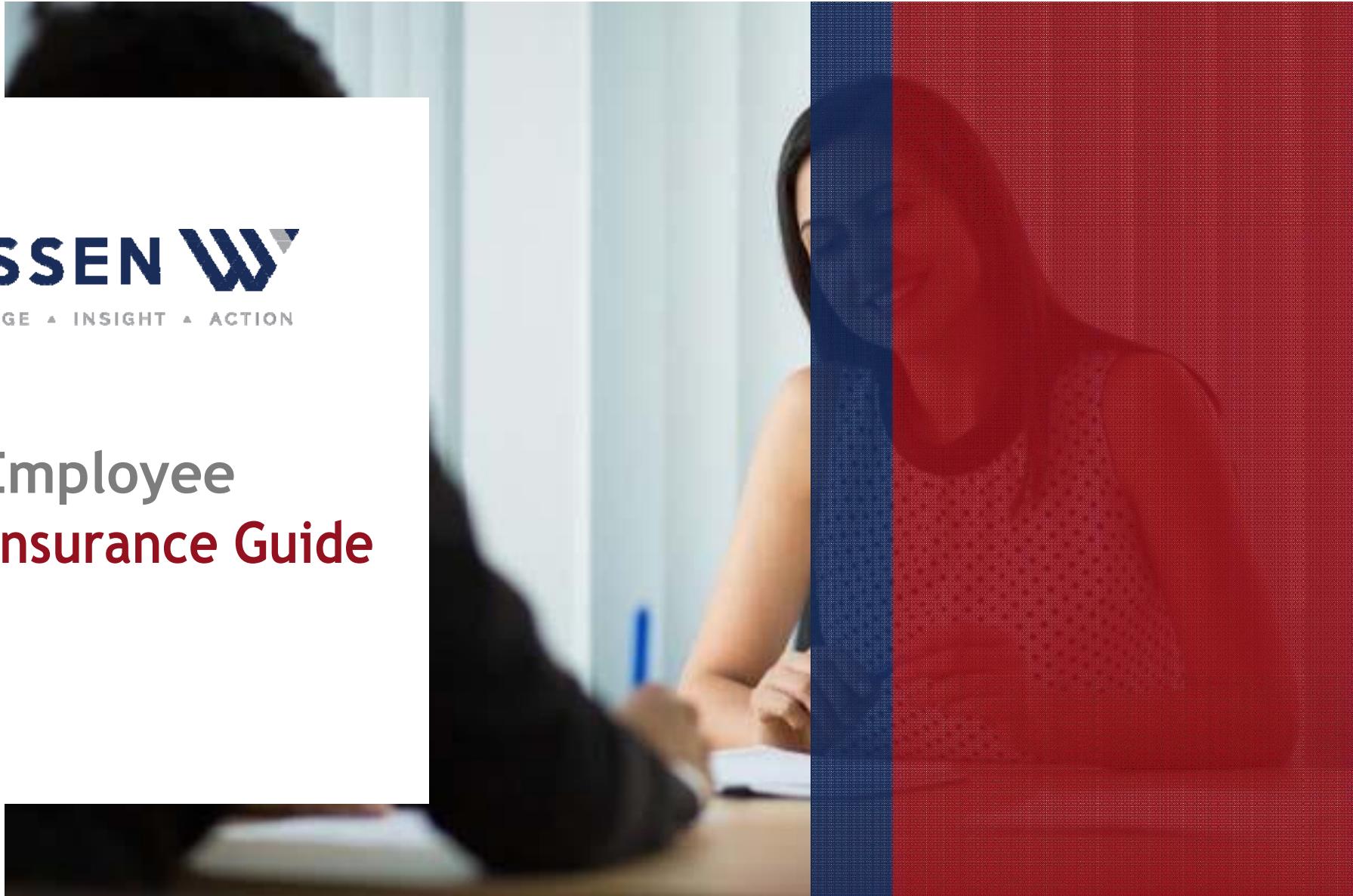




KNOWLEDGE ▲ INSIGHT ▲ ACTION

Employee Health Insurance Guide



Disclaimer

This Benefits Manual will serve as a guide to the benefits provided by M/S WISSEN GROUP. The information contained herein is only a summary of the terms and conditions agreed with the insurer. If there is a conflict in interpretation, then the terms and conditions of the policy will prevail.



Group Mediclaim

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02 Enrollment in the program

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POLICY PERIOD	
Policy Start Date	20 th - January -2022
Policy End Date	19 th - January-2023 (midnight)or Date of Leaving the services of Wissen, whichever is earlier

GROUP MEDICLAIM - POLICY FEATURES & CLAIMSPROCEDURE

(2022 - 2023)

Benefit Details

Policy Parameter - Master Policy	
Insurer	The New India Assurance Company Ltd
Service Provider - TPA	Family Health Plan Ltd (FHPL)
Broker	UIB Insurance Brokers India Pvt Ltd
Policy Start Date	20 th January2022
Policy End Date	19 th January2023
Coverage Type	Family Floater Policy
Age Restriction	0 - 90Years
Sum Insured	Varied Family Floater Sum Insured of INR 250,000, INR 350,000 & INR 5,00,000

Benefit Details

Benefit	Cover
Family Definition	1 + 5 (Self + Spouse + 2 Dependent Children and 1 set of Parents)
Employee	Yes
Spouse	Yes(To avail this benefit you should update within 15 days of the marriage or joining the company)
Children (Max 2 Dependent children up to age limit of 25 years)	Yes(To avail this benefit you should update within 15 days of the event or joining the company)
Dependent Parents (max age limit upto 90yrs)	Yes

Benefit Details

Benefits covered	
Standard Hospitalization	Yes
Pre existing diseases	Yes
Waiver on 1 st year exclusion	Yes
Waiver on 1 st 30 days exclusion	Yes
Baby cover day1	Yes
Pre-Post Hospitalization Exp. (30 - 60 days)	Yes

Benefits covered	
Ambulance Services	Yes
Domiciliary Hospitalization	No
Day Care	Yes
Stand Alone DentalTreatment	No
Any Stand Alone Investigation / Diagnostics Test with no active line of treatment	No
Room Rent	Yes
Capping and Co-payments	Yes
Terrorism	Yes

Standard Hospitalization

Reimbursement of expenses related to

- Room and Nursing expenses
- Doctors fees
- Intensive Care Unit
- Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Physical therapy
- Drugs and medicines consumed in the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Dressing, ordinary splints and plastercasts
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy
- Organ transplantation including the treatment costs of the donor but excluding the cost of the organ
- Ambulance Charges



- The expenses shall be reimbursed provided they are incurred within the geographical limits of India and within the policy period. Expenses will be reimbursed to the insured member depending on the scope of cover in the policy that he/she is eligible under the policy.
- 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, Dental 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.

Customized Benefits

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 first Health Insurance policy with the Insurer

First 30 day waiting period

Any Illness diagnosed or diagnosable within 30 days of the effective date of the Policy Period if this is the first Health Policy taken by the Policyholder with the Insurer. If the Policyholder renews the Health Policy with the Insurer and increases the Limit of Indemnity, then this exclusion shall apply in relation to the amount by which the Limit of Indemnity has been increased

First Year Waiting period

During the first year of the operation of the policy the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Diseases, Fistula in anus, Piles, Sinusitis and related disorders are not payable depending on the treatment. If these diseases are pre-existing at the time of proposal they will not be covered even during subsequent period or renewal too

Baby Day 1 Cover

Covered from Day 1 up to the family floater sum insured subject to intimation

(Subject to intimation of within 15 days from the DOB)



Maternity & New Born Baby Coverage



The maximum benefit allowable will be **INR 40,000 for Normal & INR 50,000 for LSCS** within the Sum Insured, max up to 2 children. There are special conditions applicable to the Maternity Expenses Benefits as below

Maternity cover applicable to Female Employees & Male Employee's Spouse only upto first 2 living children

- These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as an in-patient in India.
- Claim in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons 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 from the date of conception are not covered.
- Pre & Post Natal Expenses covered within the maternity limit subject to hospitalization

Benefit Details	
Restriction on no of children	Maximum of 2 children
Maximum Benefit allowable	Maternity limit restricted to INR 40,000/- for Normal Delivery & INR 50,000 for C-Section
9 Months waiting period	Not Applicable (Day one coverage)
New Born Baby Expense	Covered from Day 1 upto Family Floater Sum Insured

Additional Benefit for Maternity - Contribution Clause

Employees would be able to club the overall maternity claim value in both the policies, where ever the employees spouse is working in the same or any another organization.

In this scenario, the employee would first claim from the spouses policy and balance admissible claim amount will be claimed as reimbursement under **WISSEN** policy up to the eligible maternity limit.

In case, if the employee spouse is not working in any organization, the employee can claim under **WISSEN** policy up to the eligible maternity limit.



Pre & Post Hospitalization expenses

Pre-Hospitalization Expenses	
Definition	If the Insured Person is diagnosed with an Illness which results in his Hospitalization and for which the Insurer accepts a claim under a) above, the Insurer will reimburse the Insured Person's Pre-hospitalization Expenses for up to 30 days prior to his Hospitalization as long as the 30 day period commences and ends within the Policy Period.
Applicable	Yes
Duration	30 Days prior to admission

Post-Hospitalization Expenses	
Definition	If the Insurer accepts a claim under a) above and, immediately following the Insured Person's discharge, he requires further medical treatment directly related to the same condition for which the Insured Person was Hospitalized, the Insurer will reimburse the Insured Person's Post-hospitalization Expenses up to 60 days from the date of discharge. Claims must have to submit the claim documents within 60 days from date of discharge
Applicable	Yes
Duration	60 Days prior to discharge

Ambulance Services



Ambulance Services	
Definition	<p>The Insurer will pay for Emergency ambulance road transportation by a licensed ambulance service to the nearest Hospital where Emergency Health Services can be rendered. Coverage is only provided in the event of an Emergency.</p>
Amount restriction	<ul style="list-style-type: none">• Covered upto maximum of INR 5,000/- on per incidence basis/per Family• Coverage extension from Place of event to Hospital, Hospital to Diagnostic Centre and viceversa, Hospital to Hospital

Diagnostic Expenses

Diagnostics Expenses

Charges incurred at Hospital or Nursing Home primarily for diagnostic, X-Ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of the 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 Hospitalization as defined



Stand Alone Diagnostics will not be covered under the policy.

Room Rent



ROOM RENT RESTRICTION PER DAY	
Normal Hospitalization	1% of the Sum Insured Per Day for Normal Hospitalization.
ICU Hospitalization	2% of the Sum Insured Per Day for ICU Hospitalization.

In case if the employee opts for a higher room rent than his eligibility, the proportionate increase in the cost of room rent and other incidental charges will have to be borne by the employee.

Capping's & Co Pay

Capping on Ailments

Varied Sum Insured ➤ No Capping



**Not
Applicable**

Co Payment Clause

Varied Sum Insured ➤ 20% Co Pay on all parental admissible claims



Additional Benefits



Additional Special Benefits for WISSEN Employees	
<u>Ayurvedic Treatment</u>	<ul style="list-style-type: none"> • 25% Of the Sum Insured subject to the Hospitalization • Any Govt / Pvt Hospital with an active line of treatment 24hrs hospitalization clause is Not Applicable • Hospitalisation relating to cosmetic is not covered • Coverage extended to Self + Spouse + Children + Parents
<u>Lasik Surgery</u>	<ul style="list-style-type: none"> • Covered if the refractive error of eye is beyond +/- 5
<u>Day Care Procedure</u>	<ul style="list-style-type: none"> • Covered for all members covered in the policy

Additional Benefits



Additional Special Benefits for WISSEN Employees	
<u>Well Mother Care Expenses</u>	Covered for Room Rent incurred for the Mother who is required to feed the baby post birth if the new born baby is hospitalised due to any reason up to the age of 5 Years within the Family Floater Sum Insured TPA to consider the Mother room rent expenses as part of Baby's claim
<u>Well Baby Expenses</u>	Covered for Expenses incurred for a Normal baby after the birth till discharge. Automatic coverage for necessary expenses related to the New Born well-being immediately after Birth and before Discharge. Expenses like Dr. check-up, any investigation/ any other check up/ test performed to ensure that the Baby is well immediately after birth. Cov erages extended up to the C-Sec Maternity Limit
<u>Animal Serpent Attack</u>	Covered for INR 5,000 on OPD & IPD Basis

Customized Benefit: Vision

Vision

Cataract surgery with monofocal / Unifocal lens implantation is covered but multifocal / Trifocal lens implanted surgeries are not covered.



Continuity Benefit



At the time of employee leaving the services of WISSEN after a minimum service of 1 year:

FamilymembersofWISSENemployees who are presently coveredunder GMC Policy of WISSEN will be allowed to buy Individual Health Policy with the existing insurance company (New India) as per prevailing market rates, without any health check up, as per the base policy sum insured /Sum Insured can be chosen from Rs. 1 Lac Floater Sum Insured up to Rs. 10 Lacs Floater Sum Insured and will be allowed to get continuity benefit of being covered under the MEDICLAIM POLICY

(Excluding Maternity Benefit & No Claim Discount).

Confirmation on Coverage of the employee and dependents to be confirmed by the insured & TPA

Note: Continuity benefit will be provided and time bound exclusions such as 1st, 2nd and 4th year exclusions will be waived off based on the service period of the employee with WISSEN and the period for which the dependents are covered under WISSEN policy

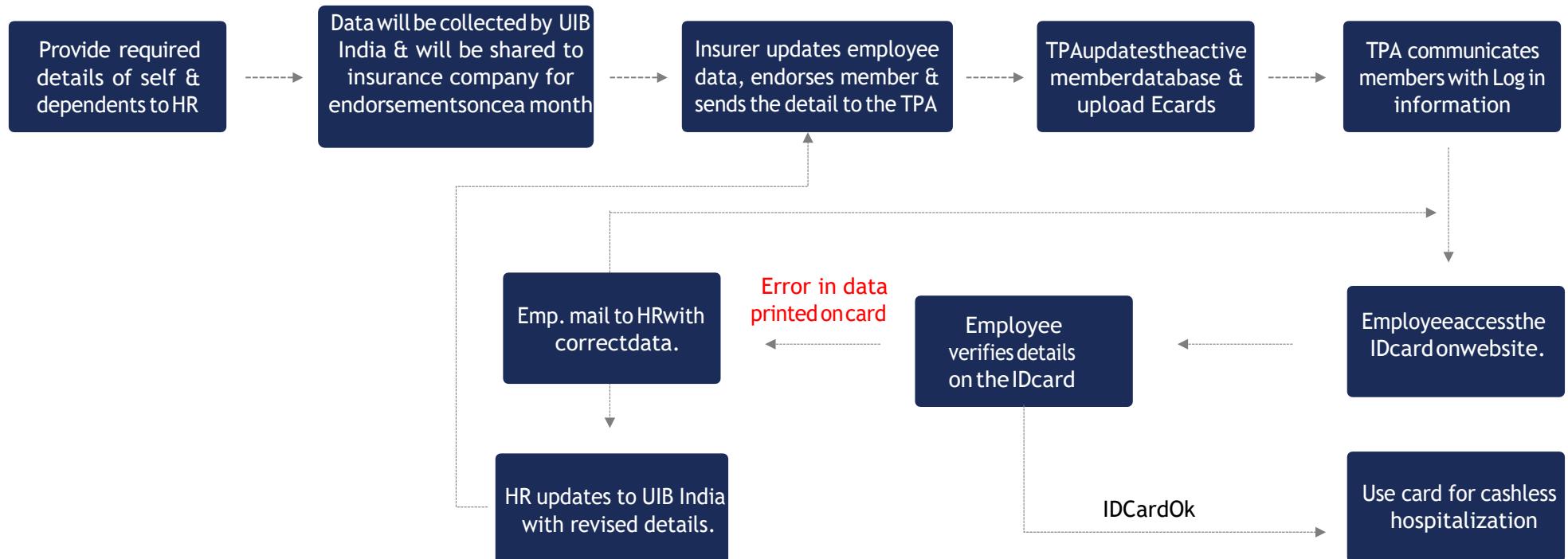
General Exclusions

- Circumcision unless necessary for treatment of disease
- All types of standalone dental treatments
- HIV and AIDS
- Hospitalization for convalescence, general debility, rest cure, intentional self-injury, use of intoxicating drugs / alcohol.
- Venereal diseases
- Naturopathy and any other non-allopathic treatment
Homeopathy treatment.
- Voluntary termination of pregnancy, family planning surgeries.
- Any surgeries/treatments could be performed on-out patient basis by using local anesthesia intervention
- Hospitalization is for only investigation and observation without active line of treatment for an ailment.

- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, disposable items and any reusable items consumed on the premises, etc.
- Cost of spectacles, contact lenses, hearing aids.
- Any cosmetic or plastic surgery except for correction of injury caused by accident
- Charges incurred primarily for diagnostic, X-Ray or laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of any ailment, sickness or injury.
- Vitamins and tonics unless used for treatment of injury or disease
- Injury or disease caused directly or indirectly by nuclear weapons
- And all other expenses which are not payable as per policy terms and condition.

Enrollment in the program

You should enroll in order to obtain coverage for yourselves and your eligible dependants
Endorsement / inclusion of new members by Insurance company will happen once a month.



TPA: Third Party administrator (Family Health Plan Ltd)

Cashless Hospitalization

Cashless hospitalization 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.



List of hospitals in the TPA's network eligible for cashless hospitalization	
Complete Hospital Network List	https://www.fhpl.net/contact-us.html
	Email - Info@fhpl.net Toll Free No. 1-800-425-4033 * We would recommend you to reach out to UIB for any queries/ claims

Planned Hospitalization

Procedure to be followed

Please Note: Employee has a complete right to take the final decision to accept/reject the hospitals recommended by TPA

Step 1 Pre-Authorization

Step 2 Admission, Treatment & discharge

Step One: In case of Planned admission please contact UIB (Consultant for WISSEN)

Step Two : Employee should provide their Employee code no./ TPA Id no. to the callcenter executive. Accordingly the TPA team will suggest atleast 3 hospitals based on the employee requirements.

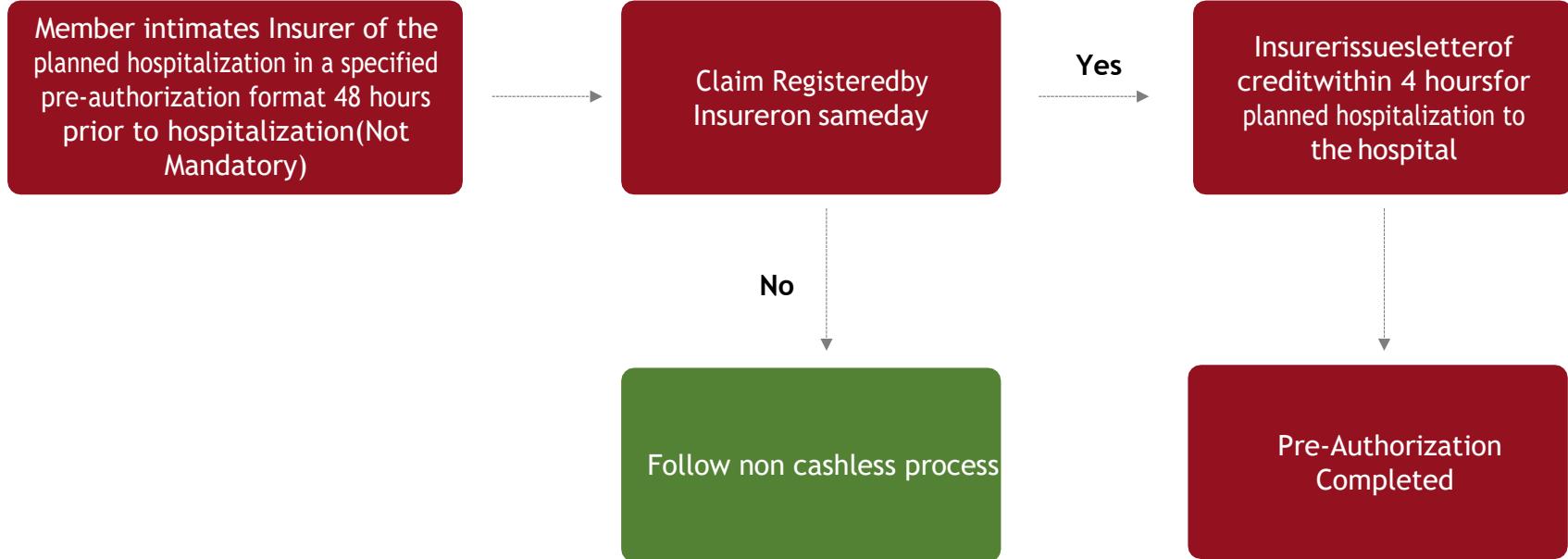
Step Three : Employee can select one Hospital amongst the Suggested Hospitals.

Step Four: Once the employee has selected the suggested hospital, the employee should get the pre authorization request sent at least 48 hrs. prior to date of admission

Step Five: Contact the TPA desk at the hospital for pre authorization form along with your mediclaim card and submit the duly filled form to the desk.

Step Six : After your hospitalization has been pre-authorized, you need to secure admission to a hospital.

Pre-Authorization



Note: Pre-Authorisation form will be available at TPA desk of Hospital

Admission , Treatment & Discharge



Emergency Hospitalization

Step 1 Get Admitted

In cases of emergency, the member should get admitted in the nearest network hospital by showing their ID card.

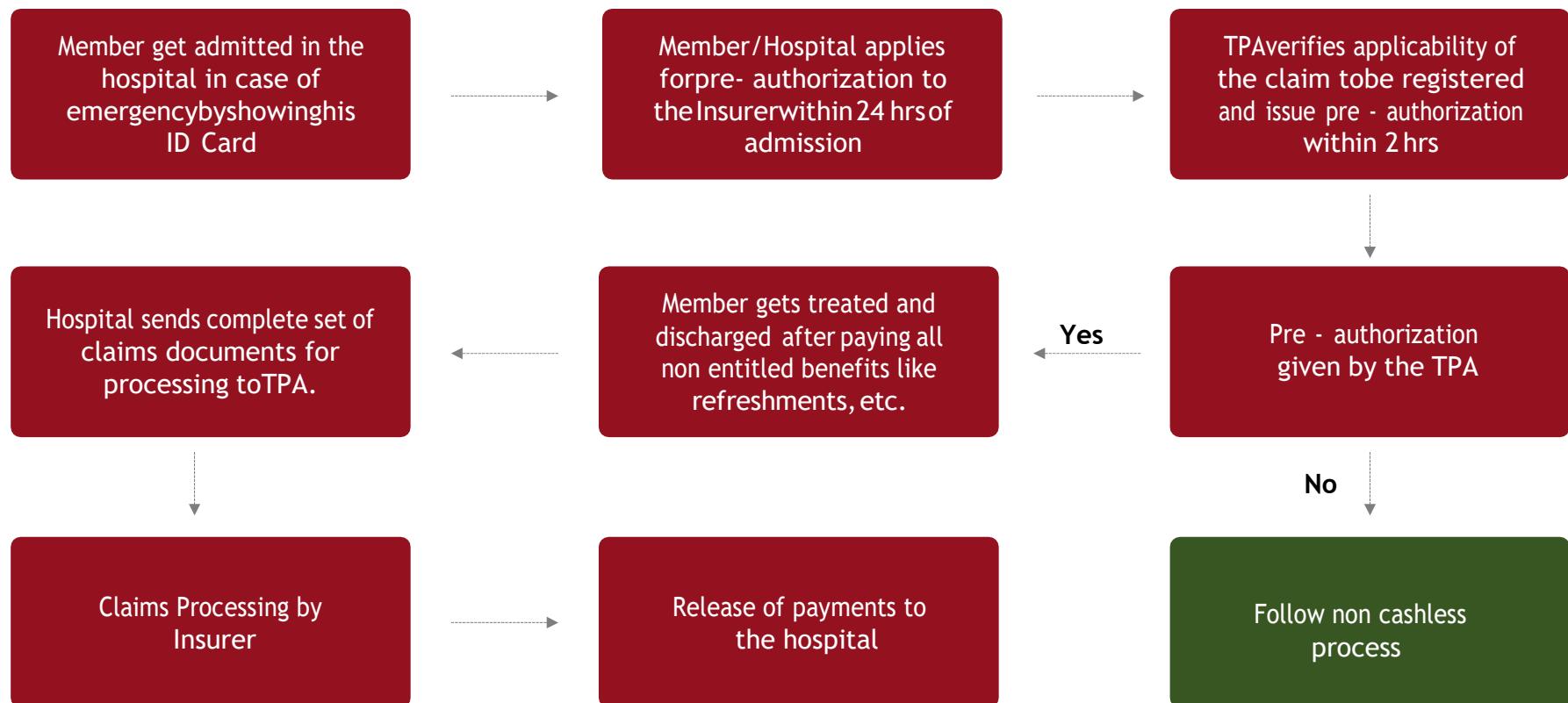
Step 2 Pre-Authorization by hospital

Relatives of admitted member should inform the call centre within 24 hours about the hospitalization & seek pre authorization. The pre-authorization letter would be directly given to the hospital. In case of denial member would be informed directly

Step 3 Treatment & Discharge

After your hospitalisation has been pre-authorized the employee is not required to pay the hospitalisation bill in case of a network hospital. The bill will be sent directly to, and settled by, Insurer.

Emergency Hospitalization



No n-Cashless Hospitalization

Admission procedure

In case you choose a non-network hospital you will have to liaise directly for admission.

However you are advised to follow the preauthorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the TPA.

Discharge procedure

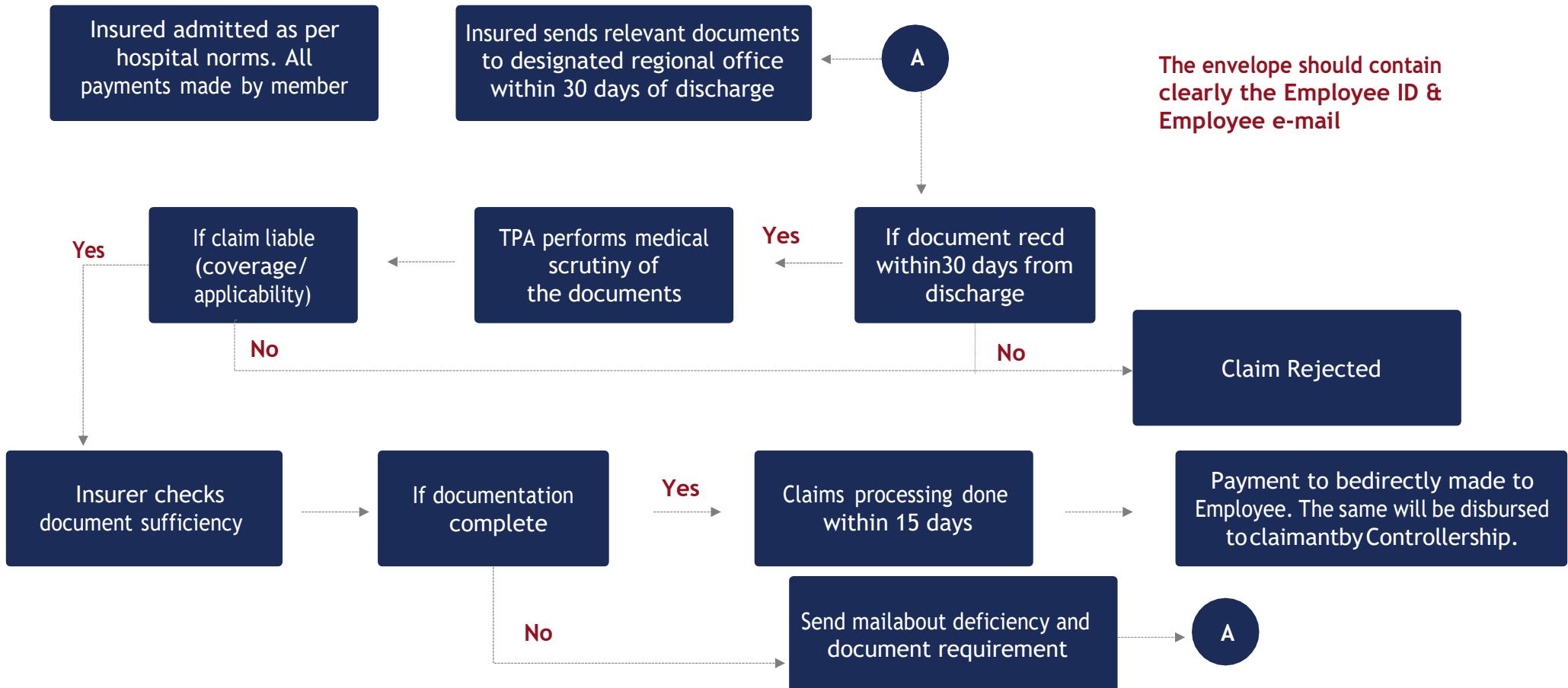
In case of non network hospital, you will be required to clear the bill and submit a claim to TPA for reimbursement from the TPA. Please ensure that you collect all necessary documents such as - discharge summary, investigation reports etc. for submitting your claim.

Submission of hospitalization claim

1. After the hospitalization is complete and the patient has been discharged from the hospital, you must submit the final claim within 30 days from the date of discharge from the hospital to UIB India (Applicable in case of all hospitalisation claims). **It is necessary that the documents should reach within 20 days to TPA to process the claim.**

2. Under hospitalization claims you are also permitted to claim for treatment expenses 30 days prior to hospitalization and 60 days after the date of discharge. This is applicable for both network and non-network hospitalization. For claims related to pre-post hospitalization expenses, submission of documents within 7 days of last event.

No n-Cashless Hospitalization Process



Claims Document List

- Signed Claim form
- Main Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
- Discharge 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.
- Break up with details of Pharmacy items, Materials, Investigations even though it is there in the main bill
- Incase 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 hospitalization, please get the **hospital and doctor's registration number in Hospital letterhead** and get the same signed and stamped by the hospital.

Claims Form	
Reimbursement Form	Claim Forms FHPL\Reimbursement Claim Form - Insured.pdf
Reimbursement Check List	Claim Forms FHPL\Reimbursement_C he ck_List.pdf
Cashless ClaimForm	
Cashless form	Claim Forms FHPL\Pre Authorisation Form.pdf

Claims Document List

Single Point of Contact (1st Level)

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