

MARSH



MARSH MERCER KROLL
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Employee Benefits Manual

US Technology International Pvt. Ltd 2020-21

Marsh India Insurance Brokers Pvt. Ltd.



Disclaimer:

This manual is intended to be general summary of the benefits offered by your company & should be regarded as a guide only. While Marsh shall make every reasonable effort to ensure the accuracy and validity of the information provided here in this document. Marsh accepts no liability or responsibility for any errors or omissions in the content or for any loss or damages arising out of your reliance on information provided here. If there is a conflict in interpretation or benefit applicability, then the terms & conditions of the policy will prevail.

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Coverage Details For Employee Base Policy

Policy Parameter	
Insurer	The New India Assurance Company Limited
TPA	Medi Assist Insurance TPA Pvt. Ltd.
Policy Start Date	31 st May 2020
Policy End Date	30 th May 2021
Coverage Type	Family Floater (1+4) - Employee, Spouse, 3 Dependent Children
Sum Insured	INR 4 Lac Floater

Maximum no of Members insured in a family	1 + 4
Employee	Yes
Spouse	Yes
Children	Yes

Siblings	No
Others	No
Mid Term enrollment of existing Dependents	Disallowed
Mid Term enrollment of new joiners (New employees +their Dependents)	Allowed
Mid term enrollment of new dependents (Spouse/Children)	Allowed

Note: New born and Newly married spouse should be added in the Medibuddy portal within 30 days of event. Death of any dependent should be informed within 30 days to deactivate from portal

Coverage Details For Employee Base Policy

Benefits / Extensions	Coverage
Standard Hospitalization	Yes
TPA services	Yes
Pre existing diseases	Yes
Waiver on 1 st year exclusion	Yes
Waiver on 1 st 30 days excl.	Yes
Maternity benefits	Normal 50k & C-Sec 70K
Baby cover day 1	Yes
Ambulance Services	INR 3,000/- per event

Benefits / Extensions	Coverage
Domiciliary Hospitalization	Not Covered
Pre-Post Hospitalization Exp.	30 days and 60 days
Pre and Post Natal	IPD cover of 10,000 & OPD cover of 5,000. OPD payable only if medically recommended by a gynecologist in a registered hospital
Well Baby Expenses	Within maternity limit
Room Rent Capping	Normal – INR 4,000/- for Kerala and 5,000/- for rest of the states. ICU is twice the sum insured
Copay	10% Co- pay for employee ; 15% Co-pay for spouse & child on all claims

Policy Period

Existing Employees + Dependents	
Commencement Date	31 st May 2020
Termination Date	30 th May 2021

New joiners + Dependents	
Commencement Date	Date of joining
Termination Date	30 th May 2021

New Dependents (Marriage/Birth)	
Commencement Date	Date of event
Termination Date	30 th May 2021

Coverage Details For Employee Base Policy

Benefits / Extensions	Coverage
Room Rent Enhancements	Normal – INR 4,000/- for Kerala and 5,000/- for rest of the states. ICU is twice the sum insured. If the member is compelled to move to a higher category of room, proportionate clause waiver upto 20,000/- of the proportionate expenses or actuals, whichever is lower
Emergency care for employee	Coverage of OPD treatment/emergency care if the employee falls sick during the workplace (Annual limit of 2,000/- per employee)
Genetic Treatment	Covered upto 50% of sum insured, hospitalization is mandatory
Sleep Apnea	Covered with 50% copay, machine cost shall not be covered
Biodegradable Stent	Covered under hospitalization
Kidney Transplant	Donor expenses covered
Cochlear Implant	Covered with 50% copay
Surrogacy Cover	Covered upto maternity sum insured
Medical Termination of pregnancy	Covered upto 10k over and above maternity limit, medically certified by gynecologist

Coverage Details For Employee Base Policy

Benefits / Extensions	Coverage
Life Threatening Cases	Life threatening cases for Maternity claims coverage upto family sum insured
Cancer Benefit	First Time Cancer Detection: In addition to the current benefit of INR 25,000 Employees can avail for the treatment in the subsequent year policy for INR 25,000 , Benefit can be claimed only once in a year and maximum twice in two years. (This extension is not given for Dependents, they are eligible for First Time Detection Cover of Rs.25000/- only)
HIV Treatment	HIV Disease Covered Up to INR 100,000
Infertility Treatment	Infertility coverage upto INR. 50,000 on IPD basis only
Stem Cell Treatment	Stem Cell covered upto INR. 50,000 per family, Applicable on IPD basis only
Psychiatric Treatment	Psychiatric & Psychosomatic disorders covered upto INR. 50,000 on IPD basis only, Applicable only for Employees
Ayurvedic Treatment	INR 50,000 on registered Ayurvedic Hospitals on admission only
Coverage for Siblings	Mentally physically challenged siblings are covered under the policy
Power Correction	Vision correction cover +/- 7 power correction done by Lasik surgery is covered
Bariatric Surgery	BARIATRIC surgery for age less than 35 years is covered under the policy. Limit upto family sum insured. No age limit. Only for those employees whose body mass index is over 35. Not applicable to dependents.
Oral Chemotherapy	Oral Chemo Covered upto INR 50,000 including Hormonal Therapy. Applicable only for Employees
Congenital External	External Congenital 10% of the sum insured i.e. Rs.40,000/- per family for a maximum of 50 families per policy period (over and above the sum insured)

Maternity Benefits

Benefit Details	
Benefit Amount	INR 50k For Normal & INR 70k For C-section
Restriction on no of children	Maximum of 2 children
9 Months waiting period	Waived off
Pre and Post Natal	IPD cover of Rs.10,000 and OPD cover restricted to Rs.5,000 only per family. OPD Scan payable only if medically recommended by gynecologist in a registered hospital
Well Baby Expenses	Within maternity limit

- These benefits are admissible in case of hospitalization in India.
- Covers first two children only. Those who already have two or more living children will not be eligible for this benefit.
- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.



Top-Up Employee Plan

- The sum insured is INR 1 Lac, 2 Lacs, 3 Lacs, 6 Lacs & 10 Lacs for Employee, Spouse & Children
- The top up plan is placed with the same insurer and TPA who underwrites the Group Medical Policy for operational efficiency
- Nomination for top up policy is done once a year & not in between the policy period except for the new joiners
- When the main medical plan sum insured is exhausted, only then the top up plan pays for the claim (amount over and above it).
- The top up sum insured could be utilized for ailments, except for Maternity

Employee Top Up Premium Chart (2020-21)	
Additional Sum Insured	Premium (Exclusive of GST)
INR 1,00,000	INR 1,792
INR 2,00,000	INR 2,489
INR 3,00,000	INR 3,086
INR 6,00,000	INR 3,703
INR 10,00,000	INR 4,444

Kindly note that the room rent limit shall be restricted as per your base policy and top up amount shall not enhance your room rent eligibility

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Parents Benefits Manual

US Technology International Pvt. Ltd 2020-21

Marsh India Insurance Brokers Pvt. Ltd.



Coverage Details For Parents Base Policy

Policy Parameter	
Insurer	The New India Assurance Company Limited
TPA	Medi Assist Insurance TPA Pvt. Ltd.
Policy Start Date	31 st May 2020
Policy End Date	30 th May 2021
Coverage Type	Dependent Parents / Dependent Parent In Laws
Sum Insured	Option of 2 lacs, 3 lacs & 4 lacs

Parental Base Premium Chart (Premium Excl GST)							
Sum Insured	35-40	41-45	46-50	51-55	56-60	61-65	66 & Above
INR 2,00,000	3,793	4,738	6,666	7,683	8,714	9,923	10,987
INR 3,00,000	5,292	6,605	9,488	10,982	12,490	14,307	16,045
INR 4,00,000	6,598	8,990	12,096	15,313	15,993	18,367	20,403

Coverage Details For Parents Base Policy

Benefits / Extensions	Coverage
Domiciliary Hospitalization	Not Covered
Room Rent Capping	1% for normal and 2% for ICU with proportionate clause applicability
Proportionate Clause Example	If a member covered under 2 lac sum insured avails a room of 3,000/- with a total admissible claim value of 1 lac, all expenses shall be payable to the tune of room rent 2,000/- including the associated expenses and balance shall be payable by member
Copay	Co pay 20% applicable in all claims, 25% Co Pay Existing employee not taken policy last year on or before 30th May 2019

Benefits / Extensions	Coverage
Standard Hospitalization	Yes
TPA services	Yes
Pre existing diseases	Yes
Waiver on 1 st year exclusion	Yes
Waiver on 1 st 30 days excl.	Yes
Cataract Limit	24,000/- per eye
Ambulance Services	INR 2,500/-

Policy Period

Existing Employees + Dependents	
Commencement Date	31 st May 2020
Termination Date	30 th May 2021

New joiners + Dependents	
Commencement Date	Date of joining
Termination Date	30 th May 2021

Top-Up Parents Plan

- The sum insured is INR 1 Lac, 2 Lacs & 3 Lacs for Parents
- The top up plan is placed with the same insurer and TPA who underwrites the Group Medical Policy for operational efficiency
- Nomination for top up policy is done once a year & not in between the policy period except for the new joiners
- When the main medical plan sum insured is exhausted, only then the top up plan pays for the claim (amount over and above it).
- The top up sum insured could be utilized for ailments

Parental Top Up Premium Chart (2020-21)	
Additional Sum Insured	Premium (Exclusive of GST)
INR 1,00,000	INR 3,254
INR 2,00,000	INR 5,009
INR 3,00,000	INR 6,273

Kindly note that the room rent limit shall be restricted as per your base policy and top up amount shall not enhance your room rent eligibility

Cover expenses related to :

Please Note :

A) The expenses are payable provided they are incurred in India and within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to.

B) Expenses on Hospitalization for minimum period of 24 hours are admissible.

However this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D & C taken in the Hospital/Nursing home and the insured is discharged on the same day of the treatment will be considered to be taken under Hospitalization Benefit.

- Room and Boarding
- Doctors/Medical Practitioner fees
- Intensive Care Unit
- Nursing expenses
- Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Drugs and medicines consumed on the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Radiotherapy and chemotherapy
- Surrogacy benefit covered up till maternity limit.

Active Line of Treatment :



Any hospitalization claim shall be admissible only if there is an active line of treatment during the course of hospitalization i.e. any investigations or treatment consistent and 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 shall be payable under the policy

Instances wherein claims under this category shall not be payable

- Hospitalized and administered only with oral medication/injections, even if prescribed by a doctor
- Hospitalized only for investigations but no positive outcome of any ailment
- Treatment which would be done as out patient and admission not required
- Hospitalization only for physiotherapy
- Hospitalization only for evaluation purposes

Pre- Hospitalization Expenses

Definition	<ul style="list-style-type: none"> • If the Insured member is diagnosed with an Illness which results in his / her Hospitalization and for which the Insurer accepts a claim, the Insurer will also reimburse the Insured Member's Pre-Hospitalization Expenses for up to 30 days prior to his / her Hospitalization.
Covered	<ul style="list-style-type: none"> • Yes
Duration	<ul style="list-style-type: none"> • 30 Days

Post- Hospitalization Expenses

Definition	<ul style="list-style-type: none"> • If the Insurer accepts a claim under Hospitalization and immediately following the Insured Member's discharge, further medical treatment directly related to the same condition for which the Insured Member was Hospitalized is required, the Insurer will reimburse the Insured member's Post-Hospitalisation Expenses for up to 60 day period.
Covered	<ul style="list-style-type: none"> • Yes
Duration	<ul style="list-style-type: none"> • 60 Days

Hospitals in the network (please refer to the website for the updated list)

For Updated List visit to Mediassist link as below:

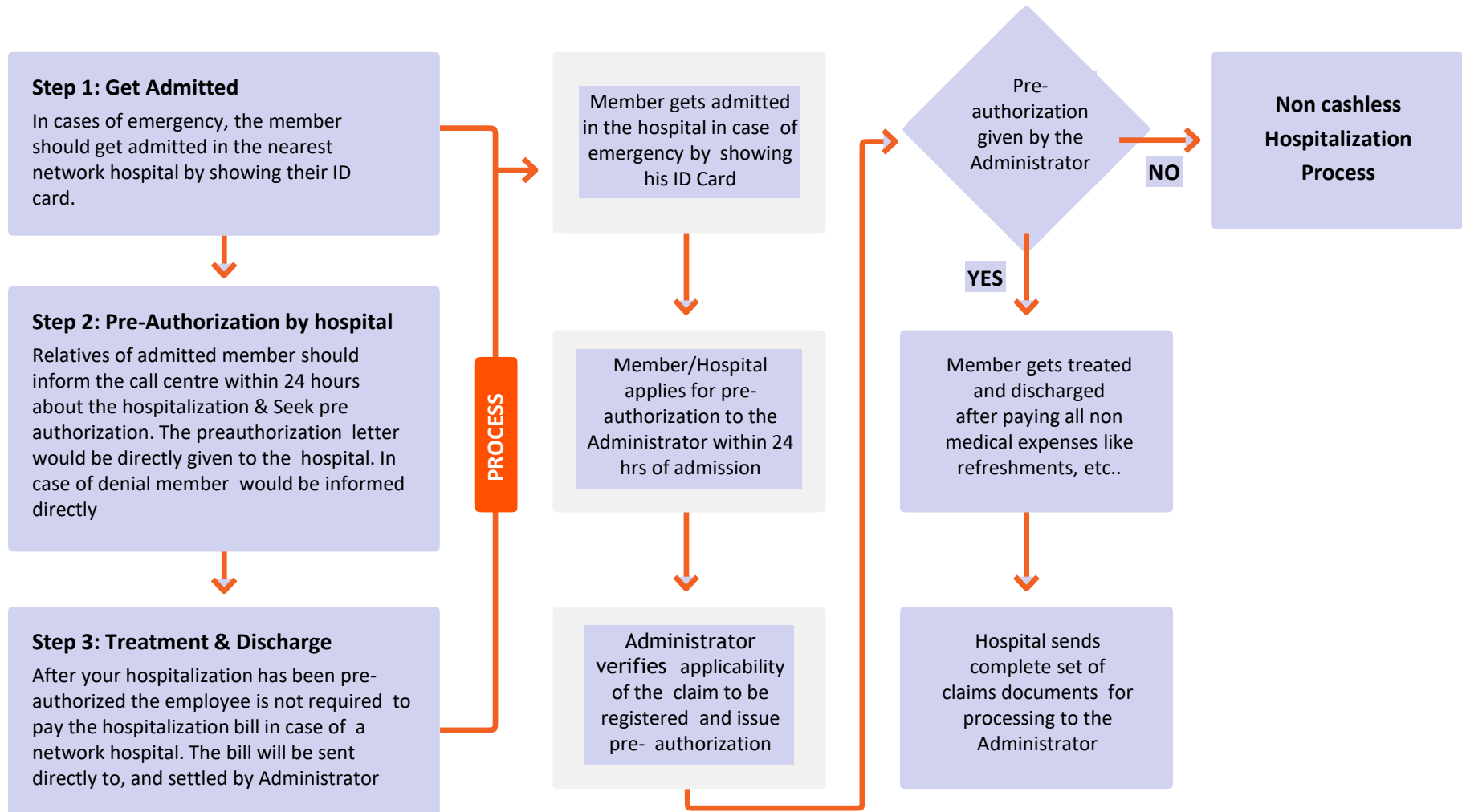
<https://network.medibuddy.in/>



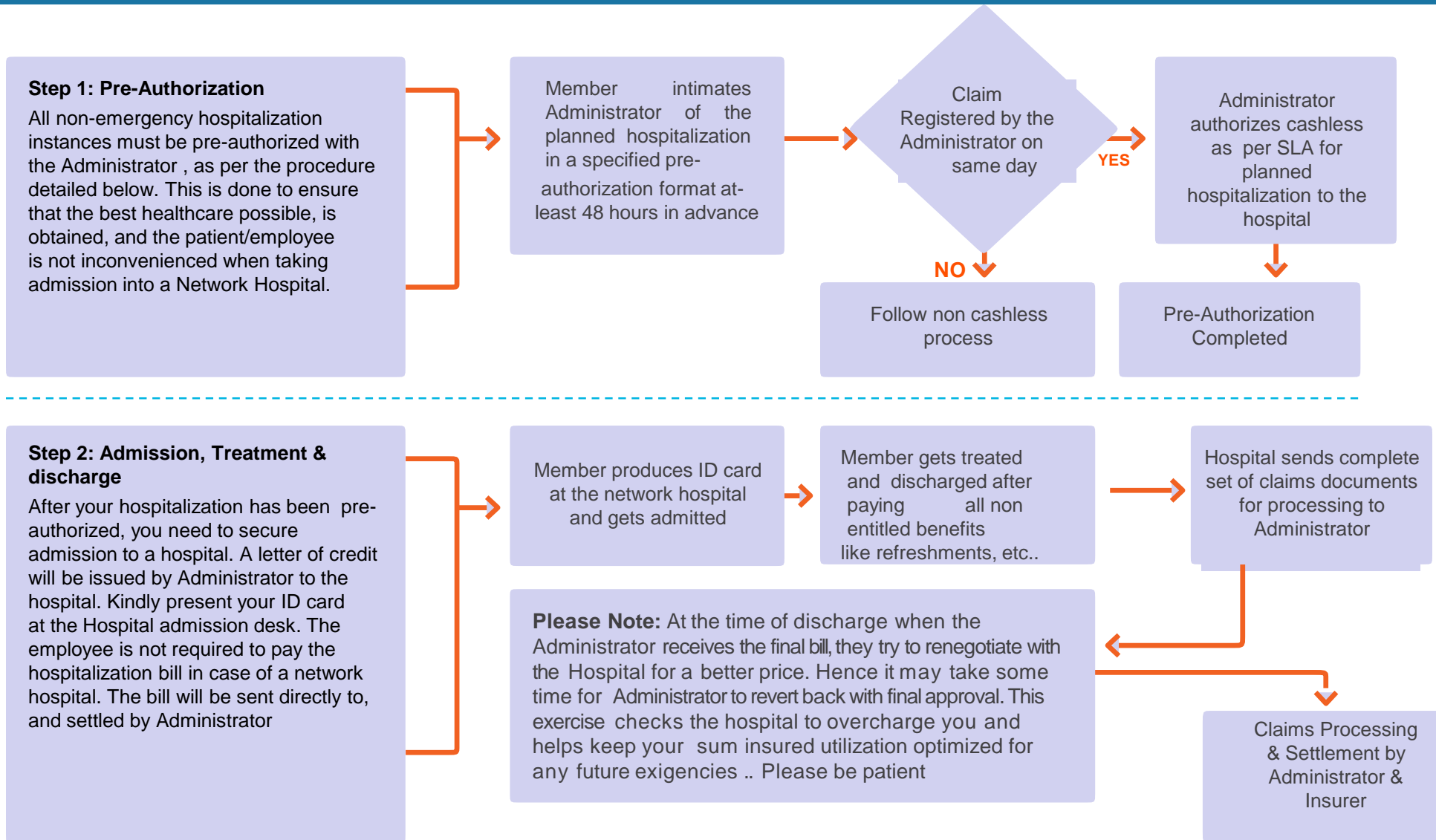
Cashless means the Administrator may authorize upon a Policyholder's request for direct settlement of eligible services and it's according charges between a Network Hospital and the Administrator. In such case the Administrator will directly settle all eligible amounts with the Network Hospital and the Insured Person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent as these services are covered under the Policy.

Note : Patients seeking treatment under cashless hospitalization are eligible to make claims under pre and post hospitalization expenses. For all such expenses the bills and other required documents needs to submitted separately as part of the claims reimbursement.

Cashless Hospitalization – Emergency



Cashless Hospitalization – Planned



Admission procedure

- In case you choose a non-network hospital you will have to liaise directly with the hospital for admission.
- However you are advised to follow the pre authorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.

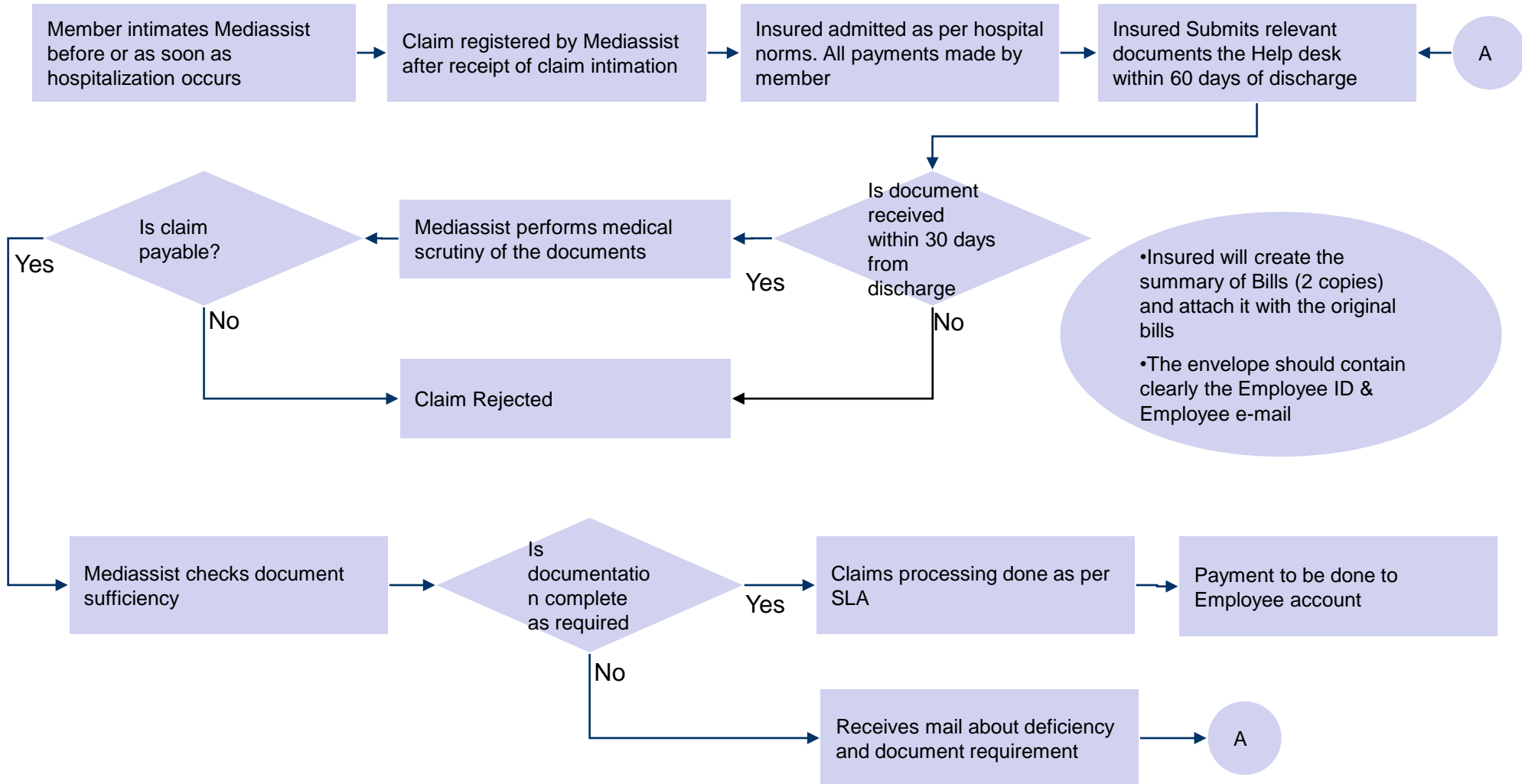
Discharge procedure

- In case of non network hospital, you will be required to clear the bills and submit the claim to Mediassist for reimbursement from the insurer. Please ensure that you collect all necessary documents such as – discharge summary, investigation reports etc. for submitting your claim.

Submission of hospitalization claim

- You must submit the final claim with all relevant documents within 60 days from the date of discharge from the hospital.

Non Cashless Claims Process



Claims Document List

- Completed Claim form with Signature
- Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
- Discharge Report/Certificate/card (original)
- Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
- Original reports or attested copies of Bills and Receipts for Medicines, Investigations along with Doctors prescription in Original and Laboratory
- Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
- Provide Break up details including Pharmacy items, Materials, Investigations even though it is there in the main bill
- In case the hospital is not registered, please get a letter on the Hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock.
- In non- network hospital, you may have to get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital, if required.



Claim Form

*Please retain photocopies of all documents submitted

- Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations
- Circumcision unless necessary for treatment of disease
- Congenital external diseases or defects/anomalies
- Hospitalization for convalescence, general debility, intentional self-injury, use of intoxicating drugs/ alcohol.
- Venereal diseases
- Injury or disease caused directly or indirectly by nuclear weapons
- Naturopathy and AYUSH
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, etc
- Cost of spectacles, contact lenses, hearing aids
- Any cosmetic or plastic surgery except for correction of injury
- Hospitalization for diagnostic tests only
- Vitamins and tonics unless used for treatment of injury or disease
- Voluntary termination of pregnancy during first 12 weeks (MTP)
- OPD Claims not payable under the base Group Medclaim Policy
- Claims (of high value) submitted without prescriptions/diagnosis
- Health foods
- Costs incurred as a part of membership/subscription to a clinic or health centre
- Naturopathy
- Cost of appliances, spectacles, contact lenses, hearing aids
- Non-medical expenses like Hospital surcharge, telephone bills, cafeteria bills

Contact Details

TPA : MediAssist India TPA Pvt. Ltd.

Exclusive Hotline: 080-46855369

Exclusive E-Mail ID for Queries: UST_insuranceenrolment@mediassistindia.com

Escalation Matrix			
Level	Name	Contact No.	Email Id
Level 1	Mr. Satish.B	9952933099	Sathish.b@mediassistindia.com
Level 2	Mr. Santhosh	7358556888	subramanya.santhosh@medibuddy.in
Level 3	Ms.Jijimol	9566022059	jijimol.joseph@medibuddy.in

Exclusive UST Global E-Mail ID for Any Other Queries: Insurance@ust-global.com

Exclusive Marsh E-Mail ID for Premium Receipts /Insurance Queries: ust.support@marsh.com

Helpdesk Schedule

Place	Venue	Timings		Mediassist SPOC	Contact#	Frequency
Hyderabad	CYBER PEARL	11:00 AM	12:00 PM	Praveen	8978877244	First Monday
	CYBER PEARL	11:00 AM	12:00 PM			Third Monday
	DELL INTERNATIONAL SERVICES	10:00 AM	11:00 AM			First Wednesday
Bangalore	MANAYATA TECH PARK	11:00 AM	12:30 PM	Sudhir	6364897398	First Monday
	QUINTILES	2:00 PM	3:00 PM			First Monday
	SANDISK	3:30 PM	4:30 PM			First Monday
	PRESTIGE SHANTHINIKETAN	11:00 AM	12:00 PM			First Tuesday
	PRESTIGE SHANTHINIKETAN 9TH FLOOR	12:15 PM	01:15 PM			First Tuesday
	CISCO CAMPUS, OUTER RING ROAD	11:00 AM	12:00 PM			Second Tuesday
	INTEL, OUTER RING ROAD	12:30 PM	1:30 PM			Second Tuesday
	PRESTIGE SHANTHINIKETAN	11:00 AM	12:00 PM			Third Tuesday
	PRESTIGE SHANTHINIKETAN 9TH FLOOR	12:15 PM	01:15 PM			Third Tuesday
	DELL INDIA PVT LTD (DELL 8)	11:00 AM	12:00 PM			Fourth Tuesday
Kochi	CARNIVAL INFOPARK	3:00 PM	4:00 PM	Roopesh	9606073696	First Thursday
	BRIGADE	4:00 PM	7:00 PM			First Thursday
	INFOPARK LULU CYBER TECH	9:00 AM	11:00 AM			First Friday
	INFOPARK VISMAYA	11:00 AM	12:30 PM			First Friday
Trivandrum	TRIVANDRUM UST CAMPUS(DENTAL RECEPTION AREA)	9:00 AM	06:00 PM	Arshad	9072593396	All Monday
	TECHNO PARK BHAVANI (EAST 4TH FLOOR)	9:00 AM	1:00 PM			All Tuesday
	TRIVANDRUM UST CAMPUS(DENTAL RECEPTION AREA)	2:00 PM	06:00 PM			All Tuesday
	TRIVANDRUM UST CAMPUS(DENTAL RECEPTION AREA)	9:00 AM	06:00 PM			All Wednesday
	TRIVANDRUM UST CAMPUS(DENTAL RECEPTION AREA)	9:00 AM	06:00 PM			All Thursday
	TRIVANDRUM UST CAMPUS(DENTAL RECEPTION AREA)	9:00 AM	06:00 PM			All Friday
Chennai	ASV SUNTECH PARK	3:00 PM	5:00 PM	Mohammed	9940279986	All Tuesday
	ASV SUNTECH PARK	3:00 PM	5:00 PM			All Thursday
	NOKIA SIRUSERI	11:00 AM	01:00 PM			First Wednesday
	NOKIA SIRUSERI	11:00 AM	01:00 PM			Third Wednesday
Noida	UST GLOBAL, INDIA GLYCOLS LTD COMPLEX	11:00 AM	12:00 PM	Govardhan	8076281130	First Monday
	UST GLOBAL, INDIA GLYCOLS LTD COMPLEX	11:00 AM	12:00 PM			Third Monday

Thank You