

POLICY

EMPLOYEE GROUP MEDICLAIM INSURANCE POLICY



Document History

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EMPLOYEE GROUP MEDICALIM INSURANCE POLICY

1. Definition

Employee Group Medclaim Insurance Policy cover is a benefit extended by Sopra Banking Software to all existing full-time employees and direct contractors to secure finances against sudden medical expenses. It has extensive coverage to cater for hospitalization needs for you and your family under floater sum insured basis your eligibility and the option chosen. It provides cashless settlement (preferred) and/ or reimbursement of hospitalization expenses for specified illnesses/ diseases, or an injury sustained.

1. Eligibility

All employees and direct contractors on the rolls of Sopra Banking Software India are eligible for the Group Medclaim Policy. It is mandatory for all employees including the new joiners to take self Medclaim coverage under the Group Medclaim Policy.

2. Period of Insurance

This Employee Group Medclaim Insurance Policy is effective from **19th July 2023, 00:00** hours to **18th July 2024 till 23:59 hours**.

All new joiners are covered from the date of joining. You will receive a trigger in your email with the link to the Medclaim module. You must choose the option of coverage and declare your dependent details accordingly within **15 days** of your date of joining.

3. Categories of Benefits

Our medical insurance options have been designed to cover the needs of you and your family in a flexible manner. The policy is mandatory and fully funded for all employees yet gives you the flexibility to choose any or all the spouse, dependent children, and/ or dependent parents/ parents-in-law through different options.

Option 1: Self coverage only (including Maternity cover for female employees) – Mandatory

Level	Sum Assured	Employee Share
Level 1'B, 1A, 1B	500000	Premium towards the self-policy is borne by the organization 100%
Level 2A,2B, 3A, 3B	600000	
Level 4A,4B, 5A, 5B	700000	
Level 6A & above	1000000	



Option 2: Family Floater Policy; Self + Spouse + Two dependent children

Level	SA	Employee Share
Level 1'B, 1A, 1B	500000	6293
Level 2A,2B, 3A, 3B,	600000	8555
Level 4A,4B, 5A, 5B	700000	9785
Level 6A & above	1000000	14763

Option 3: Family Floater Policy; Self + Spouse + Two dependent children + Two Dependent Parents/In-Laws

Level	SA	Employee Share
Level 1'B, 1A, 1B	500000	15600
Level 2A,2B, 3A, 3B,	600000	19900
Level 4A,4B, 5A, 5B	700000	27300
Level 6A & above	1000000	35300

Option 4: Self and two dependent parents/in-laws (including maternity benefit for female employee)

Level	SA	Employee Share
Level 1'B, 1A, 1B,	500000	12780
Level 2A,2B, 3A, 3B	600000	16150
Level 4A,4B, 5A, 5B	700000	25200
Level 6A & above	1000000	34000

As per policy, an employee has the option to enroll their third dependent child under Option 2 and 3 with a payment of an additional premium of 20% of their share of premium contribution. For e.g. – An employee in Level 6, enrolling for Option 2 can enroll their third child on payment of INR 2,953/- (INR 14763*20%).

Note: In all the options above, Maternity is covered for all female employees/dependents with a limit of INR 65000/- for childbirth (both normal & cesarean (C-section) delivery) including pre & post-benefit of INR 10K.



4. Key Coverages:

In-patient hospitalization expenses due to illness/disease or injury sustained which cover:

- **Doctors' fees:** Diagnostics tests, medicines, drugs, and consumables. Operation Theatres, intensive care unit, intravenous fluids, blood transfusion, injection administration charges.
- **Prosthetic Implants:** The charges for prosthetics implants for any surgery or operations undertaken for any patient.
- **Hospital Accommodation:** Reasonable and customary charges for hospital accommodation starting @INR 7000 for a normal room and 2% of the sum insured for the Intensive Care Unit (ICU). The said capping will apply to the room and proportionately to other expenses.
- **Proportionate deduction** - If you avail a room higher than the eligible room all the other hospital expenses like consultation charges, surgeon charges, operation charges, investigation, doctor visits, Nurse visits, etc. will get reduced as per the percentage of the difference between the eligible and the availed room charge. Only the cost of medicines and consumables which are sold at MRP is paid as per actual. Other than these, all items would be reduced by the excess percentage you opted for. Room rent includes Resident Medical Officer (RMO) & Other nursing charges.
For example, If you are eligible for INR 7000/- per day and you have taken a room rent of INR 9000/- per day so all the charges will be reduced by 30% per day (which is $2000/7000 \times 100$) for all charges except medicines.
- **Pre and Post hospitalization medical expenses:** Medical expenses incurred due to illness up to 30 days period immediately before an insured person's admission to a hospital for the same illness and up to 60 days immediately after an insured person's discharge from a hospital, except in case of Maternity expenses. You can claim a maximum of 10% of the sum insured as pre and post-expenses. Post-expenses claims can be submitted within 7 days from the completion of 60 days discharge date. This will help the insurance company with an easy settlement without any objection.
- **Day care procedures:** Medical Expenses for day care procedures where such procedures are undertaken by an insured person as an inpatient in a hospital for a continued period of less than 24 hours. Any procedure undertaken at the Out Patient department (OPD) of a hospital will not be covered (**please refer to the attachment for details**).
- **Emergency Ambulance:** Reasonable and customary ambulance expenses incurred to transfer the insured person following an Emergency to the nearest hospital, for a limit of INR 2000/- per event.
- All Pre-existing diseases will be covered from the day of the Mediclaim insurance commencement.
- **Maternity:** Covered with a limit of INR 65,000 for childbirth. The same covers all claimable expenses incurred at the time of delivery and any claimable expenses incurred on the newborn until discharge from the hospital.

However, in case the expenses are incurred post the newborn's discharge from the hospital the baby would be covered as per the applicable floater policy and sum insured. You will have the option to upgrade from Options # 1 & 4 to 2 or 3 within 30 days from the date of Childbirth. It will be your responsibility to inform Mediclaim Helpline to upgrade the current coverage to enroll the newborn baby. The newborn baby's expenses will be covered in case of any complication only. No Diagnose / baby care is covered. normal baby / well-born baby expenses are not covered.



- **Cataract:** cataract is covered under our policy. The maximum eligible payout on this benefit is 20K to 30k depending upon the hospital category. There would be a deduction of 20% in case the claim is for parents. The cost of the lens covered under this benefit is Monofocal.
- **Exclusion:**
 - Dental (OPD) would not be covered in this policy.
 - Room rent that includes RMO & Other nursing charges.

5. Optional Super Top-up Benefit- You have a further option to enhance your sum insured by self-funding an additional premium. All relevant details would be shared via awareness camps organized by the insurance company.

6. Business Rules

- The Employee Group Mediciam Insurance Policy is offered to all employees at a subsidized cost, wherein the company will share the total premium towards insurance of the employee and dependents.
- Direct contractors can enroll under the Group Mediciam Insurance policy by paying a 100% premium for the full year at the time of policy renewal or enrolment.
- It is advisable to continue with the coverage of the parents/ in-laws on a continued basis.
- The Employee Group Medical Insurance Policy does not allow any mid-term inclusions except in case of marriage or childbirth or new employees.
- You will have the option to upgrade from Options # 1 & 4 to 2 or 3 respectively within 30 days from the date of marriage or childbirth. It is your responsibility to update the details of your spouse and newborn baby on the eConnect Module within one month.
- Your parents/in-laws can be covered under this policy. Any claim settled towards dependent parents/in-laws would have a co-payment capping of 80:20 ratio i.e. 20 % of the claim amount to be paid by you.
- The existing medical insurance cover is not for brothers, sisters, or any other relations.
- No mid-term changes in sum insured in case of promotion. The change in sum insurance will only be done at the time of policy renewal.
- The claims will be settled as per the terms and conditions of the Mediciam policy by the insurance company up to the sum insured limit of an individual/family.
- In case you wish to continue with the Mediciam policy even after leaving the organization, it has been negotiated with the Insurance company to provide continuation of coverage under this policy on payment of an extra premium to the Insurance Company. You need to inform your preference to continue the policy to Mediciam Helpline 30 days in advance before the Last working day in the Organization. Mediciam Helpline representative shall coordinate with the Insurance Company to arrange for the continuation of coverage under the policy. Continuity of the policy/conversion of the policy will be the insurance company's discretion/approval.
- Any claims-related dispute is subject to settlement within the Organization only.

7. Key Points as an Employee

- a. The employee should contact Mediciam.helpline.india@soprabanking.com for any /specific information on the Mediciam policy coverage / claim process / enrolment



details

/ continuation of policy in case of leaving the Organization.

- b. It is the responsibility of the employee to bear any amount incurred for treatment over and above the insured sum.
- c. It is the responsibility of the employee to bear the cost of any expenses rejected by the insurance company.
- d. It is the responsibility of the employee to follow the guidelines to avail the benefits of the policy.

8. Key Points for Employee moving to other geographies on contract

- Employees moving to other geography contracts will have the option to continue using the benefits for self and/or family under the Group Medclaim Policy. However, the Medclaim coverage to the employees and their dependents would only be extended in India and not in the other geographies.
- You would have to give a declaration of the estimated period of the contract in other geographies along with the coverage option chosen. The full premium amount (100%) would have to be borne by you and paid in advance or as part of full and final settlement.
Once you are back on India rolls, we will make an appropriate refund/recovery, as per the actual premium consumed during your stay overseas.
- In the event of you exiting (resigning) from the organization from an onsite location, no refund of premium would be made. This option is not applicable in case it's a permanent transfer.

9. Procedure for Availing of Medclaim Benefit

Medclaim Benefit can be availed in 2 Modes:

Mode 1 - Direct Settlement i.e. Cashless Service (Recommended): In this service, the Insured has to take treatment in any of the Network Hospitals and his/her claim will be settled directly at the hospital.

As a basic requirement to avail Cashless Facility the following is required

- e-card of the Insured
- Photo ID proof of patient & all relevant medical documents

It is mandatory to take the cashless from those hospitals that are under the network of the Third-Party Administrator (TPA). Else it is the insurance company's right to reject or partially approve the claim.

Third-Party Administrator (TPA) - MediAssist

As part of the services provided by the TPA, you can also download the Medibuddy app on mobile (Android / iOS). Log in using your **Employee code@SBS**. You can download your e-card, search network hospitals, check your claims, etc. on the app.

Alternatively, follow below mentioned URL/ Link to know the TPA Network Hospitals list available for Cashless (across India).



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

Alternatively, you can also access the TPA site via link **<https://portal.mediassist.in/Home.aspx>**

Steps to search Network Hospital for Cashless:

1. Click the Network Hospital Tab (on the topmost right corner of the website – Tab – Network Hospital)
 2. Enter City (E.g. - Noida, Chennai, Pune, or Bangalore)
 3. Enter Insurer Name – United India Insurance Co. Ltd. (UIIC).
- You will be able to see the Cashless Network Hospital in your city.

You have to notify the service provider at least 72 hours before a planned Hospitalization. In an Emergency, the Insured Person (or person on behalf of the Insured Person) should notify the service provider within 48 hours of Hospitalization;

The service provider will have pre-authorized the In-patient or Day Care Procedure.

Cashless treatment will not be available if the Insured takes treatment in an Out-Of-Network Hospital.

For cashless Hospitalization, the service provider will make the payment of the amounts assessed to be due directly to the Network Hospital. The treatment must take place within 15 days of the pre-authorization date and pre-authorization is only valid if all the details of the authorized treatment, including dates, Hospital, and locations, match with the details of the actual treatment received.

If pre-authorization is not obtained then the cashless facility will not be available and the claim procedure shall be as per below.

Mode 2 – Reimbursement: For any reimbursement claim it is mandatory to intimate each claim within 24 hours of the hospitalization, you can send an email to **soprasteria@mediassistindia.com** or call **7022074000** and the complete documents in original along with the signed claim form needs to be submitted within the timeline as per policy guideline from date of discharge to avoid any rejection /objection by the insurance company.

Mandatory Documents for Reimbursement Claims Submission:

- Duly filled claim form (it is mandatory to file the reimbursement within 15 days from the date of discharge from the hospital. Else it may get rejected by the insurance company)
- Original bills, receipts, and discharge summary/daycare summary with hospital stamp.
- Original bills from chemists supported by proper prescription.
- Original investigation test reports and payment receipts.
- Doctor's referral letter advising hospitalization in non-accident cases.
- Details of any other insurance policy that may respond to the claim.
- Employees are required to attach a canceled cheque with the above documents.
- First Information Report (FIR) for medico-legal cases.



- For any medical treatment taken from an Out-Of-Network Hospital We will only pay Medical Expenses that are Reasonable and Customary.
- For Network and Out-Of-Network Hospitals
- For Claims those are above 1 lac, it is mandatory for the insurance company to go through an audit process, which will be run by the insurance company through the TPA. Hence you may experience a delay of 10-15 days in these cases.
- Claim settlement timeline except where no audit is required – Normally 30-35 days

In all cases: The service provider will reserve the right to call for:

- Any other documentation or information that they believe may be required; and
- A medical examination by the service provider's doctor or for an investigation as often as they believe this to be necessary. Any expenses related to such examinations or investigations shall be borne by the service provider.
- In the event of the Insured Person's death during Hospitalization, written notice accompanied by a copy of the postmortem report (if any) shall be given to the service provider within 14 days regardless of whether any other notice has been given. The service provider reserves the right to require an autopsy.
- It is understood and agreed that if a Hospital room of the category permitted by the insurance plan opted for, as shown in the Product Benefits Table, is unavailable, then the service provider will only be liable to make payment for a Hospital room of a lower category that is actually occupied.
- It is hereby agreed and understood that in providing pre-authorization or accepting a claim for reimbursement under this Policy or making a payment under this Policy, the service provider will make no representation and/or give no guarantee and/or assume no responsibility for the appropriateness, quality or effectiveness of the treatment sought or provided.

Note: Both the claim mode mentioned above will be processed as per policy terms & conditions.

10. Insurance Policy Details

Service Provider: United India Insurance Co. Ltd.

Claim Administration: Medi Assist Insurance TPA Pvt Ltd.

Contact Details:

Third-Party Administrator (TPA) - MediAssist	Portal.medibuddy.in OR Medibuddy Mobile App
Insurer – United India Insurance Co. Ltd	https://www.uiic.co.in
TPA – Email id & Centralized contact number	soprasteria@mediassistindia.com ; 7022074000
SBS Medclaim helpline	Medicclaim.helpline.india@soprabanking.com



S.No	Location	Mediassist SPOC Name	Contact Number	Email ID
1	Noida	Harish Chandra	8448893924	harish.chandra@mediassist.in
2	Pune	Yogesh Chimankar	7619143080	yogesh.chimankar@mediassist.in

Management's Absolute Right to Alter or Abolish the Policy

The Management has the right to review, modify and rescind this policy at any given point of time.

