under Live-in?

Live-in relationship is a living arrangement in which an unmarried couple lives together in a long term relationship. Under Live-in status, you can cover your partner, children (as per definition of core family) and parents. It is not permissible to cover children or parents of your partner as dependents under this policy. Please note that the company may require you to submit document/s of your relationship status at any point of time. Hence, make sure to submit genuine partner and dependent details at the time of enrolment.

5. Hospitals for Treatment**5.1 Can I seek treatment at any hospital of my choice?**

You can seek treatment at any of approximately 4000 hospitals that are empanelled with NIA. This list is available at www.mediassistindia.com. These are distributed across all major cities in India. If you are under compulsion to seek treatment at other Hospitals, the Hospital must conform to the following minimum criteria:

- At least 10 inpatient beds in class “C” towns and 15 in other towns

- A fully equipped Operation Theatre of its own
- Fully qualified nursing staff under its employment round the clock
- Fully qualified doctor(s) in charge round the clock

5.2 What documents do I need to produce to an empanelled Hospital?

You need to produce any photo ID of the patient and the **e card** which can be printed any time after downloading the same from the MediAssist site <https://www.mediassistindia.com>

6. Cashless Facility

6.1 What is “Cashless”? Who settles the Hospital Bills? Do I need to bear any cost?

Cashless means that you do not have to make payment on your own for the treatment at an NIA empanelled Hospital (www.mediassistindia.com). The Bills are primarily payable by NIA to the Hospital directly. However, there are three circumstances under which you need to make some payment to the Hospital directly:

- If you exceed any of the limits specified under the policy, the excess amount needs to be paid by you directly to the Hospital at the point of discharge
- Only for treatment of your parents or in-laws, you need to pay the first 20% of eligible hospital bills. The balance 80 % will be paid by NIA.
- For treatment in hospitals not in the panel of NIA, you need to pay for the treatment and then claim reimbursement from NIA

7. Period of Hospitalisation

7.1 Is there a minimum period of Hospitalisation required for benefits under the Policy?

A claim is admissible when the insured (beneficiary) is admitted in a hospital for a minimum of period of 24 hours for treatment of an illness, ailment or injury.

7.2 Are any exceptions allowed to the 24-hour minimum period of Hospitalisation?

This time limit is exempted for all treatments listed in MIG under “**Day Care Hospitalisation Benefit**”, where the patient is not required to stay overnight and is discharged on the same day. Such treatment is allowed under the Policy benefits. However please note that these treatments need to be availed as inpatient only.

8. Limits for individuals and for specific treatment

8.1 Is there any individual cap for self or per family member?

No, there is no cap for an individual. It is a family cover which can be used as required by any members of the family.

8.2 Are there caps for specific treatment?

Yes, the following caps apply for all Hospitals, NIA empaneled and others

Ailment	Maximum Amount (INR)
Cataract (Per Eye)	25,000
Cholecystectomy	52,000
Hernia	55,000
Hysterectomy	65,000
Joint Replacement (Per Life/ Member)	195,000
TURP for BPH	52,000
*Cardiac Bypass (CABG)	200,000
*Angioplasty (PTCA) Including Stents	250,000
Coronary Angiogram	20,000
CyberKnife Surgery	Upto SI

*The ailment capping sub limit for Cardiac Bypass (CABG) and Angioplasty (PTCA) Including Stents is not applicable in case an employee himself/ herself undergoes this treatment.

Expenses payable/ not payable under the Policy (Exclusions)

8.3 What expenses are payable under the policy?

Expenses payable are, room rent, boarding expenses as provided by the hospital/ nursing home, nursing expenses, surgeon, anaesthetist, medical practitioner, consultant specialist fees anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs, diagnostic materials & X-ray etc. Room rent however, is restricted to 1.5% of the sum insured or INR 6,000 per day whichever is higher.

The MIG has a list of exclusions. These are not payable under the policy cover.

8.4 Are expenses on medicines prescribed before admission or after discharge payable under the Policy?

- Prescribed medical expenses incurred up to 30 days prior to hospitalization, and up to 60 days after hospitalization are payable.
- These expenses must be incurred by you and then claimed for reimbursement from NIA after discharge from the Hospital.

8.5 What happens if I use a room above the 1.5% of Sum Insured or INR 6,000 (whichever is higher) cap?

There are three implications:

- The room rent in excess must be borne by you
- The proportion of excess of room rent will also be applied to all other expenses and this too must be borne by you
- The excess, however, will not apply to medicines and consumables and will be paid in full

8.6 Are Dental treatments paid under the Policy?

Dental treatment or surgery of any kind is payable only if the same arises due to an accident requiring hospitalization.

8.7 Are maternity related procedures covered?

Yes. Please see below details on eligibility basis total sum insured:

Total Sum Insured (INR)	Maternity Type	Maximum Amount (INR)
3,00,000 to 8,00,000	Normal Delivery	50,000
3,00,000	C- Section	60,000
4,00,000		70,000
5,00,000		80,000
6,00,000		90,000
7,00,000		1,00,000
8,00,000		1,10,000

8.8 Are pre-natal and post-natal expenses covered?

Only Prenatal expenses will be covered up to SI in case of complications required hospitalization above 24 hours and same should be certified by treating doctor (During pregnancy supplementary medicines and sonography and other diagnostic expenses are not covered).

8.9 Is psychiatric treatment a part of this policy?

Yes, psychiatric treatment is included in the policy with cap of INR 50,000 per member per year on IPD/OPD Basis

9. Bill Settlements/ Claims/ Reimbursements process

9.1 What is the procedure to avail the cashless facility?

To avail Cashless hospitalization:

- Please fill up the Cashless request form (available at all empanelled hospitals) on or before the day of hospitalization. If the hospitalization is planned, please fill up the cashless request 1-2 days prior to the date of admission.
- The hospital mails/ faxes the same to MediAssist for approval
- If the claim is admissible, based on the information provided by you and the Policy terms, necessary authorization for cashless is released to the hospital by MediAssist within 2 hours.
- If MediAssist does not approve the request, please contact the below SPOC:

Ms. Priyanka Rajguru **Mobile: +91 - 8055870314**

9.2 What is the procedure for reimbursement of expenses incurred with a Hospital not empanelled with NIA?

The bills paid by you to a hospital not empanelled with NIA can be claimed for reimbursement from NIA through the following steps:

- **Claim Intimation Notice:**

Notice of your intended claim should be sent to MediAssist within seven days from the date of admission to t1@mediassistindia.com.

- **Making a Claim**

The claim must be made within 30 days from the date of discharge.

Claim forms are available on <https://www.medibuddy.in/>. This should be submitted along with the following supporting documents to the MediAssist Cell at Hinjewadi Pune:

- **Discharge Summary:** Detailed discharge summary, Duration of ailment, Presenting History, treatment given, surgical notes (if applicable) and treatment advised
- **Hospital Bills:** Pre-numbered detail list of medicines, investigation, utility, other expenses, pharmacy bills,

numbered with patient's name, date and supporting prescriptions

- **Doctor's bill:** As per Income tax rules, Doctors should issue numbered bills with patient's name and date
- **Pharmacy Bills & prescriptions**
- **Claim Form duly filled in**

10. Queries

10.1 What are the contact details for MediAssist in case I have some queries?

You can contact MediAssist for queries:

Sr.No	Name	Email ID	Mobile No.
1 st Level	Dipak Dhawde	Dipak.kisan@mediassist.in	7026182323
2 nd Level	Shahaji Jadhav	Shahaji.Jadhav@mediassist.in	6366949627
3 rd Level	Atul Patil	atul.patil@mediassist.in	8669630056

10.2 Who do I contact in case I am not satisfied with the responses from MediAssist?

You can contact the following from Tata Motors Insurance Broking And Advisory Services Ltd:

SPOC Level	Name	Email ID	Mobile No.
1 st Level	Priyanka Rajguru	priyanka.rajguru@tmibasl.com	8055870314
2 nd Level	Anil Kakwani	anil.kakwani@tmibasl.com	8788058590
3 rd Level	Abhishek Yadav	abhishek.yadav1@tmibasl.com	-
4 th Level	Vineet Dhanuka	vineet.dhanuka@tmibasl.com	-
TTL_HR Ops	Indira Shirke	Indira.Shirke@tatatechnologies.com	020-66529086