



Policy details

Policy Name	Parents Group Mediclaim Policy
Insurer	The New India Assurance Company Ltd
TPA	Paramount Health Services and Insurance TPA Pvt. Ltd.
Policy period	11 February 2024 to 10 February 2025
Floater for parents	Yes. Cannot be combined with parents-in-law cover
Floater for parents-in-law	Yes. Cannot be combined with parents cover
Sum insured	For single surviving parent / in-law – INR 2.5L , INR 3.5L, INR 5L, INR 6L, INR 7.5L, INR 10L
Sub-limits	Standardized capping for select ailments across all sum insured options and locations. (Refer slide 6 & 7 for ailment wise sub limits)
Standard co-payment on claims	To be borne by professionals on all claims -15% co-pay on all sum insured with a maximum amount of INR 30,000 Co-pay will not be applicable on capped ailments Ailments with sub-limits will be settled as per capping mentioned on slides 6 & 7

Introduction of Deloitte Health Insurance

**Key features:**

- You can enrol for the policy only during the annual enrollment window in February.
- If you are a new joiner, you can enrol for the policy within 21 days from the date of joining.
- Mid terms enrolments / change in sum insured / opt out requests are disallowed.
- Professionals serving notice period during the annual enrollment window are disallowed from opting for the voluntary plans (including any voluntary Parental plan auto-rolled over from the previous year).


Summary Plan Health Plan

### Policy details

Policy Name	Parents Group Mediclaim Policy (Only applicable for admissible hospitalisations in India)
Insurer	The New India Assurance Company Ltd
TPA	Paramount Health Services and Insurance TPA Pvt. Ltd.
Policy period	11 February 2024 to 10 February 2025
Floater for parents	Yes. Cannot be combined with parents-in-law cover
Floater for parents-in-law	Yes. Cannot be combined with parents cover
Sum insured	<b>New</b> For single surviving parent / in-law – INR 2.5L , INR 3.5L, INR 5L, INR 6L, INR 7.5L, INR 10L  For set of parents / in-law – INR 2.5L , INR 3.5L, INR 5L, INR 6L, INR 7.5L, INR 10L
Sub-limits	Standardized capping for select ailments across all sum insured options and locations. (Refer slide 6 & 7 for ailment wise sub limits)
Standard co-payment on claims	<b>New</b> To be borne by professionals on all claims -15% co-pay on all sum insured with a maximum amount of INR 30,000 Co-pay will not be applicable on capped ailments Ailments with sub-limits will be settled as per capping mentioned on slides 6 & 7

- You can enrol for the policy only during the annual enrollment window in February.
- If you are a new joiner, you can enrol for the policy within 21 days from the date of joining.
- Mid terms enrolments / change in sum insured / opt out requests are disallowed.
- Professionals serving notice period during the annual enrollment window are disallowed from opting for the voluntary plans (including any voluntary Parental plan auto-rolled over from the previous year).

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**Deloitte.**  
  
Parents' Mediclaim Policy  
11 February 2024 to 30 February 2025

2  
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**Policy details**  

Policy details	Details
Policy name	Parents' Mediclaim Policy
Policy type	Individual Health Insurance
Policy period	11 February 2024 to 30 February 2025
Policy to provide	No. Sum insured (INR) 10L
Sum insured	INR 10L

3  
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**Introduction of Deloitte Flex Insurance**  
**What is Flex program**  
Deloitte Flex Insurance Program, launched as part of our professional health and benefits offering. It gives greater flexibility and choice, by providing the freedom to design personal benefits plan, that best suits their unique needs.  
The policy program will be effective from February 11, 2024, to February 10, 2025.  
**Voluntary Parental Plans:**

- Multiple Sum Insured options to offer care from unexpected medical emergencies. Health Cover of INR 2.5L, INR 3.5L, INR 5L, INR 6L, INR 7.5L, INR 10L for Parents

**Voluntary Health Plus Plans: (Refer in detail to page no. 3)**

- Elder Care – End to end care with discounts on Wellness, Medication and more

**How does Flex program work?**

- Eligible professionals\* can log in to Darwin to generate through flex down of the family structure in Group mediclaim policy. Flex points generated is valid till the end of policy period only and can be used to avail additional voluntary plans like Parental mediclaim.
- If the premium of the selected benefit exceeds the eligible flex points, the balance will be deducted via salary deduction in three monthly installments. Unused flex points will lapse at the end of the policy period and cannot be en-cashed or carried forward.

**Flex plans at the time of exit:**

- In the event of a professional's exit from the organisation during the year:
  - The base cover opted towards Parents/in-law policy will be valid till the next policy renewal in 2025.
  - For Voluntary Health plus plan, there will not be any refund. The plan will be active till the last working day of the professional.
  - All unused flex points will lapse on the exit date & no encashment will be allowed.


\* Eligible professionals – All Partners, permanent & on-probation professionals, associates and fixed-term contracts on Deloitte payroll.

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**Summary Flex Health Plus Plans**

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1 Deloitte



Parents' Mediclaim Policy  
11 February 2024 to 31 February 2025

2 Policy details

Policy Name	Parents' Mediclaim Policy
Policy Type	Health Insurance
Policy Period	11 February 2024 to 31 February 2025
Policy for parents	No, Parents are covered as dependents in the plan
Policy for dependent children	No, Dependent children are covered in the plan
Sum insured	INR 10,00,00,000 (Ten Crores)

3 Introduction of Voluntary Flex Insurance

**Introduction:**

Deloitte Group Health Insurance Scheme is a voluntary health insurance scheme for Deloitte employees and their families. The scheme is designed to provide comprehensive health coverage to the employees and their families. The scheme is available to all Deloitte employees and their families who are eligible to enroll in the scheme.


4 Voluntary Flex Health Plus Plans

**Voluntary Flex Health Plus Plans**

The Voluntary Flex Health Plus Plans are designed to provide comprehensive health coverage to the employees and their families. The plans are available to all Deloitte employees and their families who are eligible to enroll in the scheme.

### Voluntary Flex Health Plus Plans

**Voluntary Elder Care Plan**



- 1) Proactive outbound health check-in calls from Doctors and Geriatricians to elder parents (6 calls per year/ 4 from GPs and 2 from a Geriatrician)
- 2) Storage of electronic health records (EHR) and Health risk assessment tool
- 3) Health Assistance Desk – Access to our PAN India Health Network for any additional health needs eg: Medicine purchasing, Home Care services, Nurse at home, Specialist Appointment, other additional tests booking (beyond the plan construct) can be availed through the health assistance desk at discounted rates and paid for separately.
- 4) Fall Risk Assessment Survey + exclusive musculoskeletal strength screening and 1 physiotherapist consult with vitals by a physiotherapist
- 5) Exclusive mental wellbeing assistance for elders: Unlimited access to mental health counselors for elder parents.
- 6) Unlimited incoming call access to General Physicians 24x7 for elders
- 7) Once a year Free Ambulance service based on emergency
- 8) Annual blood tests (at home) – CBC, Hba1c, SGOT, SGPT, Total Cholesterol, TSH, and Calcium level
- 9) Dedicated helpdesk/customer support specific to the program

**Note:**

- Voluntary Flex Health Plus Plans premium is mentioned on the [Darwin portal](#).
- Professionals serving notice period during the annual enrollment window are disallowed from opting for the voluntary plans.

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4 Summary Plan Health Plan Plans

5 Coverage details

6 Sub benefits for specific ailments

Coverage details	
Pre-existing diseases/conditions	Covered
Pre and post hospitalization expenses	Covered (Pre – 30 days and Post – 60 days) – (Refer slide 9)
Internal congenital diseases	Yes
Ambulance charges	INR 2,000 per occurrence and INR 12,000 for cardiac ambulance
Special coverages	<ul style="list-style-type: none"><li>Cyberknife Treatment, Stem Cell Transplantation and Cochlear Implant Treatment are payable up to 50% of sum insured or INR 3 lakhs, whichever is higher, however limited to the extent of sum insured.</li><li>Psychiatric ailments covered up to a limit of INR 30,000.</li><li>Functional endoscopic sinus surgery up to INR 35,000.</li><li>Cancer cover (Refer slide 8)</li></ul>
Room rent limit	Normal rooms: Up to 3 percent of sum insured (capped at INR 6,000) per day ICU/CCU: Up to 4 percent of sum insured (capped at INR 10,000) per day
Standard day care surgeries	Refer list of day care surgeries below. (Includes oral chemo and fracture.) The appended list may undergo changes during the policy period, kindly connect with the Medical Help Desk to reconfirm. (Contact details – slide 18)
No Claim Bonus (NCB)	<div>New</div> If a professional has not claimed in previous policy and opts for Parental coverage in 2024-25 with the same or higher Sum Insured, then 10% additional Sum Insured will be given as NCB benefit once the sum insured is exhausted (in case of any claim).

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
Thumbnail view of the document showing sections 4, 5, and 6.

### Sub limits for specific ailments

Capping for select ailments is standard across all locations and sum insured options.

Ailments	Capping (in INR)
Appendix	40,000
Gall Bladder	75,000
Hernia	1,00,000
Hydrocele	23,000
Hysterectomy (both vaginal and abdominal)	1,00,000
Piles	28,000
Kidney stone (incl. DJ stent removal for same stone even if it is a late admission)	50,000
Joint replacement including vertebral joints (per knee)	225,000
Cataract (per eye) <span>New</span>	55,000

Note: This policy deck will serve as a guide to the benefits provided by Deloitte Shared Services. 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. You may always reach out to Medical Helpdesk (medicalinsurance\_mum@deloitte.com) for any additional information required.

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Arbeitskräfte	200.000 Personen
Arbeitsstunden	<ul style="list-style-type: none"> <li>Arbeitsstunden, die nicht zur Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitsstunden, die für die Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitsstunden, die für die Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitsstunden, die für die Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitsstunden, die für die Produktion von Gütern und Dienstleistungen verwendet werden</li> </ul>
Arbeitskosten	<ul style="list-style-type: none"> <li>Arbeitskosten, die für die Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitskosten, die für die Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitskosten, die für die Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitskosten, die für die Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitskosten, die für die Produktion von Gütern und Dienstleistungen verwendet werden</li> </ul>
Arbeitsprodukt	<ul style="list-style-type: none"> <li>Arbeitsprodukt, das für die Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitsprodukt, das für die Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitsprodukt, das für die Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitsprodukt, das für die Produktion von Gütern und Dienstleistungen verwendet werden</li> <li>Arbeitsprodukt, das für die Produktion von Gütern und Dienstleistungen verwendet werden</li> </ul>

Component	Capital Expenditure
Equipment	20,000
Buildings	75,000
Patents	1,000,000
Debtors	20,000
Prepaid expenses (short capital and off-balance)	1,000,000
Other assets	20,000
Retained income (not a capital expenditure because these are not a new investment)	50,000
Current assets (not a capital expenditure because these are not a new investment)	200,000
Current liabilities (not a capital expenditure because these are not a new investment)	50,000

**Notice:** This policy book will serve as a guide to the benefits provided by Columbia Mutual Insurance. The information contained herein is only a summary of the terms and conditions agreed with the insurer. If there is a conflict or interpretation, then the terms and conditions of the policy will prevail. You may always reach our financial helpdesk, [financialhelpdesk@columbiainsurance.com](mailto:financialhelpdesk@columbiainsurance.com) for any questions.

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State: This policy does not serve as a substitute for the health benefits provided by Solihulla Group Services. 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. You may always reach our Technical Helpline ([technical@solihulla.com](mailto:technical@solihulla.com)) for any assistance.

Cancer Care	
Category 1 Non-surgical therapy	<ul style="list-style-type: none"> <li>• Active (Hormonal, chemo, targeted)</li> <li>• Immunomodulatory</li> <li>• Hormonal therapy (endocrine therapy)</li> <li>• Targeted therapy (small molecule)</li> <li>• Radiation therapy (local or systemic)</li> </ul>
Category 2 Surgical therapy	<ul style="list-style-type: none"> <li>• Resect</li> </ul>
Category 3 Palliative care	<ul style="list-style-type: none"> <li>• Palliative care (supportive care, symptom control, quality of life)</li> </ul>
Category 4 Prevention	<ul style="list-style-type: none"> <li>• Screen (early detection)</li> <li>• Prevent (preventive therapy)</li> </ul>
Category 5 Supportive care	<ul style="list-style-type: none"> <li>• Supportive care (palliative care, symptom control, quality of life)</li> </ul>
Category 6 Translational research	<ul style="list-style-type: none"> <li>• Research (basic, clinical, translational)</li> </ul>

Readers are not encouraged to email subject items and questions directly to the host but are encouraged to email the program chair—see link.

### Policy limits for specific ailments

Capping for select ailments is standard across all locations and sum insured options.

Treatments/Procedures	Policy Limit
Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Upto 20% of Sum Insured subject to a Maximum upto Rs. 2 Lakh
Balloon Sinuplasty	Upto 20% of Sum Insured subject to a Maximum upto Rs. 2 Lakh
Deep Brain stimulation	Upto 50% of Sum Insured subject to a maximum upto Rs. 5 Lakh
Oral chemotherapy	Upto 10% of Sum Insured subject to Maximum upto Rs. 1 Lakh
Immunotherapy- Monoclonal Antibody to be given as injection	Upto 25% of Sum Insured subject to a Maximum upto Rs. 2 Lakh
Intravitreal injections	Upto 10% of Sum Insured subject to a Maximum of Rs.75,000
Robotic surgeries	Upto 50% of Sum Insured subject to Maximum of Rs. 1 Lakh
Stereotactic radio surgeries	Upto 50% of Sum Insured subject to Maximum Rs. 3 Lakh
Bronchial Thermoplasty	Upto 50% of Sum Insured subject to Maximum of Rs. 2.5 Lakh
Vaporisation of the prostate (Green laser treatment or holmium laser treatment)	Upto 50% of Sum Insured subject to Maximum of Rs. 2.5 Lakh
IONM - (Intra Operative Neuro Monitoring)	Upto 10% of Sum Insured subject to Maximum of Rs. 50,000
Stem cell therapy; Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered	Upto 50% of Sum Insured subject to Maximum of Rs. 2.5 Lakh

Note: This policy deck will serve as a guide to the benefits provided by Deloitte Shared Services. 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. You may always reach out to Medical Helpdesk (medicalinsurance\_mum@deloitte.com) for any additional information required.

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6 Sublimits for specific ailments

Ailment	Sublimit (INR)
Accidents	50,00,000
Cardiac	10,00,000
Cancer	1,00,00,000
Chronic	10,00,000
Diabetes	10,00,000
High blood pressure	10,00,000
Stroke	10,00,000
Auto accidents	50,00,000
Motor vehicle accidents	50,00,000
Aviation accidents	50,00,000
Aviation accidents (including terrorism)	50,00,000
Aviation accidents (including terrorism)	50,00,000

7 Policy limits for specific ailments

Ailment	Policy Limit (INR)
Accidents	50,00,00,000
Cardiac	10,00,00,000
Cancer	1,00,00,00,000
Chronic	10,00,00,000
Diabetes	10,00,00,000
High blood pressure	10,00,00,000
Stroke	10,00,00,000
Auto accidents	50,00,00,000
Motor vehicle accidents	50,00,00,000
Aviation accidents	50,00,00,000
Aviation accidents (including terrorism)	50,00,00,000
Aviation accidents (including terrorism)	50,00,00,000

8 Cancer Care

Cancer Care	
Adjuvant / Neo Adjuvant Therapy	<div>Below treatments are covered:</div> <ul style="list-style-type: none"><li>Hormone therapy</li><li>Biological therapy (Immunotherapy)</li><li>Targeted therapy given I/V or S/C</li></ul>
Oral Chemotherapy	Covered
Palliative Care (End of life care)	Covers nerve block and related procedures for pain relief
Treatment for cancer symptoms	<div>Below treatments are covered:</div> <ul style="list-style-type: none"><li>Injectable drugs requiring supervision</li><li>Blood transfusion</li><li>Administration of <u>Zoledronic Acid</u> / Steroids</li></ul>
Diagnostics	PET scan is the only diagnostic which is covered
Radioactive Therapy	Covered
Treatments not listed above might be covered subject to terms and conditions. Kindly connect with the Medical Help Desk to confirm. (Contact details – slide 18)	



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Pre and post-hospitalization expenses

Pre and post-hospitalization expenses

Pre and post-hospitalization expenses

### Pre and post-hospitalization expenses

- Expenses incurred up to 30 days prior to hospitalization can be claimed as pre-hospitalization expenses. All documents for claiming such expenses need to be submitted within 15 working days of date of discharge
- Expenses incurred within 60 days of discharge can be claimed as post-hospitalization expenses. Documents for claiming these expenses need to be submitted within 7 working days of the post hospitalization period.
- For an ailment with a sub-limit, pre, post and hospitalization expenses are claimable within the capping.
- Under both pre and post hospitalization you can claim for consultations, pathology reports, medicines etc. for the treatment related to the hospitalization.



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Table with 2 columns: Plan Details, Sum Insured (in INR). Rows 1-6 for Single surviving Parent / Parent-in-Law.

Table with 2 columns: Plan Details, Sum Insured (in INR). Rows 7-12 for Set of Parents / Parents-in-Law.

Table with 2 columns: Plan Details, Sum Insured (in INR). Rows 13-18 for Set of Parents / Parents-in-Law.

Table with 2 columns: Plan Details, Sum Insured (in INR). Rows 19-24 for Set of Parents / Parents-in-Law.

Premium structure: Age band-wise approach

New

Plan Details		Sum Insured (in INR)	Per Parent Annual Premium (including GST)				
			Up to 45 Years	46-55 Years	56-65 Years	66-75 Years	76 and Above
1	Single surviving Parent / Parent-in-Law	250,000	6,511	10,844	15,157	18,989	20,650
2		350,000	11,335	18,879	26,386	33,058	41,466
3		500,000	13,898	23,148	32,354	40,533	55,814
4		600,000	18,924	31,518	44,052	55,189	67,154
5		750,000	21,566	35,918	50,203	62,894	74,318
6		10,00,000	32,734	54,520	76,201	95,464	1,04,737
Plan Details		Sum Insured (in INR)	Per Parent Annual Premium (including GST)				
			Up to 45 Years	46-55 Years	56-65 Years	66-75 Years	76 and Above
7	Set of Parents / Parents-in-Law	250,000	5,009	8,341	11,660	14,606	15,812
8		350,000	8,719	14,522	20,297	25,429	27,671
9		500,000	10,691	17,806	24,889	30,798	31,978
10		600,000	14,556	24,244	33,886	42,453	44,769
11		750,000	16,588	27,630	38,618	48,144	49,545
12		10,00,000	25,180	41,938	58,617	73,160	74,812

Note:

- For new Joiners, premium amount will be considered as proportionate and it will be deducted through salary in three equal monthly installments.
- Professionals serving notice period during the annual enrollment window are disallowed from opting for the voluntary plans (including any voluntary Parental plan auto-rolled over from the previous year).

10

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Expenditure on certain types of charges can be claimed against the following expenses. Expenditure for...  
For an accident with a third party, you can claim hospitalization expenses and funeral costs for the...  
Expenditure on certain types of charges can be claimed against the following expenses. Expenditure for...

10 ★

Premium structure: Age based value approach

Age Group	Basic	Standard	Super	Platinum	Elite	Platinum	Elite	Platinum	Elite
0-10	10,000	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000
11-20	15,000	20,000	25,000	30,000	35,000	40,000	45,000	50,000	55,000
21-30	20,000	25,000	30,000	35,000	40,000	45,000	50,000	55,000	60,000
31-40	25,000	30,000	35,000	40,000	45,000	50,000	55,000	60,000	65,000
41-50	30,000	35,000	40,000	45,000	50,000	55,000	60,000	65,000	70,000
51-60	35,000	40,000	45,000	50,000	55,000	60,000	65,000	70,000	75,000
61-70	40,000	45,000	50,000	55,000	60,000	65,000	70,000	75,000	80,000
71-80	45,000	50,000	55,000	60,000	65,000	70,000	75,000	80,000	85,000
81-90	50,000	55,000	60,000	65,000	70,000	75,000	80,000	85,000	90,000
91-100	55,000	60,000	65,000	70,000	75,000	80,000	85,000	90,000	95,000

11 ★

General Exclusions

- Hospitalization
- Injury / disease on account of invasion, act of foreign enemy, war like operations (whether war be declared or not).
- Expenses on account of a terrorism activity arising out of nuclear, biological and chemical means
- Non-medical expenses
- Hospitalization for observation and diagnostics / laboratory examinations that do not result in an actual line of treatment
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
- Circumcision unless necessary for treatment of disease
- Dental treatment
- HIV and AIDS
- Hospitalization for convalescence, general debility and intentional self-injury
- Conditions that indicate a history of consumption of alcohol / tobacco / intoxicating drugs / any other substance of addiction
- Venereal diseases
- Any non-allopathic treatment
- Surcharges, service charges, miscellaneous charges and other non-treatment related expenses

12 ★

General Exclusions

- Hospitalization
- Injury / disease on account of invasion, act of foreign enemy, war like operations (whether war be declared or not).
- Expenses on account of a terrorism activity arising out of nuclear, biological and chemical means
- Non-medical expenses
- Hospitalization for observation and diagnostics / laboratory examinations that do not result in an actual line of treatment
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- Circumcision unless necessary for treatment of disease
- Dental treatment
- HIV and AIDS
- Hospitalization for convalescence, general debility and intentional self-injury
- Conditions that indicate a history of consumption of alcohol / tobacco / intoxicating drugs / any other substance of addiction
- Venereal diseases
- Any non-allopathic treatment
- Surcharges, service charges, miscellaneous charges and other non-treatment related expenses

### General Exclusions

- Domiciliary hospitalization
- Injury / disease on account of invasion, act of foreign enemy, war like operations (whether war be declared or not).
- Expenses on account of a terrorism activity arising out of nuclear, biological and chemical means
- Non-medical expenses
- Hospitalization for observation and diagnostics / laboratory examinations that do not result in an actual line of treatment
- Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
- Circumcision unless necessary for treatment of disease
- Dental treatment
- HIV and AIDS
- Hospitalization for convalescence, general debility and intentional self-injury
- Conditions that indicate a history of consumption of alcohol / tobacco / intoxicating drugs / any other substance of addiction
- Venereal diseases
- Any non-allopathic treatment
- Surcharges, service charges, miscellaneous charges and other non-treatment related expenses

Non Payable Expenses List

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10

Expenditure on account of hospitalization for the treatment of the insured person...

10

Table with 10 columns: Plan, Age, Premium, etc.

11

General Exclusions

- Expenses on account of hazardous or adventure sports
- Expenses for cosmetic / plastic surgery / any treatment to change the appearance are not covered...
- Cost of spectacles and contact lens, hearing aids
- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.
- Supplements and substances purchased without prescription are not covered...
- Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

12

General Exclusions

- Expenses on account of hazardous or adventure sports
- Expenses for cosmetic / plastic surgery / any treatment to change the appearance are not covered...
- Cost of spectacles and contact lens, hearing aids
- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.
- Supplements and substances purchased without prescription are not covered...
- Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

### General Exclusions

- Expenses on account of hazardous or adventure sports
- Expenses for cosmetic / plastic surgery / any treatment to change the appearance are not covered. However, if these treatments are medically recommended following an accident, burn(s), cancer or as a measure to combat health risk, they will be covered.
- Cost of spectacles and contact lens, hearing aids
- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment.
- Supplements and substances purchased without prescription are not covered, unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure
- Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
  - 1) Medical recommendation
  - 2) Supported by clinical protocols
  - 3) BMI = > 40 or = > 35 in case of sever comorbidities
  - 4) Obesity-related cardiomyopathy / Coronary heart disease / Severe Sleep Apnea / Uncontrolled Type2 Diabetes
- Gender change treatments
- Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

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12 General Exclusions

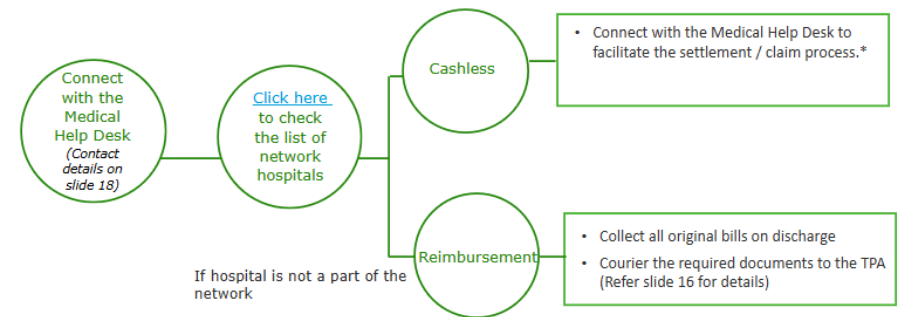
13 Steps for claiming mediclaim insurance

14 Provision for cashless facility in a network hospital

### Steps for claiming mediclaim insurance

The below teams will be available to support you in case of a hospitalization.

- Medical help desk: Will be your first point of contact to address all queries and liaison with the TPA and insurer.
- TPA: Will process your claim documents.
- Insurer: Will settle the claimed amount.
- Only network hospitals can facilitate cashless. You can claim reimbursement for all non-network hospitals.



- \*Health cards will be generated shortly.
- Few hospitals have been blacklisted by the insurer. Request you to check your hospital's status with the medical help desk
- Some network hospitals have been converted to COVID treatment centres and may not facilitate cashless. It is recommended that you confirm this facility with the medical help desk.





14

Procedure for cashless facility in a network hospital

**On admission**

- The network hospital will not collect any cash from the patient or family. The patient will be treated as a regular patient. The hospital will not collect any cash from the patient or family.

**On discharge**

- The bill of the patient will be submitted to the hospital. The hospital will not collect any cash from the patient or family.

15

Procedure for reimbursement in a non network hospital

**On admission**

- The patient will be treated as a regular patient. The hospital will not collect any cash from the patient or family.

**On discharge**

- The bill of the patient will be submitted to the hospital. The hospital will not collect any cash from the patient or family.

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Documents required to be submitted for reimbursement claim –

- Claim form duly signed by you (Please refer the attached form)
- Original discharge card/discharge summary
- Original hospital bills with detailed break up
- As per policy terms and conditions, surgeon fees should be included in the final bill only
- Original payment receipts along hospital stamp & signature with revenue stamp.
- Original reports of all investigations
- Prescriptions, Pre & Post hospitalization bills of medicines.
- Prescription for Surgical appliances if purchased by patient, along with duly stamped receipt
- In-Patient-Department (IPD) papers also called Indoor case Paper.
- Medico Legal Certificate (MLC) / FIR In case of Accident case.
- Pre-operative notes / X-rays supporting diagnosis
- For miscellaneous charges - detail bills with supporting prescription of the Treating doctor
- Copy of ID proof of Patient
- Any other related documents
- Cancelled cheque

**TPA Address: Mention Deloitte, Emp ID and your details while you courier the documents.**

Paramount Health Services and Insurance TPA Pvt Ltd  
Plot No.A-442,Road No-28,Wagle Estate, Ram Nagar, Thane West - 400604  
Board Line Number : 022 6834 2424


Reimbursement claim form

Common documents checklist

Non medical expenses

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<ul style="list-style-type: none"> <li>• <b>Stress</b> is the discomfort from which individuals suffer</li> <li>• Factors that engender it: <ul style="list-style-type: none"> <li>◦ Degree of the problem or situation</li> <li>◦ Degree of the individual's resources</li> <li>◦ Subject's cognitive and emotional responses</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Source</b> of original stimulus from the environment</li> <li>• <b>Intermediary</b> variables and other personal characteristics in the stimulus leading to the state of discomfort</li> <li>• <b>Response</b> to the stimulus (the way the individual reacts to the stimulus). Being oriented toward the response</li> <li>• <b>The formal stressor</b> is the stimulus in its setting</li> <li>• <b>The psychological stressor</b> is the stimulus as it is perceived by the individual</li> <li>• <b>Stress</b> involves responses and certain changes are inevitable</li> </ul>
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Source: [http://www.bbc.com/health/2014/04/140423\\_stress\\_definition.shtml](http://www.bbc.com/health/2014/04/140423_stress_definition.shtml)

[illegible]

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**Exemption documents under anti-discrimination laws**

- When you exclude your plan along with all other non-discrimination employment or similar plans, it is a blanket exemption, and the exemption applies to all employees.
- If you do not exclude the TIR, all employees are covered and the cost will be the same as the plan you bought through FICA.
- The exemption document could be used for the next 10 years if the exemption is not challenged in court.
- Exemptions are discretionary and therefore do not disqualify the exemption holder from claiming a future refund of the contributions and any tax on vested amounts not currently taxable (including any tax on a lump sum of the plan assets).

**How plans are subject to review**

- When a plan is complete or in progress, the IRS typically notifies the plan administrator by sending a plan to the IRS through a computer system.
- After the IRS receives the plan, the plan administrator receives the notice from the IRS and the plan administrator is notified of the plan's status.
- When the plan administrator receives the notice, the plan administrator is notified of the plan's status.
- When the plan administrator receives the notice, the plan administrator is notified of the plan's status.

[illegible]

Incomplete documents under a reimbursement claim

- When you submit your claim along with all relevant documents as explained in earlier slide, to our Medical Helpdesk, the same will be scrutinized by a team of doctors and claim processors.
- If found in order, the TPA will approve the claim and the amount would be paid to you through NEFT.
- The settlement details would be sent through Medical Helpdesk / TPA.
- If there are discrepancies or deficiencies in the documents, Medical Helpdesk / TPA will issue a letter listing the deficiencies and ask you to submit deficient documents within 7 working days of receipt of the letter.

## Time taken to settle a claim

- If the claim file is complete in all respect, the TPA normally settles the claim within 15 working days from the date of receipt of complete documents.
- At times the TPA may settle the claim after deducting the amount pertaining to the deficient document. This will be done incase you are not able to provide the required documents.
- When the deficient documents are submitted, the TPA will reopen the file and pay for the same if they are payable under the policy.