

## Benefit Details

### Objective

This insurance scheme is to provide adequate insurance coverage to the Employees and Dependants for expenses related to hospitalization due to illness, disease or accidental injury

Insurer	<b>National Insurance Company Limited</b>
TPA	MD India
Coverage Type	Family Floater
Dependent Coverage	Employee + 5 Dependants (Self+Spouse+2Dep Childern upto the age of 21yrs+2dep parents upto the age of 65yrs) <i>( Incase of Marriage, spouse's name to be declared within 15 days of marriage and New Born Baby within 1 month of birth.)</i> <i>Spouse would be covered only from date of declaration to Insurance co. and Child will be covered from Date of birth provided we receive details within stipulated time)</i>

# Hospitalisation – What is covered

## Reimbursement of expenses related to

- A) Room, Boarding, Nursing Expenses as provided by the Hospital / nursing home
- B) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees
- C) Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, Diagnostic Materials and X-ray.
- D) Dialysis, Chemotherapy, Radiotherapy Cost of Pacemaker,
- E) Expenses incurred on the hospitalization more than 24hrs with justified line of treatment.
- F) Ambulance expenses up to 1000/-for accidents/Life threatening situation.

# Benefit Details

Benefits covered	
Pre existing diseases	Yes. Covered from Day One
Waiver of 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> year exclusion	Yes
Waiver of 30 days waiting period	Yes
Maternity benefits	Yes. Up to Rs. 15,000/- for Normal and Rs.25,000/- for C-section for first 2 living children. With waiver of 9 months waiting period.
Baby cover day 1	Yes, in floater sum insured, Subject to the declaration received in 30days from the date of birth.
Dental	Not covered. Unless resulting from accident and requires hospitalization more than 24hrs, and surgery requires general anesthesia.
Only Diagnosis	Not covered
Pre-Post Hospitalisation Expenses	Yes. Pre- 30 days, Post- 60 days
Room Rent Capping	SI: 325000/- Normal- 3000/- and ICU-6000/- per day SI: 250000/- Normal-2250/- and ICU- 4500/- per day SI: 225000/- Normal- 2000/- and ICU-4000/- per day SI: 125000/- Normal- 1000/- and ICU-2000/- per day

# Benefit Details

Benefits covered	
Co-Payment	40% for each and every claim of parent, 10% for each and every claim of self, spouse and children
Sum insured	Band wise- Parents Sum insured is restricted to the 1/3 of the employee SI.
Day Care Expenses	Yes, Covered as per the policy terms and condition.
ABC clause	<b>Applicable:</b> <b>A-</b> Room , boarding, nursing expenses as provided by the Hospital/nursing home: OVERALL LIMIT ON SECTION “A” IS 25% OF THE SUM INSURED PER ILLNESS <b>B-</b> Surgeon, Anesthetist, Medical Practitioner, Consultant special fees: OVERALL LIMIT UNDER SECITION “B” IS 25% OF THE SUM INSURED PER ILLNESS. <b>C-</b> Anesthesia, Blood, Oxygen, OT charges, Surgical appliances, Medicines, Drugs, Diagnostic material & X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs and Cost of stent and Implant: OVERALL LIMIT UNDER SECTION “C” IS MAXIMUM 50% OF THE SUM INSURED PER ILLNESS.

# Exclusions

## What is not covered

- 1) Injury / 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)
- 2) Circumcision unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to an accident,
- 3) Vaccination or inoculation change of life or cosmetic or aesthetic treatment of any description, such as correction of eye sight plastic surgery other than as may be necessitated due to an accident or as apart of any illness
- 4) Cost of spectacles and contact lenses, hearing aids.
- 5) Dental treatment or surgery of any kind unless requiring hospitalisation.
- 6) Convalescence, general debility; run-down condition or rest cure, obesity treatment and its complications including morbid obesity, Congenital external, treatment psychosomatic disorders, thalassamia, Sterility, Venereal disease, intentional self injury and use of intoxication drugs / alcohol.
- 7) All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLB - III) or lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind.

# Exclusions

## What is not covered

- 8) Charges incurred at Hospital or Nursing Home primarily for diagnosis x-ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital / Nursing Home or at home under domiciliary hospitalisation as defined.
- 9) Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified by the attending physician
- 10) Injury or Disease directly or indirectly caused by or contributed to by nuclear weapon or materials.
- 11) Naturopathy Treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatment / therapies.
- 12) 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 subsequently used at home etc.
- 13) Genetic disorders.

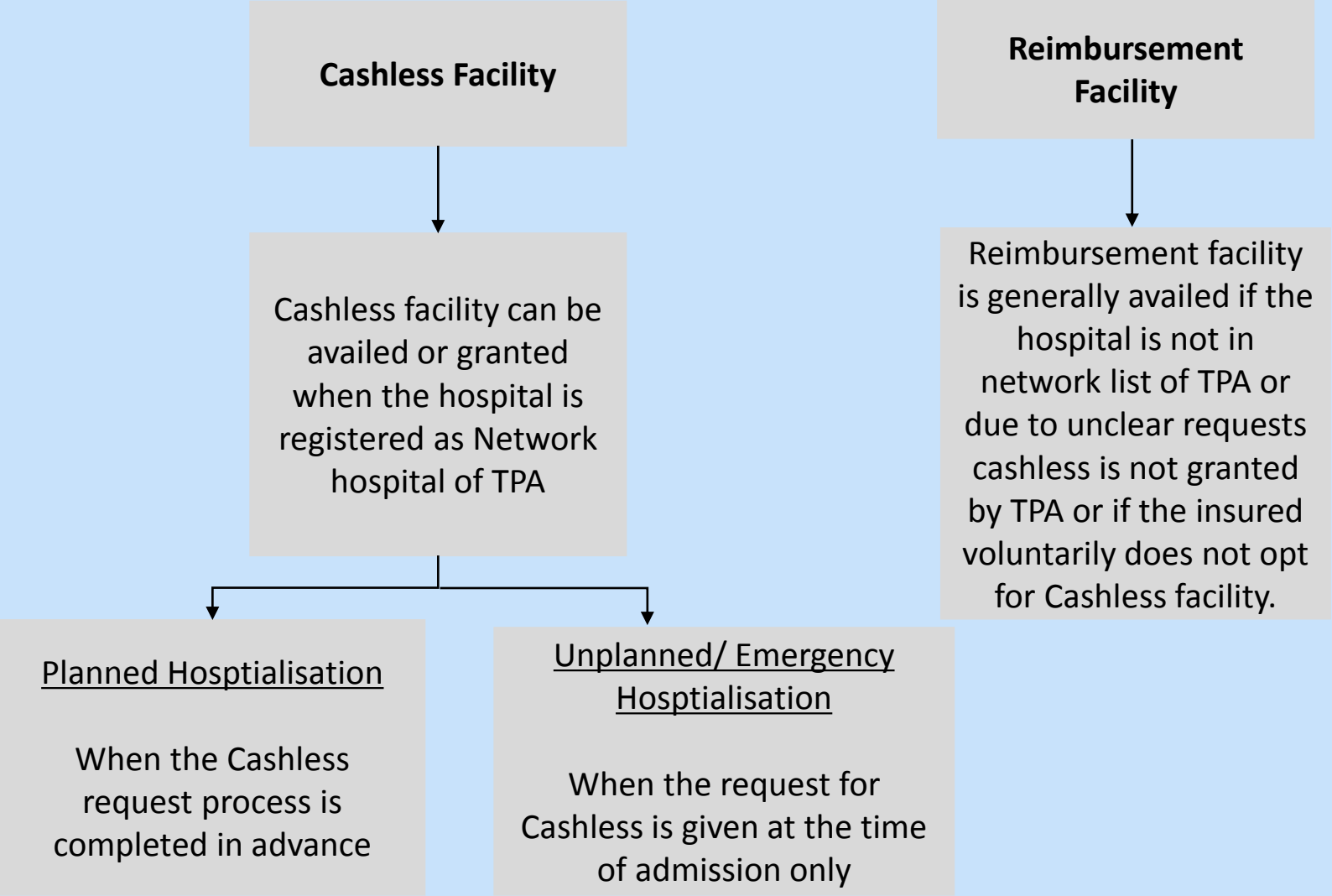
# Exclusions

## What is not covered

- 14) Change of treatment from one system of medicine to another unless recommended by the consultant / hospital under whom the treatment is taken.
- 15) Treatment for Age Related Macular Degeneration ( ARMD ), treatment such as Rotational Field Quantum Magnetic Resonance ( RFQMR ), Enhanced External Counter Pulsation ( EECP )
- 16) All non medical expenses including convenience items for personal comfort such as charges for telephone, television, ayah, private nursing / barber or beauty services, diet charges, baby food, cosmetic, tissue paper, diapers, sanitary pads. Toiletry items and similar incidental expenses.
- 17) Any kind of Service charges, Surcharges, Admission Fees/Registration Charges levied by the hospital
- 18) Maternity related exclusions:
  - Voluntary termination of pregnancy during first 12 weeks (MTP),
  - Coverage is only for first 2 living children

# Claim Process

- **Claim Process**





# Cashless Claim Process

## Planned/Unplanned cashless request

- Cashless facility is only applicable if the member goes to a network hospital
- Employees should carry their mediclaim cards or mediclaim ids along with a photo id proof to the hospital.
- Once in the hospital, go to the Help desk/TPA Desk/Reception, and inform that you are covered under Group Mediclaim Insurance Policy serviced by TPA and get the pre authorization form filled by the doctor/hospital.
- Get the filled form faxed to the TPA
  - If everything is ok, within 2-4 hours the TPA will sanction the amount
  - If TPA requires more clarification, it will re-fax the letter of requirement/clarification. The query needs to be answered satisfactorily via fax. If the query is resolved then TPA will sanction the cashless
  - The cashless may be rejected if TPA is of the view that ailment/ hospitalisation is not covered under the policy
- If the final bill is more than initial sanctioned amount then at the time of discharge follow the above process again. Additional limit will be granted if things are in order.
- There are few hospitals which may ask for certain deposit amount at the time of admission which will be refunded to you once the hospital gets it payment from the TPA

### **Note:**

Denial of “Cashless Service” is not denial of treatment. You can continue with the treatment, pay for the services to the hospital, and later send the claim to TPA for processing and reimbursement.

# Pre- authorisation

## The process of approval of Cashless request is called Pre- authorisation

- Cashless request is to be sent on the day of admission or next day only. Cashless cannot be initiated on the day of discharge.
- Faxing of pre- authorisation form may be followed by a phone call to TPA call centre within 30 minutes to ensure that fax has been received by them.
- Please ensure that the form is completely filled, signed and stamped before sending it to TPA. Incomplete form will only delay in authorisation. The form is to be filled by treating doctor/consultant.
- TPA may revert with some more clarification on nature of ailment, past ailment, proposed treatment, expense, etc. Kindly ensure that the queries are replied immediately and faxed to TPA.
- Cashless will be granted and the Authorisation Letter (AL) will be faxed to the hospital.
- If the process is taking too long and not to your satisfaction then you may get in touch with representatives at Edelweiss Insurance Brokers Ltd. (EIBL) or at TPA or HR (details mentioned in the last slides of this PPT)
- However kindly note that you/your representative is the best person to get the Pre- authorisation form filled from the doctor/hospital authorities. EIBL/HR will only be able to assist after the form has been faxed to TPA.
- The TPA Desk generally functions only till 5.30-6.00 in the evening. If hospitalisation is in late evening then the cashless request needs to be sent next morning (this will not hinder the treatment and it can be initiated)

# Reimbursement (Non Cashless) Process

## The Reimbursement process is as follows

- Reimbursement route can be availed if the hospital is not in Network list of TPA or any other reason due to which you don't/can't apply for Cashless process
- Along with completely filled claim form, all documents/bills/reports in original are to be submitted directly to EIBL within 15 days of date of discharge
- If all the documents are in order then the claim will be settled within 21 working days of receipt of documents by TPA
- If there's some deficiency in documentation, it will be informed to the Employee/HR Dept in the form of Deficiency Letter. Employees are requested to submit the documents as per deficiency letter to HR Dept./TPA within 7 days of issue of letter. If the documents are not arranged then 2 reminder letters each with 7 days grace period will be sent, if still pending the claim will be rejected and the file will be closed permanently.
- In case of any clarification/inability to furnish documents, the employee may get in touch with HR Dept./TPA/EIBL
- Please note that the original documents will be retained by the TPA and hence employee is requested to keep a copy of document with him/her
- The claim status can be checked on the website of TPA or can be checked by calling the Toll free no.

# Important Points to be noted- Cashless

## Some Do's and Don'ts

### Cashless Facility

- In case of Planned hospitalisation, it is advisable to complete the Cashless formalities in advance. The cashless approval is valid till 30 days of issue
  - Fill the pre- authorisation form completely before faxing it to TPA.
  - TPA generally reverts in 2-3 hours of receipt of fax. If it takes more time you may contact TPA/HR/EIBL and apprise about it. Preferably the fax may be followed by a phone call to TPA after 30 minutes to check receipt of it.
  - Initial approval will be given. If the expenses increase during stay then at the time of discharge final bill, etc. needs to be faxed to TPA again. The total admissible amount will be approved and you will need to pay non-admissible amount.
  - Kindly note that additional amount cannot be sanctioned after the discharge. If any amount remain pending then it needs to be brought up for Reimbursement.
- Note: The cashless generally gets delayed for non-submission of following documents. Please ensure that these are submitted at the first instance itself
- Investigation reports
  - Photo id card of patient
  - Detailed line of treatment

# Important Points to be noted- Reimbursement

## Some Do's and Don'ts

- The original documents must be submitted within **15 days** of discharge to EIBL, otherwise the claim may be rejected. The list of documents is as per next slide.
- All the Bills, Reports, Discharge Card, etc. would be required in original
- Ensure that employee's/patient's name is written on each bill purchased for outside. Unnamed bills will be rejected
- If any deficiency is noted in documents submitted, TPA will send Deficiency Letter within 3-4 days of receipt of documents, the Deficiency letter will have 7days grace period. This will be followed by 2 Reminder letters with another 7 days grace period each. In all circumstances the file should be complete within 45 days of date of discharge. If the documents are still not submitted then the claim will be rejected.
- Note: The Reimbursement generally gets delayed for non-submission of following documents. Please ensure that these are submitted at the first instance itself
  - Original Discharge Card
  - Original Bills along with all paid receipt
  - Investigation report

# Claims Document List

## Documents to be submitted for Reimbursement claim

**All the documents mentioned below should be submitted to avoid any delay in claim or repudiation of claim**

1. Original hospital final bill
2. Original pre-numbered receipts for payments made to the hospital
3. Complete breakup of the hospital bill
4. Original Discharge Card/Summary
5. All original investigation reports
6. All original medicine bills with relevant prescriptions
7. Original signed claim form
8. Photo ID card copy of claimant
9. TPA Card copy
10. Intimation mail copy/ Claim Registration no.
11. Paginated copy of Indoor Case papers
12. FIR/MLC copy incase of Road accidents. If MLC is not applicable then written confirmation from Doctor/Hospital that the patient was not under influence of alcohol or drugs
13. Cancelled Cheque of a/c belonging to Employee

***-All the bills/reports/prescription are to be submitted in original.***

# Edelweiss Escalation Matrix

The following can be contacted in case of policy enquiry ,claim intimation & status update

## **EIBL Contact :**

Dr. Ashok Divte

E-mail Id: [ashok.divte@edelweissfin.com](mailto:ashok.divte@edelweissfin.com)

Phone : + 91 22 66242694

## **1<sup>st</sup> level Escalation:**

Mr. Atul Pawar

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Phone : +91 22 66242689

## **2<sup>nd</sup> level Escalation:**

Mr. Shyam Vasani

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Phone : + 91 22 66242629