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TORRY HARRIS
INTEGRATION
SOLUTIONS

Employee Benefits Insurance Summary

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Part-I

Group Health Insurance

Covers hospitalization expenses of employees and insured dependents



Scope

Policy Period	22 nd May 2021 to 21 st May 2022
Insurance Company	The New India Assurance Company Limited
Third Party Administrator (TPA)	Medi Assist India TPA Private Limited
Geographical Limit	India
Members Covered	Employee , Spouse, 2 Dependent Children and Parents/ Parents-in-law (Premium to be borne by employees, Cross combination is not allowed) (Provision to cover 3rd & 4th Child considering if the employee is blessed with twins or triplets in the 1st or 2nd event of delivery)
Age Limit	Dependent Children are covered upto 25 Years Parents/ Parents-in-law are covered upto 90 Years
Sum Insured Type	Family-Floater*
Family Sum Insured Limit	₹2,00,000; ₹3,00,000 and ₹5,00,000

* Sum insured is available for utilization by any member of the family without any sublimit, however it is subject to the availability of overall family sum insured.

Hospitalisation Type

24 Hours Hospitalisation towards a disease/ illness/ injury which can be treated medically/ surgically with an admission of more than 24 Hours at any Hospital or Nursing home in India.

140 Day-Care Procedure Pre-requisite of 24 Hours hospitalization is not applicable for certain procedures. The member is discharged from the hospital in less than 24 Hours, viz Chemotherapy, Dialysis, Cataract/ Eye surgery/ Dental Surgery (Due to accident), Lithotripsy (Kidney stone removal) etc. Procedures as per the policy.

30 Days Pre-Hospitalisation Relevant expenses, viz consultation fee, diagnostic, medication etc. for 30 days prior to the admission in a hospital for an admissible hospitalization claim, will be reimbursed.

60 Days Post-Hospitalisation Relevant expenses, viz follow-up treatment, post-hospital diagnostic, medication etc. for 60 days post discharge from hospital for an admissible hospitalization claim, will be reimbursed.

₹15,000 Domiciliary Hospitalisation if advised by Medical Practitioner to undergo treatment at home in absence of Hospital beds or if the person is not in a movable condition, subject to a continuous active line of treatment with health status monitoring each day by the medical practitioner through the duration exists. Each member of the family is eligible for captioned limit in a year.



Diagnostic Cost



Medicines Cost

Operation Theatre
ChargesAmbulance Charges
Maximum ₹5,000*

Oxygen Cost

Medical Practitioner Fee
Doctor FeeOrgan Donor
Surgical Procedure

Blood Cost

Surgical Appliances
ChargesCost of Pacemaker/
Prosthetics**Dressing, ordinary Splints
& Plaster Casts

Expenses Payable

Room Rent
Per Day including
Nursing Charges

Normal Room

Not to exceed 1.5%[^] of Sum Insured for all members

ICU Room

No Capping for Employee, Spouse & Children claims
Not to exceed 3%[^] of Sum Insured for Parents/ in-Law

* While going to the hospital or for inter hospital movement

** Covered only if implanted internally

[^] Members opting for higher room category will have to bear the proportionate increase in cost on all categories.[^] Members to observe prudence in availing higher room category than eligible. Higher the room category, higher is the cost of treatment. This may result in faster exhaustion of your available sum insured.

Maternity Benefit

Within Family Sum Insured



Normal Delivery
Up to ₹50,000

Caesarean
Section Delivery
Up to ₹60,000

Benefit is provided only up to first **2 living children** and/or operations associated. Insured who already have 2 or more children is not eligible for this benefit.

Voluntary **medical termination** of pregnancy during the first 12 weeks from the date of conception is not covered.

Sterilization expenses are excluded from the policy.

Pre & Post Natal Expenses are covered up to **₹5,000** within maternity limit for complications on IPD & OPD basis

Infertility Treatment is covered within the maternity limit for self/spouse on OPD/IPD basis.

Well baby care within maternity limit

9 Month **waiting Period** is waived off

New-Born Baby



Delivered child is prone to many health disorders like jaundice or expenses incurred for pre-mature births or any other complications, all such expenses towards medical treatment are covered from **Day 1** up to full family sum-insured.

If the baby is hospitalised, then advice is to take **separate bills** for mother child. Mother will be covered up to maternity limit and child will be covered under family sum-insured.

Well Mother Expenses Coverage for room rent of mother who is required to feed the baby after birth, if the new-born baby is hospitalized (Covered up to 2 years of age)

Intimation to HR team within **15 Days** from the date of birth of the child is important for the cover to be effective.

Pre-Existing Diseases

Any Pre-existing Condition or related condition for which care, treatment or advice was recommended by or received from a Doctor or which was first manifested prior to the commencement date of the Insured Person's Health Insurance policy with the Insurer is **covered** subject to exclusions of the policy.

Terrorism

Covered up to Sum Insured

Animal Attack Snake Bite

Covered Up to maximum **₹5,000** on OPD basis

Mid-term Addition

New-born baby & Newly-wed spouse can be added in the policy within **15 Days** from the date of the event.

Addition of existing dependents is **not allowed** till the next renewal, if not added during enrolment.

Co-Pay

15% on all Parents/ In-Law Claims Only

Bereavement Cover

100% of claimed amount is paid, if claimant passes away during hospitalisation

Widow/ Widower Cover

Cover for dependents till end of the policy if employee **expires** during policy period.

Lasik

Power of eye +/- 7.5

Ayurvedic Treatment

Up to 25% of sum-insured, Covered only in Government recognised hospital (Cosmetic is not covered)

Capping on Ailments

Cataract (Per Eye)	Up to ₹30,000
Tympanoplasty (Ear Drum Surgery)	Up to ₹30,000
Fistula, Piles, Hydrocele, Sinusitis (FESS)	Up to ₹35,000
Appendicitis, Hernia including mesh (laparoscopic surgery)	Up to ₹ 55,000
Benign prostatic Hypertrophy (TRUP) Hysterectomy	Up to ₹60,000
Cholecystectomy, Lapachol (removal of gallbladder)	Up to ₹75,000
Joint Replacement	Up to ₹175,000
Tonsillitis / Tonsillectomy	Up to ₹25,500
Angiogram	Up to ₹18,000
Coronary Artery Diseases/ Ischemic Heart Disease requiring Angioplasty/ PTCA	Up to ₹150,000
External Devices CPAP, MAPD, OSA	Up to ₹50,000

Cyberknife/ Stemcell/ Robotic

Up to 50% Sum-insured

Congenital

Internal are covered, external are covered only in case of life threatening situation

Exclusions

- X 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.
- X Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident)
- X Vaccination, 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.
- X Surgery for correction of eye-sight, cost of spectacles, contact lenses, hearing aids etc.
- X Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. Unless arising from disease or injury and which requires hospitalization for treatment.
- X Convalescence, general debility, “run down” condition or rest cure.
- X Sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases
- X Intentional self-injury/ suicide, all psychiatric and psychosomatic disorders 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.
- X Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period.
- X Expenses on vitamins and tonics etc. unless forming part of treatment for injury or disease as certified by the attending physician.
- X Any Treatment arising from or traceable to pregnancy, miscarriage, abortion or complications of any of these including changes in chronic condition as a result of pregnancy except which covered under the maternity section of benefits
- X All medical/surgical treatments under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency. Any other currency is an exclusion.
- X Hospitalization for injections like Lucentis/ Avastin/ Ramicade/ Rituximab
- X Claims associated with the consumption of alcohol/ smoking.
- X Any kind of Service charges, Surcharges, Admission fees/ Registration charges etc. levied by the hospital.
- X Out-patient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- X Doctor’s home visit charges, Attendant/ Nursing charges during pre and post hospitalization period.

Exclusions

- X 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.
- X Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- X Genetical disorders and stem cell implantation/ surgery.
- X External and or durable Medical / Non medical equipment of any kind used for diagnosis and or treatment Including 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..
- X All non medical expenses including Personal comfort and convenience items or services such as telephone, television, baby sitter / barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc., guest services and similar incidental expenses or services etc..
- X Change of treatment from one pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken. (Cross treatment)
- X Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control program, services or supplies etc..
- X 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.
- X Any treatment received in convalescent home, health hydro, nature care clinic or similar establishments.
- X Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- X Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.
- X Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission.
- X Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons fees etc.,.
- X Family planning Operations (Vasectomy or tubectomy) etc.
- X All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell
- X Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- X Lasik treatment or any other procedure for correction/ enhancement of vision is not covered.

Enrollment Procedure

- You must enroll in order to obtain coverage for yourselves and your eligible dependents.
- Please enroll the eligible dependents details on receipt of Enrollment mail from Medi Assist TPA.
- Please login and enroll as per the instructions provided over the mail
- Each time you acquire a new dependent i.e. when your family status changes because of marriage, birth or adoption of a child. The acquisition of a new spouse must be declared within 15 days of the marriage. Similarly, information about new-born child has to be declared immediately after the child-birth or within 15 days from the date of birth.

- 1 Please check existing dependent details on Medi Assist Portal and enroll missing dependent details.
- 2 Once the enrollment is completed, final data will be shared with insurance company for policy issuance
- 3 Once the policy is issued, Medi Assist will upload Health card details on portal or App
- 4 Use Health card for claim process

If you fail to enroll within the defined timelines, the next enrollment can be done only at renewal.

Claim Procedure

- **Cashless claim** can be availed in Network Hospitals, where the member does not have to pay any deposit at the commencement of planned or emergency treatment or bills at the time of discharge, to the extent these services are covered under the policy.
- Direct settlement happens between the hospital and the TPA for all eligible expenses.
- **Reimbursement Claim** In case you choose a non-network hospital, you will have to liaise directly for admission. However, you are advised to follow the pre-authorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.
- Please ensure to collect all the necessary documentation such as discharge summary, investigation reports, receipts etc

**Planned
Cashless**

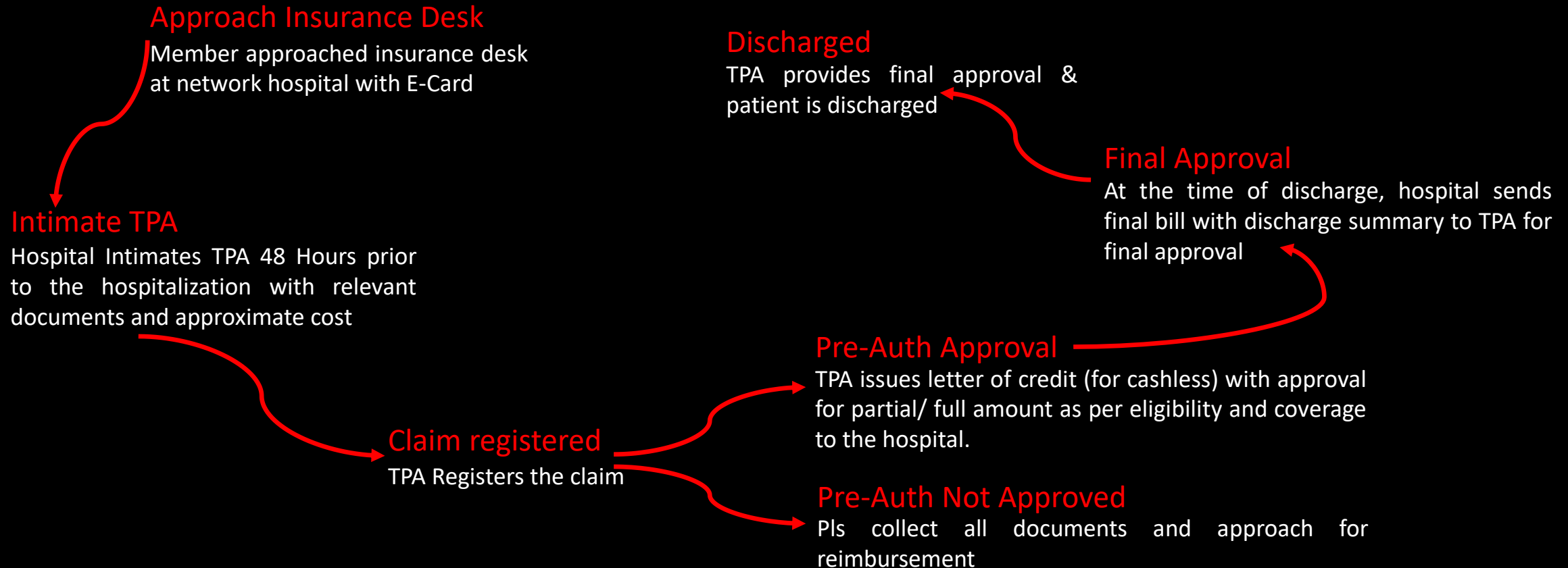
**Emergency
Cashless**

**Settlement of cashless claims in PPN/GIPSA network hospitals includes hospital discount.
The above mentioned discount is not applicable in case of Reimbursement claims from PPN/GIPSA network hospitals
and the same will be deducted at the time of final settlement.**

Planned Cashless Claim Procedure

Non-emergency hospitalization must be pre-authorized with the insurance help desk at the hospital, as per procedure detailed below. This is done to ensure that the best healthcare possible, is obtained, and the Insured Member is not inconvenienced when taking admission into a Network Hospital.

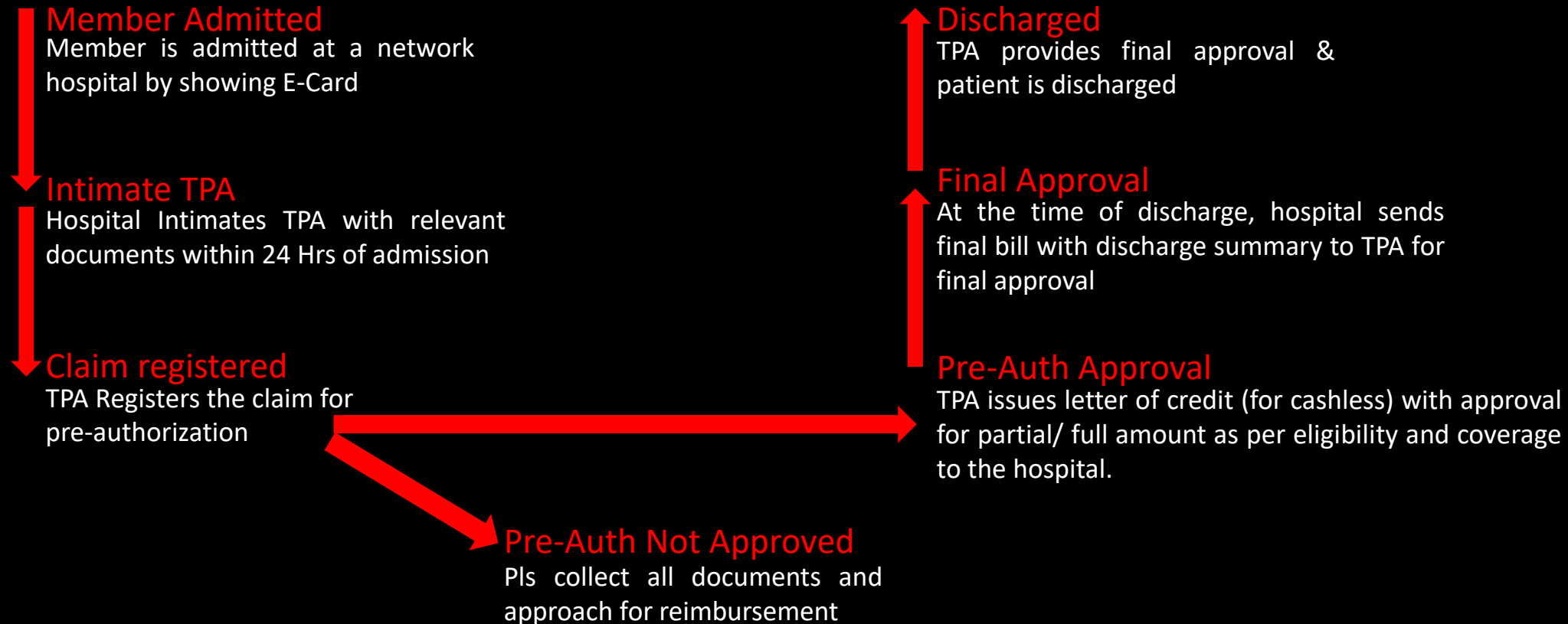
The Insured Person shall provide the documentation and information your TPA may request to establish the circumstances of the claim .



Emergency Cashless Claim Procedure

Emergency hospitalization will be regularised by the insurance help desk at the hospital, as per procedure detailed below. This is done to ensure that the best healthcare possible, is obtained, and the Insured Member is not inconvenienced when taking admission into a Network Hospital.

The Insured Person shall provide the documentation and information your TPA may request to establish the circumstances of the claim .

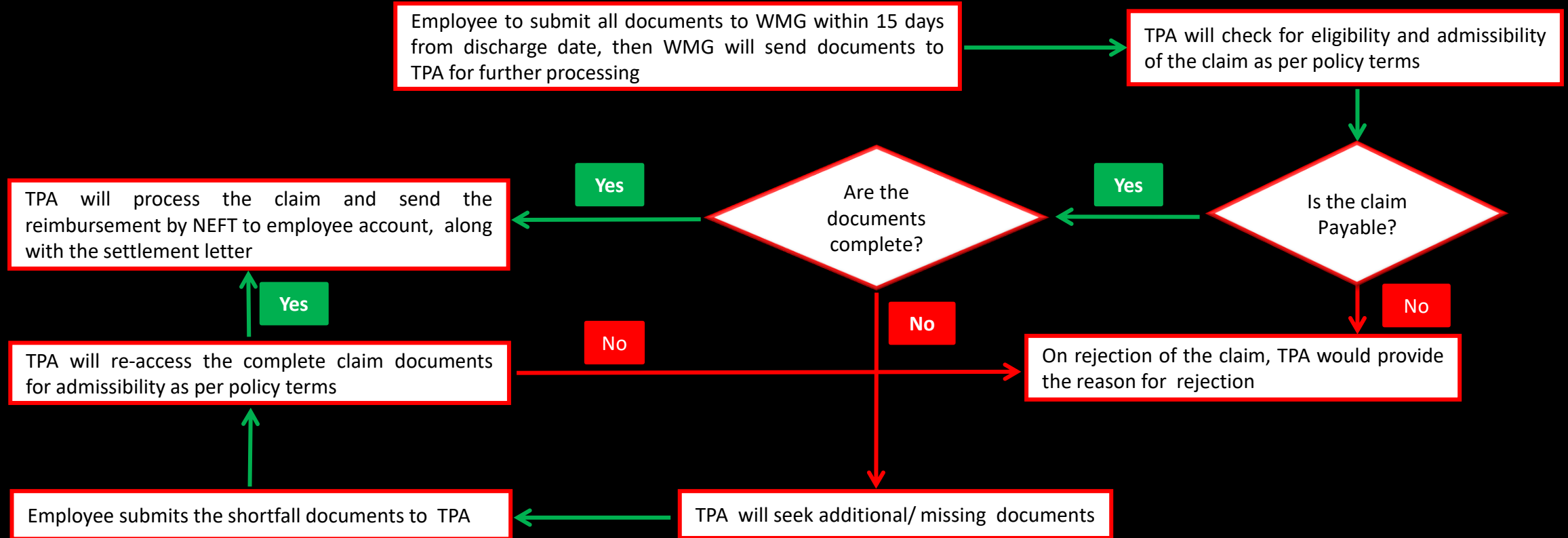


Reimbursement Claim Procedure

Emergency/ Planned hospitalization into a Non-Network Hospital or a rejection of cashless leads to Reimbursement.

At the time of discharge, member to collect all documents as mentioned in checklist in the next page.

Member to intimate TPA within 48 Hours from the discharge and submit all relevant documents within 15 days from the date of discharge



Reimbursement Checklist

- ✓ Duly filled and signed Claim Form
- ✓ Aadhar Card and PAN of Insured person
- ✓ UHID and Photo Identity proof of the patient
- ✓ Medical practitioner's prescription advising Domiciliary or Hospital admission
- ✓ Pharmacy Medicine bills along with prescriptions
- ✓ Investigation reports along with consultation notes advising tests
- ✓ Original bills with itemized break-up, Payment receipts
- ✓ Discharge summary including complete medical history of the patient along with other details.
- ✓ OT notes or Surgeon's certificate with details of the operation performed, wherever applicable
- ✓ Sticker/ Invoice of the Implants, wherever applicable.
- ✓ NEFT Details and cancelled cheque
- ✓ CKYC of the employee, where claim liability is above 1Lakh as per AML Guidelines
- ✓ Death Certificate (if happens during hospitalization)
- ✓ Legal heir/succession certificate, wherever applicable
- ✓ Any other relevant document required by Company/ TPA for assessment of the claim.
- ✓ Hospital Reg No and Doctor's Reg No (On letterhead) if less than 15 bedded
- ✓ Follow-up advice post-discharge from doctor
- ✓ Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained. (For Domiciliary Treatment)

Send your reimbursement document in an envelope to below address mentioning clearly your organization name, Employee number & E-mail address.

Medi Assist India TPA Private Limited,
Tower D, 4th Floor, IBC Knowledge Park,
4/1, Bannerghatta Road,
Bangalore – 560 029
Land Line +91 80 26590504-06

Documents to be submitted within **15 days** from the date of discharge for Pre-hospitalization and main hospitalization claims.

Post-hospitalization claims, need to be submitted within **7 days** from the date of completion of 60 days or treatment whichever is earlier.

It is strongly recommended to retain a copy of all the claim documents submitted for records

Your Contact for Claims

	Level 1	Level 2	Level 3
	Mr Shanjeev	Ms Keerthana	Mr Yogesh
	789 2114 303	914 8718 469	900 8092 807
	helpdesk@wmgggroup.in	keerthana@wmgggroup.in	yogesh@wmgggroup.in

Part-II

Voluntary

Parents Coverage

Covers hospitalization expenses of Parents



Why cover Parents?

Health Care inflation being in the range of 10% to 15%. With crisis of Corona Virus pandemic, it is advisable to have adequate & proper insurance cover, especially for parents.

Voluntary Parents Plan provides option to choose sum insured as per employee's choice. The premium rates are lower vis-à-vis an employee purchasing a retail insurance policy

Advantages of the Voluntary Parents Coverage are the following:

1. Coverage can be identical to the main medical plan.
2. Employee gets a tax benefit on the premium paid towards the Voluntary Parents Plan

Benefits of Voluntary Parents Coverage

This is a customized voluntary health insurance plan designed exclusively for Torry Harris employees and at customized and negotiated standard premium across all age groups.

Portability benefit - In order to port the existing voluntary parental policy into a retail policy (by self-funding) for employees who resign, they need to contact the HR team at least **30 Days** before last working date

Retail Policy Vs Voluntary Plan

Policy Benefits	Market Retail Policy	Voluntary Plan Proposed
Pre existing Disease coverage	First 4 Years Applicable	Day one coverage
30 days waiting period	Applicable	Day one coverage
2 year Exclusions for Named ailments like Cataract, Hernia etc.	Applicable	Day one coverage
80 D Benefit	Applicable	Applicable
TPA	Choice of Insurance company	Same as of Corporate Policy to help in faster claims processing
Coverage for parents	Limited Sum Insured is available in RETAIL	Multiple Options of Sum Insured
Maximum coverage Age	65 years	Policy age limit
Medical Tests	Any Person >45 needs to go for a Medical Test	Not required for any age group

 Lock-in period for changing parents to other set of parents is 2 years.

Premium Payable

Sum Insured	No. of Parents	Net Premium	GST @ 18%	Gross Premium
INR 2,00,000	1 Parent	9,200	1,656	10,856
	2 Parents	15,100	2,718	17,818
INR 3,00,000	1 Parent	13,500	2,430	15,930
	2 Parents	21,600	3,888	25,488
INR 5,00,000	1 Parent	22,800	4,284	28,084
	2 Parents	37,800	6,804	44,604

- Note:**
- ✓ Parents coverage is on Voluntary Basis and the premium for same will be deducted from payroll.
 - ✓ Post enrolment the premium will be deducted from you next payroll cycle. Once the enrolment is closed there will not be any option to change the option selected.
 - ✓ Above mentioned premium amount are on annual basis.
 - ✓ For new Joiners premium will be calculated on pro-rate basis from the date of joining till end of Policy.
 - ✓ Room rent & ICU charges are as per employee base policy sum insured limit.
 - ✓ Midterm Inclusion of Parents/ In-Laws for existing employee is not allowed during the policy period.

Part-III

Group

Personal Accident

Provides compensation in case of death or disability caused by accidents



Scope

Accident Insurance offers financial compensation in the event of bodily injuries leading to **death** or total/partial **disability** caused due to accidents.

This policy ensures the financial stability of an individual and his family if he/ she gets injured or unfortunately dies in an accident.

Policy Period	22 nd May 2021 to 21 st May 2022
Insurance Company	The New India Assurance Company Limited
Geographical Limit	Worldwide
Members Covered	Only Employee
Age Limit	18 to 65 Years
Sum Insured Type	Family-Floater*
Sum Insured Limit	₹10,00,000

Coverage

Accident can be such as a slip and fall, traffic collision, workplace, while abroad, involving animals, while on a holiday or travel and at anytime of the clock. Any unforeseen/ external impact to the body.

Accidental Death

A compensation of 100% sum insured to the nominee in case of accidental death of the Insured Person. It is like the basic protection that comes with the policy and makes sure that your family is stable for a while after you. The nominee would be the legal heir of the person.

Permanent Total Disability

This benefit covers injuries and permanent disabilities that will restrict you from engaging in any occupation again. This total disability could be the loss of both the eyes or physical separation of limbs, which not only leads you into mental trauma, but the financial darkness can cause big trouble. Here the insurance makes sure that the person is covered.

Permanent Partial disablement

Refers to **partial** loss of functionality in one or more body part or sensory organ caused due to accident. It is considered as a **permanent disability** if there is no chance of treatment or recovery and a benefit is paid based on a disability chart as defined in the policy

Temporary Total disablement

Refers to partial loss of functionality in one or more parts of the body due to accident, which prevents the member to attend to his regular work for a temporary phase.

A portion of sum-insured or members salary will be paid during the time that an employee cannot work due to injury.

Coverage

Policy Benefits

Accidental death

Permanent Total Disablement

Permanent Partial Disablement

**Temporary Total Disablement
(Weekly Benefit)**

Accident Medical Expenses

Children Education Benefit

House/ Vehicle Modification

Emergency Family Travel

Repatriation of mortal remains

Animal Attack/ Snake Bite

Terrorism

Coverage

Covered, 100% of the Sum Insured

Covered, As per table of Benefits

Covered, As per table of Benefits

Covered, 1% of sum Insured or INR 10,000 whichever is lower

Covered, up to INR 25,000 or Actual, whichever is less

Covered, up to 10% of Sum Insured or INR 100,000 whichever is less, Restricted to 2 Children

Covered, up to INR 25,000 or actual whichever is less

Covered, up to INR 25,000 or actual whichever is less

Covered, up to INR 5,000 or actual whichever is less

Covered

Covered

Exclusions

- X Intentional self injury, suicide or attempted suicide (whether sane or insane) or intentionally self-inflicted Injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression
- X Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection, Venereal disease.
- X Influence of intoxicating drink or drugs or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed.
- X Aviation other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft any where in the world
- X Nuclear radiation or nuclear weapons material
- X Childbirth, pregnancy or other physical causes peculiar to the female sex
- X While committing any breach of law with criminal intent
- X Participation in riot, crime, misdemeanor, (excluding traffic violations) or civil commotion
- X Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft
- X Participation in any kind of motor speed contest or adventure sports
- X Insect bite is not covered
- X Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter sports, skiing, ice hockey ,polo & such other persons engaged in occupation of similar hazard are not covered under GPA

Wishing you all “A Healthy Year” ahead

Disclaimer: Information mentioned is illustrative, not exhaustive and must be read in conjunction with the policy wordings. In case of any conflict between this info and policy wordings, the terms and conditions mentioned in the latter shall prevail.



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