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## Policy Terms & Benefits Manual

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22 June 2025 to 21 June 2026



# Group Medclaim Policy for 2025-26

We are pleased to inform you that your current year's Group Medclaim Policy has been successfully placed.

This manual provides detailed information on the key features of your policies, guidelines for the claims process, and the relevant points of contact for any assistance you may need.



# AGENDA

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Insurance Products & Partners - At a Glance

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Policy Benefits Overview

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Claim Process Guideline

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Escalation Matrix

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# Insurance Products & Partners

You are well insured for FY 2025 -26  
under the mentioned plans.

## Group Mediclaim Base Policy

- Insurance Company:  
Universal Sampo General Insurance
- Policy Period:  
22 June 2025 to 21 June 2026
- Third Party TPA:  
Mediassist TPA
- Insurance Broker & Partner:  
Lockton India Insurance Broking &  
Advisory Ltd.

## Group Mediclaim Voluntary Top-Up Policy

- Insurance Company:  
Universal Sampo General Insurance
- Policy Period:  
22 June 2025 to 21 June 2026
- Third Party TPA:  
Mediassist TPA
- Insurance Broker & Partner:  
Lockton India Insurance Broking &  
Advisory Ltd.





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**Group Medical  
Policy 2025-26**

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# Group Medical Policy-Benefits Coverage Overview

Benefit	Coverage Criteria
Policy Type	Family Floater (1+6)
Family Definition	<p>Max:1+6 Family Floater (Employee, Spouse, 3 Children, 2 Parents/2 Parent in Laws) Cross Selection allowed only in case on of the parent is deceased subject to submission of the death certificate of the deceased one.</p> <p>Legally Wedded/ Live In Partner: Covered irrespective of gender by submitting proof of marriage or proof of co-living by means of rent / ownership agreements supporting declaration from the corporate.</p> <p>3 Dependent Children (Up to the age of 25 years): Physically / mentally handicapped dependant child covered without any age limit.</p> <p>Adopted Child: Covered if legally adopted. Adoption agreement to be submitted specifying the legal addition of the dependent to the employee's family.</p> <p>-2 Dependent Parents (or) Parent-In-Laws (Up to the age of 100 years) : Cross Selection allowed only in case one of the parents is deceased, subject to submission of the death certificate of the deceased one.</p>
Sum Insured Amount	Base Policy- INR 5,00,000 (Family Floater)

# Group Medical Policy-Benefits Coverage Overview

Benefit	Coverage Criteria
Pre-Existing Illness	Waived Off
1,2, 3 & 4 Year Exclusions	Waived Off
30 Day Waiting Period	Waived Off
Hospitalization	Covered
Pre-Hospitalization (excluding maternity)	60 days before hospitalization
Post-Hospitalization (excluding maternity)	90 days after hospitalization
Domiciliary Hospitalization	Covered if; The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, OR the patient takes treatment at home on account of non-availability of room in a hospital

# Group Medical Policy-Benefits Coverage Overview

Benefit	Coverage Criteria
Maternity Cover	Normal: INR 75,000 & C Section : INR 1,25,000
Infertility	Covered up to INR 75,000 (Normal Delivery Sub Limit) under IPD and Daycare
Maternity Waiting Period of 9 Months	Waived Off
New Born Baby Cover	Covered from day 1 within the family floater sum insured
Surrogacy	<ul style="list-style-type: none"><li>-Only first child maternity expenses of surrogate mother will be covered up to maternity sublimit.</li><li>-No Pre-post-natal expenses covered.</li><li>-Surrogate Child can be covered under family definition if legally binded with family</li></ul>
Pre & Post Natal Expenses	Covered up to INR 5,000 within maternity sublimit for IPD/OPD



# Group Medical Policy-Benefits Coverage Overview

Benefit	Coverage Criteria
Room Rent	As per Actuals for Normal & ICU Room Link Charges-Not Applicable
Congenital Diseases	Internal Disease-Covered External Disease -Covered in case of life-threatening situations
Ambulance Charges	-Covered up to INR 7,500 per event / claim in case of emergency -Cardiac Ambulance- Covered up to INR 12,000 per event / claim -Air Ambulance/ Emergency Air Evacuation - Covered for INR10,00,000 for the entire policy period with approval from the management.
Coverage of HIV & AIDS	Covered incase of both hospitalization and OPD
HPV Vaccine for Females	-Covered up to INR 10,000 for vaccine -1 Female member per family -Total of INR 5,00,000 capped per year for all entities.
Gender Affirming Surgery	-Covered including Cosmetic & Hormone Replacement Therapy (HRT) -Insurer shall accept first 5 cases only
Cataract	Covered up to limit of INR 50,000 per eye

# Group Medical Policy-Benefits Coverage Overview

Benefit	Coverage Criteria
<p>Modern Treatment : (The following procedure will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to the limit of 100% of base sum insured against each procedure during the policy period)</p>	<p>Covered up to 100% of the sum insured on IPD basis.</p> <ul style="list-style-type: none"> <li>a. Uterine Artery Embolization and HIFU</li> <li>b. Ballon Sinuplasty</li> <li>c. Deep Brain Stimulation</li> <li>d. Oral Chemotherapy</li> <li>e. Immunotherapy – Monoclonal Antibody to be given as injection.</li> <li>f. Intravitreal injections</li> <li>g. Robotic Surgeries</li> <li>h. Stereotactic Radio Surgeries</li> <li>i. Bronchial Thermoplasty</li> <li>j. Vaporisation of the prostate (Green Laser treatment or holmium laser treatment)</li> <li>k. IONM- (intra Operative Neuro Monitoring)</li> <li>l. Stem Cell therapy : Hematopoietic stem cells for bone marrow transplant for hematological conditions to be covered.</li> </ul>
<p>Dental</p>	<p>Covered in Case of Accidental Injury: The policy covers dental or jaw-related treatments only if caused by an accident. In such cases, the expenses incurred for inpatient hospitalization will be covered as per policy terms (OPD or purely cosmetic procedures will not be covered even in accident-related claims).</p> <p><b>Exclusions:</b> Standalone Dental Treatments (Root canal treatment, Tooth bridging, Teeth alignment or biting correction, Braces, clips, or retainers). Cosmetic Dental Treatments (Procedures done solely for aesthetic or cosmetic purposes (Whitening, veneers, cosmetic alignment)</p>



# Group Medical Policy-Benefits Coverage Overview

Benefit	Coverage Criteria
AYUSH	<p>Expenses are admissible up to 25% of the base sum insured; provided the treatment for illness/ disease(s) or accidental injuries, is taken in the Government Ayurvedic Hospitals / NABH accredited Ayurvedic Hospitals which qualify the definition of Hospitals (24 hours hospitalization is mandatory).</p> <p><b>Exclusions:</b> Centres of spa, massage and health rejuvenation procedures. Treatment like panchakarma and all the variants of panchakarma shall be excluded from the scope of this coverage.</p>
Hospitalization due to Terrorism	Covered
Claim Intimation	Waived Off
Claims Submission	Within 15 days from the date of discharge
Co-Pay	Not Applicable
Co-pay applicable for Capped Ailments	No

# Standard Exclusions

<ul style="list-style-type: none"> <li>Hospitalization for convalescence, general debility, intentional self - injury, use of intoxicating drugs/alcohol</li> </ul>	<ul style="list-style-type: none"> <li>Any device/instrument/machine contributing/replacing the function of an organ</li> </ul>
<ul style="list-style-type: none"> <li>Admin/registration/service/misc. charges</li> </ul>	<ul style="list-style-type: none"> <li>Diagnostic, X-Ray or Laboratory examination not consistent with or incidental to the diagnosis of positive existence and treatment of any ailment, sickness or injury, for which confinement is required at a Hospital or Nursing Home.</li> </ul>
<ul style="list-style-type: none"> <li>Expenses on fitting of external prosthesis</li> </ul>	
<ul style="list-style-type: none"> <li>Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, etc</li> </ul>	<ul style="list-style-type: none"> <li>Voluntary termination of pregnancy &amp; procedures related to contraception</li> </ul>
<ul style="list-style-type: none"> <li>Convalescence, general weakness, congenital external disease, obesity treatment, sterility, venereal disease, all psychiatric and psychosomatic disorders,</li> </ul>	<ul style="list-style-type: none"> <li>Naturopathy, unproven procedure/treatment not approved by Indian Medical Council, experimental or alternative medicine/treatment including acupuncture, acupressure, magneto-therapy etc</li> </ul>
<ul style="list-style-type: none"> <li>Experimental Treatment, change of treatment from one system to another unless recommended by doctor, treatment taken outside India</li> </ul>	<ul style="list-style-type: none"> <li>Holter monitoring/ sleep study are outside the scope of the policy</li> </ul>
<ul style="list-style-type: none"> <li>Injury arising from any hazardous activity including scuba diving, motor racing, parachuting, hand gliding, rock or mountain climbing etc. or participating in any criminal act</li> </ul>	<ul style="list-style-type: none"> <li>OPD Exclusions: Vitamins, &amp; tonics unless used for treatment of injury or disease, Obesity treatment, Hearing aid</li> </ul>
<ul style="list-style-type: none"> <li>Injury or disease directly or indirectly caused by or arising from or attributable to war or war-like situations and by nuclear weapons is not within the scope of the policy</li> </ul>	<ul style="list-style-type: none"> <li>Durable medical equipment like insulin pump, portable ventilator etc</li> </ul>
<ul style="list-style-type: none"> <li>Circumcision, vaccination, inoculation, cosmetic treatment, plastic surgery, unless required to treat injury or illness.</li> </ul>	<ul style="list-style-type: none"> <li>Use of intoxicating drugs/ alcohol, self injury, use of tobacco leading to cancer</li> </ul>
<ul style="list-style-type: none"> <li>Septoplasty, related ailments incl. 'male sterility'</li> </ul>	<ul style="list-style-type: none"> <li>OPD &amp; Health-Checkup is not admissible.</li> </ul>

*Note: Above are general exclusions and should not be interpreted as exhaustive or conclusive in nature.*





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**Voluntary Top-Up  
Policy 2025-26**

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# Voluntary Top-Up

Top-Up Sum Insured Per Family	Top-Up Premium (Including 18% GST)
INR 5,00,000	INR 40,210
INR 10,00,000	INR 47,205
INR 15,00,000	INR 57,669

\*The Top-up policy will come into effect only after the Base Policy Sum insured Amount is exhausted.

\*The Top-up premium is deducted from your pay cycles.

\*Since this is a voluntary policy, the employee will be charged the premium once the enrolment drive is closed.

\*Top-up coverage is allowed if a minimum of 15% of Fractalities choose to increase their coverage voluntarily.



# Voluntary Top-Up

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The eligibility and coverage criteria for the top-up policy will remain the same as the base policy.

All the terms & benefits applicable to the base policy will continue for the top-up policy except restricted ailment or treatment. This will not be covered under the top-up policy; however, it would be payable under base policy as per the terms and conditions.

## Key Reasons to opt for Voluntary Top-Up

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**Higher Coverage at Low Cost:** Top-up policies allow you to increase your insurance coverage beyond the base sum insured cover at a much lower premium than individual/retail plans. Your organization negotiates better rates with insurers which are highly competitive, passing the savings to you.

**Covers Large Medical Expenses:** Useful for major surgeries or prolonged hospitalizations eliminating out-of-pocket expenses at the time of treatment, thus reducing financial burden.

**Improved Coverage Continuity:** Your top-up kicks in automatically when the base cover is exhausted-no extra steps needed. This ensures continuous protection without gaps

**Tax Benefits:** Premiums paid by you for the top-up portion are eligible for tax deduction under Section 80D

# Cashless Claim Process

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Cashless hospitalization means the insurer may authorize upon a Policyholder's request for direct settlement of eligible services and its according charges between a Network Hospital and the insurer.

In such cases the insurer will directly settle all eligible / admissible amounts with the Network Hospital.

There are two kinds of hospitalization under which, one can avail Cashless facilities

## **Planned Hospitalization**

Request for pre -authorisation should be received within 48 to 72 hours prior to the planned hospitalization

## **Emergency Hospitalization**

Insured person should get admitted in the nearest network hospital by showing their E-card



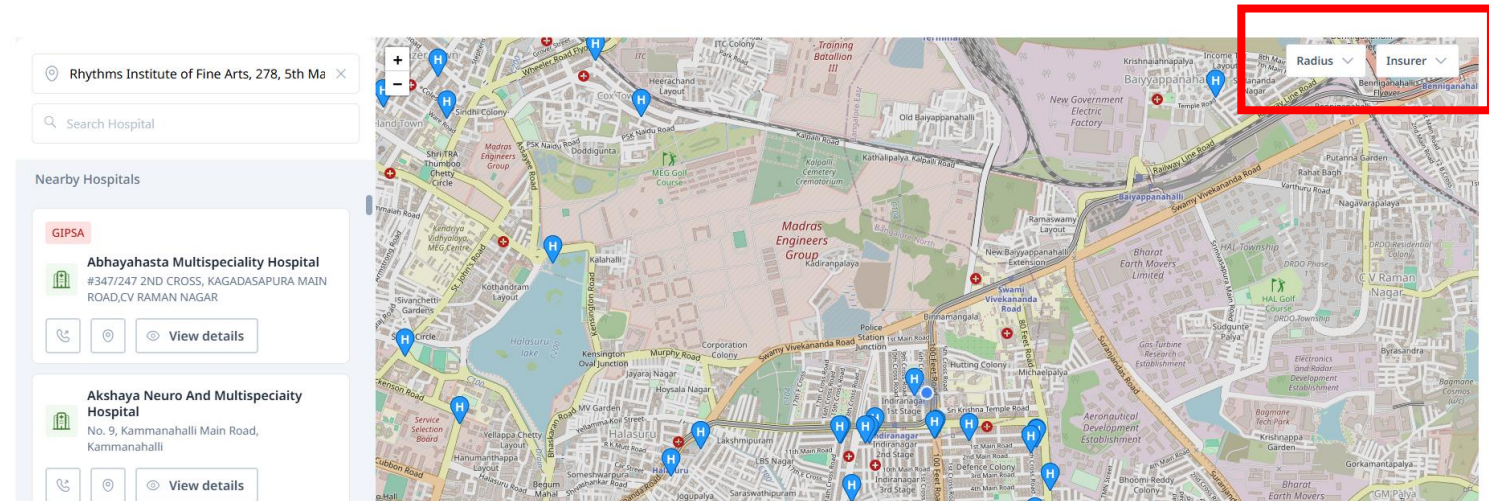
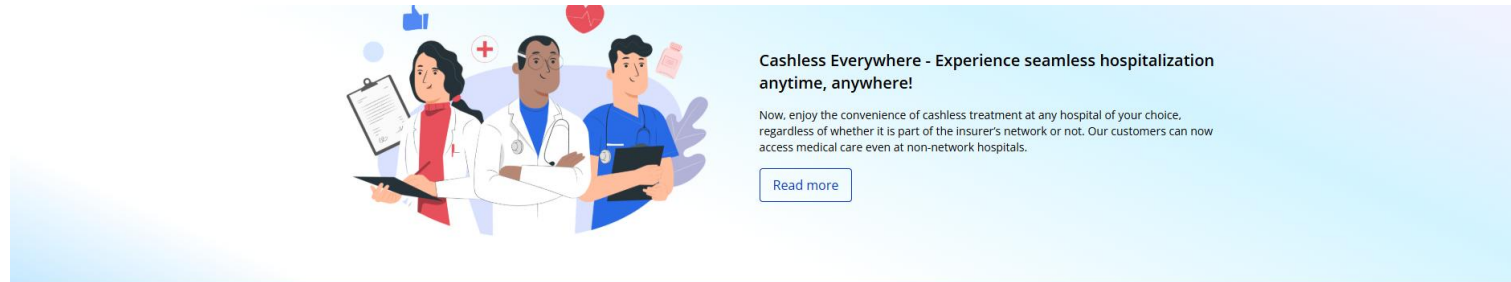
# Cashless- Network Hospitals

Cashless hospitalisation is available only at network hospitals!

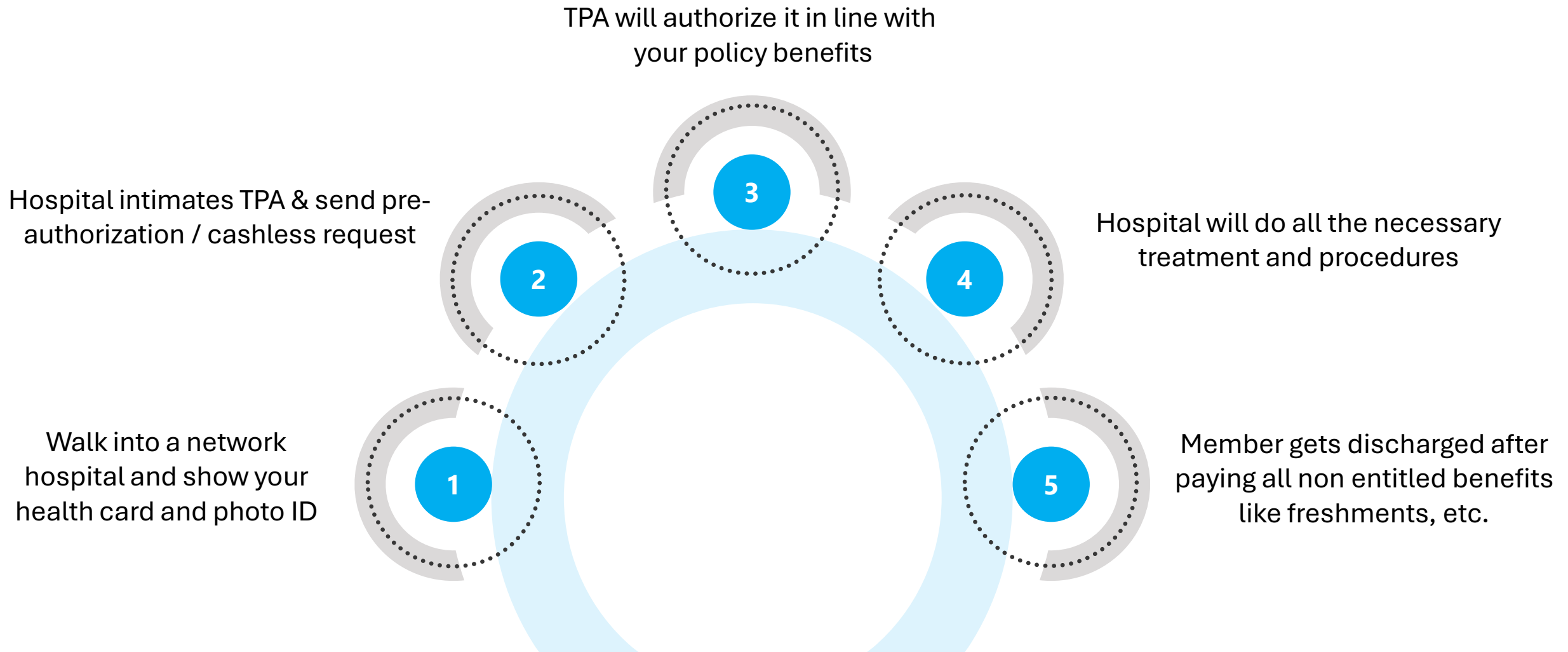
Identify network hospitals within your insurer network for all your needs. Click on the below link & follow the steps.

For the [List of Network Hospitals Link](#)

- Scroll Down & Choose Insurer: Universal Sampo General Insurance Co. Ltd
- Radius: Search radius to discover more / narrow down the hospitals around you and filter your search based on type of speciality and more.
- Contact Information: Click on any network hospital name to view details



# Cashless Claim Process



# Cashless Claim Process

## **Pre-Authorize / Guarantee Payment for Treatment**

Request pre-authorization form from the corresponding Network Provider & submit the completed form to Customer Service Centre via email

## **Admission, Treatment & Discharge**

A letter of credit will be issued by TPA to the hospital. Please present the Insured Person's ID card at the Hospital admission desk

## **Additional Pre & Post- Hospitalization Claims**

For claims related to pre-approved post-hospitalization expenses, all claim documents must be submitted to the TPA within 15 days of the last event.



# Reimbursement Claim Process

## 01.

- Employee or Beneficiary gets admitted into the hospital

## 02.

- During discharge settle all the bills.
- Collect all the original documents like cash paid receipts, discharge summary, test reports etc.

## 03.

- Upload the duly filled claim form and along with all original documents soft copies on the Portal within the 15 days from date of discharge.

## 04.

- Claims registered & processed
- Deficiency intimation email
- Claims approved/denied
- Settlement/denial letter sent to claimant /beneficiary

## 05.

- Maximum TAT for payment subject to availability of all necessary documents will be 15-21 working days.
- Claim settlement through NEFT through the Insurance company.

# Reimbursement Claim-Mandatory Documents

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**Below is the list of all the documents you need to furnish and upload to put your reimbursement on the fast track and make the process hassle-free.**

- Original hospital final bill
- Original numbered receipts for payments made to the hospital
- Complete breakup of the hospital bill
- Original discharge summary
- All original investigation reports along with prescriptions
- All original medicine bills with relevant prescriptions
- Original signed Reimbursement claim form (Part 'A' should be filled and signed by claimant and Part 'B' should be filled and signed by Hospital Authority with Seal.)
- Copy of Govt. ID proof of PAN or Adhaar card (Employee & Patient party) of Proposer
- Cancelled cheque or Passbook copy or Bank statement (containing IFSC, Account No and Account holder name) of Proposer
- Copy of the Health E-Card
- Covering letter stating your complete address, contact numbers and email address (if available).

**\*On case to case basis the insurer may request additional documents.**

# List of Ailment Specific Documents

Below is the list of documents you need to furnish and upload along with the general documents (mentioned on page 21)

## **Mandatory for Maternity Claim:**

- Gravida (GPLA) Status: The number of living children's details to be specified by the treating doctor.
- Newborn Baby: In case of a newborn baby hospitalization, do submit a separate claim for the baby with a separate claim form.

## **Mandatory for Cataract Claim:**

- IOL (Intra-Ocular Lens) Sticker- This sticker indicates the Make & Model of the lens along with its Serial No. This is proof that Cataract surgery was performed & an IOL is implanted
- Biometry Test /A-scan Report
- An investigation report indicates the measurement of power of cornea.
- Tax Invoice for IOL is Mandatory
- Since the IOL is not included in the hospital bill and is billed separately, a tax invoice is necessary to clarify the cost of the IOL.

## **Mandatory for HPV Vaccination:**

- Claim Form A
- Claim Form B
- Vaccine Documents
- Vaccine Bill and Amount Paid Receipt

**\*On case to case basis the insurer may request additional documents.**



# List of Ailment Specific Documents

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**Below is the list of documents you need to furnish and upload along with the general documents (mentioned on page 21)**

## **Mandatory for Accident Claim:**

- FIR (First Information Report) / MLC (Medico-Legal Certificate)
- A copy of FIR (First Information Report) filed with the nearest Police Station informing them about the accident. MLC (Medico Legal Certificate) registered (for accident/ assault/ poisoning/ burn cases) by hospital authorities and submitted to the local police station.
- Non-Alcohol Certificate
- If the claimant is the driver in an accident case, a certificate from a doctor indicating that the patient was not under the influence of alcohol while getting admitted to the hospital is required. This can also be mentioned on the Discharge Card

## **Mandatory for Accident Claim:**

- Death Certificate
- This certificate is issued by the local Municipal Authority or any local authority.
- Death Summary
- In cases where the patient has deceased, a Discharge Certificate is not issued. Instead, a Death Summary is provided, which outlines the patient's condition and the cause of death while in the hospital. This document is essential for the processing of death claims.

**\*On case to case basis the insurer may request additional documents.**

# Partial Claim Settlement Process

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**Scenario 1:** If an employee has made a partial claim under the Fractal Analytics policy, they may claim the remaining amount under another policy (personal retail or corporate policy). Please note the following conditions:

- Claim made under the Fractal Analytics policy should be settled between the hospital and the insurer/TPA.
- Once the Fractal Analytics claim is settled, the employee should obtain the settlement letter along with other relevant documents from the hospital and submit them under their other policy (personal retail or corporate policy) to claim the remaining amount.

Please Note: The hospital will retain all original documents for the cashless claim processed under the Fractal policy. Only attested copies of the documents will be provided to the employee, which can be used for submitting the claim under the other policy.

**Scenario 2:** If an employee has made a partial claim under any other policy (personal retail or corporate policy), they may claim the remaining amount under the Fractal Analytics policy. Please note the following conditions:

- The employee will be required to submit the settlement letter, attested copies of relevant documents, and a duly filled claim form from the hospital for processing the claim under any other policy (personal retail or corporate policy).

\* The turnaround time (TAT) to receive the settlement letter and relevant documents from the insurer/hospital is apprx. 15–20 days.

\* Partial claims can be submitted only in case of eligible sum insured amount exhausted

\* Partial claims are not applicable for deductions due to capped ailments or co-pay.


# MediAssist TPA & Lockton Communication Matrix

Response Matrix	Name	Email Id	Contact Number
Escalation 1	Mr Roopesh R	<a href="mailto:roopesh.r@mediassist.in">roopesh.r@mediassist.in</a>	+91 6364932161
Escalation 2	Mr Arjun Sharma	<a href="mailto:arjun.sharma@mediassist.in">arjun.sharma@mediassist.in</a>	+91 7338467567
Escalation 3	Mr Priyank Gupta	<a href="mailto:priyank.gupta@mediassist.in">priyank.gupta@mediassist.in</a>	+91 8147369817
Escalation 4	Mr Prem Kumar S	<a href="mailto:prem.kumar@lockton.com">prem.kumar@lockton.com</a>	+91 8197219003

In case of delays or unresolved queries with the TPA, you may reach out to the Lockton Benefits Team: Mr. Manjunath TR at [manjunath.tr@lockton.com](mailto:manjunath.tr@lockton.com)



## Do's

- 
- 01. Enrollment of dependents within 15 days of marriage / birth.
  - 02. Claim submission within 15 days from the date of discharge
  - 03. All non-medical expenses must be settled at the hospital prior to discharge by member for reimbursement cases.
  - 04. Submission of all the paid receipts if any amount has been paid at the hospital other than the non-medical expenses and co-pay.

## Don'ts

- 01. Delayed or non declaration of a dependents within timelines as defined.
- 02. Incomplete documentation for all reimbursement claim.
- 03. Delay in claim submission.

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