



Insurance Coverage Document

Group Number: **0239784907**

Your Individual Document Number Is: **1980290**
COMPANY NAME: **Tata Consultancy Services**
UNIT: **Main office - HQ**
COMPANY PIN: **1001**
Travel Type: **Long Term Plan**
TPA REFERENCE: **Region 30**
COUNTRY: **Uruguay**
AREA OF COVERAGE: **Worldwide Excluding USA**

START DATE OF COVERAGE: **01 Feb 2024**
END DATE OF COVERAGE:
DURATION OF COVERAGE:
DATED: **13 Feb 2024**

INSURED(S) DETAILS:

	NAME	EMPLOYEE ID	MAYFAIR ID
(1)	Vinay Ramesh Mobharkar	1817338	1001341577

TCS - LONG TERM LATAM PLAN COVERAGE:

Maximum Annual Benefit: An insured has a per claim maximum limit of **USD 150,000**.

SECT A (MEDICAL EXPENSES AND HOSPITALIZATION)

Deductible for Sect A:

Inpatient: **USD 5** per claim, unless otherwise stated.

Outpatient: 5% co-pay applicable capped to a max of **USD 100** per claim

(1) Hospitalization & Inpatient Admission Expenses - Fully Covered – All reasonable and customary costs covered for emergency hospitalizations. Deductible: **USD 5** per claim, unless otherwise stated.

(2) Ambulance Services - Fully Covered. Ambulance medically required for inpatient admission or transfer for emergency treatment.

(3) Outpatient Expenses - Fully Covered. All reasonable and customary costs covered. Deductible: 5% co-pay applicable capped to a max of **USD 100** per claim

(4) Health check-ups:

(a) Health check-ups & immunizations for infants 0-2 yrs - Max limit per Insured per annum **USD 300**. 5% co-pay applicable capped to a max of **USD 100** per claim. Reimbursement only.

(b) Health check-ups /Wellness Care for Children +2yrs to age 16yrs - Max Cover limit (per claim): **USD 300**. 5% co-pay applicable capped to a max of **USD 100** per claim. Reimbursement only.

(c) Health check-ups /Wellness Care for all Insured's after 12 months of coverage - Max cover limit (per claim): **USD 300**. 5% co-pay applicable capped to a max of **USD 100** per claim. Reimbursement only.

(5) Dental Care - Max cover limit (per annum): **USD 500**. 5% co-pay applicable capped to a max of **USD 100** per claim. Reimbursement only.

(6) Routine Dental Care: One routine dental check-up after 90 days continuous coverage. Max **USD 50** per annum. 5% co-pay applicable capped to a max of **USD 100** per claim. Reimbursement only.

(7) Vision Care - Covers infections and accidental damage. Reimbursement only.

(8) Routine Vision Care: Max cover limit (per annum): **USD 150**. 5% co-pay applicable capped to a max of **USD 100** per claim. One routine check-up plus one pair of prescription spectacles/lenses after 12 months of continuous coverage. Reimbursement only.

(9) Prescription drugs/medicines - All prescription drugs are covered, excludes OTC (Over The Counter – available without a Physician's prescription.)

(10) Mental Disorders - Max cover limit (per annum): **USD 1,000**. 5% co-pay applicable capped to a max of **USD 100** per claim.

(11) Pre-Existing and Chronic illnesses - Max cover limit (per annum): **USD 500**. 5% co-pay applicable capped to a max of **USD 100** per claim. Reimbursement only.

(12) COVID19 TEST if symptomatic - Fully covered at Dr's office.

SECT B (MATERNITY EXPENSES): Max Cover Limit **USD 15,000**. Co-pay 20%

(3 month eligibility period: The Insured's must be covered for a min of 3 months before this can be availed)

Max Limit (before the 3 month eligibility is completed): **USD 2,500** per Insured person per claim.

The maximum payable benefit under maternity is **USD 15,000**.

The cover for maternity expenses shall also apply to medical expenses incurred in India should the mother travel back to India for the delivery, provided the mother and the newborn baby(ies) return to onsite at the latest within 6 months after delivery. In that case, travel expenses to and from India, which are actually incurred, will be covered up to **USD 1,200**.

Medical expenses incurred in India as well as the travel expenses will not be covered when the woman is pregnant at the inception of her policy or within 3 months of enrolment and after the 7th month of pregnancy too.

SECT C (EMERGENCY REPATRIATION & RELATED MEDICAL EXPENSES):

Up to **USD 150,000**. Less any amount paid under Sect A medical expenses.

- (1) Additional up to **USD 1,000**-to cover expenses for close business associates, relatives or friends to remain with Insured.
- (2) Cover costs of transporting one member of the family necessarily having to accompany the Insured person returning to the Home Country.
- (3) On-going treatment in home country for up to 12 months from the date of incident/loss or when the Section C max limit is reached, whichever is the earlier.
- (4) Staff replacement: We will cover the actual travel costs of replacement staff up to a max of **USD 2,000**
- (5) The decision to approve or require Repatriation is made by the Underwriter or their authorised representatives, so long as the Insured is certified fit to fly.
- (6) Repatriation of mortal remains is covered under this section to a maximum of **USD 15,000**

Insurer will treat COVID-19 as we would any other comparable disease; i.e., seasonal flu subject to:

- Your plan covers outpatient diagnostic testing included on your plan,
- they are symptomatic,
- they are referred by a medical practitioner, and
- the testing is received in an appropriate medical facility
- Any subsequent treatment (Inpatient & Outpatient) will be covered as it would any other eligible medical condition, in accordance with your plan.

SECT D (PERSONAL ACCIDENT): (Benefits are administrated by Mayfair We Care, who can be contacted by email:

info@mayfairwecare.com)

- (1) Death (under 16yrs old benefit **USD 1,000**) - **USD 25,000**
- (2) Loss of one or more eyes/or limbs - **USD 10,000**
- (3) Permanent total disablement - **USD 25,000**

SECT E (Loss of Personal Effects):

- (1) Loss of Personal Effects (ONLY as a result of Mugging): Maximum Limit **USD 1,000**. Max Cash Limit of **USD 250**. Deductible: **USD 50** each claim.
- (2) Loss of Passport: **USD 250** per passport lost. Deductible: Nil

All claims with treatment dates from 1st Feb 2024 should be notified to Mayfair immediately or within thirty (30) days from the date that Insured Person first became aware of the claim.

You can write to mayfair.claims@mayfairwecare.com to notify Mayfair of your claim.

" The validity of the policy is subject to the current coverage dates listed in the Mayfair website"

Mayfair Assist Contact Details:

Contact number for UK: **+44 (0) 20 8126 4023**, Mexico: **55-1036 1303**, Uruguay: **0004-0190 826**, India: **+91 80 61173700**

For list of other country specific contact numbers, please click on the below link:

<https://www.mayfairwecare.com/contact>

	MAYFAIR ASSIST E-MAIL
For any changes or corrections in your policy details	medicalinsurance@mayfairwecare.com
For 24 hours emergency medical assistance and cashless services:	mayfairassist@mayfairwecare.com
For pay and claim or general policy queries:	mayfair.claims@mayfairwecare.com
Escalations and feedback:	info@mayfairwecare.com

	MAYFAIR ASSIST TIMINGS
For 24 hours emergency medical assistance and cashless services	24 / 7 / 365
For pay and claim or general policy queries	On all working days from 8 AM to 8 PM IST

Important Points to Note:

- 1) If you receive a copy of an invoice from a Service Provider requesting payment, please forward it to mayfair.claims@mayfairwecare.com immediately
- 2) Please be advised the above is only a brief summary. For further info (i.e. What is and isn't covered, exclusions, helpful hints/advice, etc) you will need to get a copy of your membership guide by going online to <https://www.mayfairwecare.com> and entering your insured's login.
- 3) Insurance validity for periods outside of the current contract dates, are subject to renewal of the group contract.

Please refer to the latest version of this document available at your insured's login at <https://www.mayfairwecare.com>