

AON

**Confluent India Pvt.
Ltd.
Employee Benefits
Manual**

**Policy Period – 01 Dec
2022 to 30 Nov 2023**

Prepared By

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License Validity - 16/10/2020 to 15/10/2023



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Know Your Insurance Policies



Group Medical Insurance

covers in-patient hospitalisation and day care expenses incurred by an employee and his/her insured dependents for a diagnosed ailment with an active line of treatment. 24 hours of hospitalisation is compulsory to register a valid claim under the group Mediclaim policy. The policy also covers Outpatient treatment (OPD) expenses and Teleconsultation.



Group Personal Accident

covers expenses by the insured persons (employee) on account of death or Permanent /Partial / Temporary, total or partial disability due to an accident.



Group Term Life

The policy pays the sum assured as a lump sum amount on the death of the insured person (employee).



1

GROUP MEDICAL
INSURANCE
PLAN

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NEW

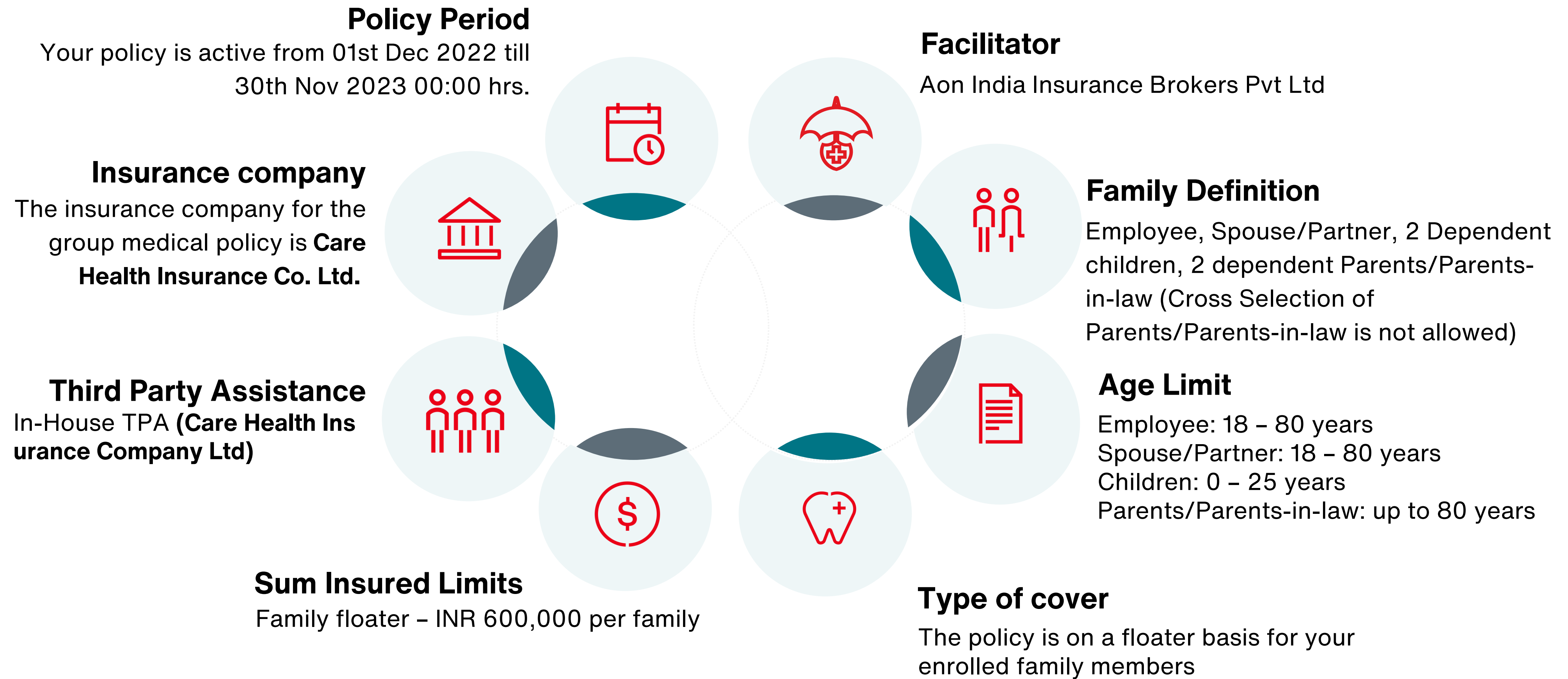
Group Medical Insurance Plan – What has enhanced In 2022-23

GMC

Benefits	2021-22 Benefits	2022-23 New Benefits
Family Definition	Self + Spouse + 4 dependent children + 2 dependent parents. Any one set of parents / parent -n-laws are allowed to be covered (Cross combination of parents (e.g.: - Father and Mother-in-law) is not allowed.	Self + Spouse + 4 dependent children + 2 dependent parents. Any one set of parents / parent -n-laws are allowed to be covered (Cross combination of parents is not allowed) Parent-in-laws can be opted for by the male employees.
Coverage for dependents in case of death of the employee	Not Covered	In case of death of the employee, the medical cover for the dependents would continue until the end of the policy period.
100% settlement of claims case of death of any employees	Not Covered	Covered
Ambulance Expenses	Ambulance expenses are covered to INR 2,000 per event.	Ambulance expenses are enhanced to INR 3,000 per event.
Teleconsultation	Not Covered	Unlimited Audio/Video Tele-consultation for employees and dependents is included for General Physician & 10 Specialists (Internal Medicine, Nutrition, Dermatologist, Gynaecologist, Orthopaedic, Paediatrician, Ophthalmology, Cardiology, Psychology, Sexology).
OPD Benefit	OPD Per family including Vision and Dental is covered subject to a maximum of Rs.25000/- (Claims pertaining to each Insured can be lodged only once during the Period of Insurance). Can be utilised as cashless mode also. Expenses like consultation charges, Root Canal, extraction, implants, filling, capping, crown, braces etc. under dental and spectacle lens, consultation charges etc. are payable under vision.	OPD overall limit enhanced from INR 25,000 to INR 35,000 per family with below inclusions along with existing coverage of dental & vision and 1. Pharmacy on prescription basis- Can be covered up to 50% of the combined overall limit of INR 35,000), 2. Doctor's Consultation charges on prescription basis can be covered, 3. Diagnostic charges only on prescription basis can be covered, 4. Health check-up can be covered up to 50% of the combined overall limit of INR 35,000), 5. Dental treatment like consultation charges, Root Canal, Extraction, Implants, Filling, Capping, Crown, Braces etc. are covered, 6. Vision expenses like consultation charges, spectacle glass is payable. Expenses like frame and contact lenses are not payable under the Vision expenses.

**AON**

Group Medical Insurance Plan – Key Information



Benefits Summary

<u>Pre-Existing diseases</u>	Covered
<u>Pre-Post Hospitalisation</u>	Covered
<u>Waiting period</u>	Waived off
<u>Maternity</u>	Covered
<u>Pre-Post Natal expense</u>	Covered
<u>New-born baby coverage</u>	Covered

<u>Ambulance services</u>	Covered
<u>Day Care procedures</u>	Covered
<u>Ayurvedic Treatment</u>	Covered
<u>Dental OPD</u>	Covered*
<u>Room Rent</u>	Covered
<u>Co-payment</u>	NIL



Benefit descriptions in this benefit manual are to be treated as indicative only.
 For a complete list of benefits and exclusions, please also refer to the policy document.
 *Please refer to slide no. 20 for more details.

Benefits Summary

Ailment capping	Applicable*
Robotic Surgeries	Covered
Stem Cell Transplantation	Covered
Lasik Treatment	Covered
Oral Chemotherapy	Covered

Terrorism	Covered
Domiciliary Hospitalization	Covered
Internal Congenital	Covered
External Congenital- in case of Life-Threatening Situation	Covered
Cataract Surgery	Covered

*Please refer to slides no. 18 and 19 for more details.



Benefits Summary

<p>Standard Hospitalisation</p>	<p>In the event of a hospitalisation claim (more than 24 hrs.), the insurance company will pay the insured person the amount of such expenses as would fall under different heads mentioned below, and as are reasonably and necessarily incurred thereof by or on behalf of such insured person, but not exceeding the sum insured in aggregate mentioned in the policy:</p> <ul style="list-style-type: none"> • Room Charges, • Nursing expenses, • Surgeon, Anesthetist, Medical Practitioner, Consultant, Specialists Fees, • Anesthesia, Blood, Oxygen, Operation Theatre Charges Surgical Appliances, Medicines & Drugs, & similar expenses.
<p>Pre-existing diseases</p>	<p>Pre-existing diseases is a condition for which the insured has been diagnosed with or treated for before the policy commencement date. The most common examples of such conditions are diabetes, hypertension, thyroid etc.</p> <p>Your policy covers pre-existing diseases from day 1.</p>
<p>Pre-Hospitalisation</p>	<p>Pre-hospitalisation expenses include various charges related to consultation fees, medical tests and medicine cost before an individual gets hospitalised. Doctors/physicians conduct a slew of tests to accurately diagnose the medical condition of a patient before prescribing treatment. However, in most cases, charges incurred by an individual 30 days prior to his or her hospitalisation fall within the ambit of pre-hospitalisation expenses. For instance, several tests such as blood test, urine test and X-ray among others are categorised as pre-hospitalisation expenses.</p> <p>Your policy covers 30 days of pre-hospitalisation benefit.</p>



Benefits Summary

<p>Post-hospitalisation</p>	<p>Post hospitalisation expenses include all expenses or charges incurred by an individual after he or she is discharged from the hospital. For instance, the consulting physician may prescribe medicine along with certain tests to ascertain the progress or recovery of a patient. Expenses related to various therapies, namely, acupuncture and naturopathy are not included by insurance providers in the category of post hospitalisation expenses. However, diagnostic charges, consulting fees and medicine costs are covered.</p> <p>Your policy covers 60 days of post-hospitalization benefit.</p>
<p>Waiting period</p>	<p>A waiting period is the amount of time an insured must wait before some or all their coverage comes into effect. The insured may not receive benefits for claims filed during the waiting period. In a corporate group policy, waiting period of 30 days , 1 year and 9 months are waived off. However, in a retail policy most of the waiting period continue to exist.</p> <p>Your policy has no waiting period.</p>
<p>Pre/Post Natal</p>	<p>Pre and Post natal expenses are those which are incurred pre delivery and post delivery e.g., Ultrasound, regular checkups, doctor's consultation fee, medicines and so on.</p> <p>Covered within Maternity limit if expenses are on IPD basis .</p> <p>Please note that hospitalization expenses for delivery are limited as per maternity limits mentioned in this manual.</p>



Benefits Summary

<p>Day Care Services</p>	<p>Due to medical advancement, a list of treatments do not require 24 hours of hospitalisation. For example : Cataract operation, kidney stones removal etc.</p> <p>Your policy covers list of day care procedures as per the insurer list</p>
<p>Ayurvedic treatment</p>	<p>Ayurvedic is a form of non-allopathic treatment. Under insurance policy ayurvedic treatment undertaken in a Government Hospital or in any Institute recognised by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health is only admissible. The ayurvedic treatment is covered only on in-patient basis.</p> <p>Your policy covers ayurvedic treatment as in-patient up to 25% of the sum insured only in a government registered hospitals/NABH accredited hospitals.</p>
<p>Dental cover</p>	<p>Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants. The dental cover is a standard exclusion under the policy except treatment undertaken in case of an accident.</p> <p>Your policy covers dental treatment only in case of accident and treated as In-patient. Expenses like consultation charges, Root Canal, extraction, implants, filling, capping, crown, braces etc. under dental are covered under OPD treatment.</p> <p>For further information on dental coverage, refer to slide no. 20</p>



Benefits Summary

<p>Ambulance Services</p>	<p>Ambulance charges include emergency transport of the patient from the residence/place of accident/illness to the hospital where treatment is undergone.</p> <p>Your policy covers ambulance charges for INR 3,000 per event</p>
<p>Lasik Surgery</p>	<p>Lasik surgery is a form of vision correction surgery. It is a form of refractive surgery for the correction of myopia, hyperopia etc.</p> <p>Your policy covers Lasik surgery if refractive index is +/- 7.5 and above</p>
<p>Congenital Ailments</p>	<p>Congenital Disease means anomaly at the time of birth. These are of two types : Internal and External.</p> <p>Internal Congenital anomaly is a type of birth defect which is invisible in accessible parts of the body. For example: Atrial septal defect.</p> <p>External Congenital Anomaly is a type of birth defect which is in the visible and is in accessible parts of the body. For example: Cleft lip/palate</p> <p>Your policy covers internal congenital diseases. External congenital diseases are covered in case of Life-threatening diseases</p>



Benefits Summary

<p>Co-pay</p>	<p>A co pay is the amount of the claim that is borne by the employee. For.eg during a claim process , the admissible claimed amount is INR 100,000 and the policy has a 10% co pay . The employee will have to bear INR 10,000 and the insurance company will pay the remaining INR 90,000.</p> <p>Your policy has no co-pay</p>
<p>Domiciliary Hospitalisation</p>	<p>Domiciliary Hospitalisation means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home where the condition of the patient is such that he/she is not in a condition to be moved to a Hospital.</p> <p>Your policy does not cover domiciliary treatments.</p>



Maternity Benefit



Maternity

Pregnancy is the most cherish moment of one's life.

Confluent India wants to ensure that you are adequately covered for this moment.

Maternity benefit covers the cost related to the birth of the child



Benefit

- Normal Delivery: INR 60,000
- C-Section Delivery: INR 75,000
- Newborn baby is covered from day 1
- Pre-post natal expenses are covered within the maternity limit if treatment is taken as In-patient
- Newborn baby is covered from day 1
- Applicable only for the first 2 deliveries
- Well baby expenses covered within Maternity Limit



Exclusions

- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
- Infertility Treatment



Benefits Explained: Room Rent & ICU Limits



Room Rent

Room Rent means the amount charged by a Hospital for the occupancy of a bed per day (twenty-four hours) basis and shall include associated medical expenses. Sub-limit on room rent would mean that the insurer defines the maximum amount it will pay towards the room rent.



Benefit

Room Rent is restricted maximum up to Single AC for Normal (Proportionate deduction apply if insured admitted to higher category) & No cap for ICU (Room rent limit incl. of nursing charges.)



Note

Choosing a higher category of room than your entitlement will incur additional charges which needs to be borne by you. The difference between eligible vs utilized room rent will be proportionately deducted from the claim amount.

Example:- If difference between eligible and utilized room rent is 10%, then 10% of total expenses except pharmacy will be deducted from the claim value



Benefits Explained: Advanced Medical Treatments

Stem cell transplant therapy

is a procedure in which a patient receives healthy stem cells (blood-forming cells) to replace their own stem cells that have been destroyed. The cause for the same could be radiation or high doses of oral chemotherapy medication etc. Please refer to the policy terms and condition for limits and co-pay for this benefit.

Benefit

Covered for bone marrow transplant for hematological conditions

Lasik surgery

is a form of vision correction surgery. It is a form of refractive surgery for the correction of myopia, hyperopia etc.

Benefit

Lasik surgery covered for +/-7.5 & above refractive index correction

Robotic Surgery

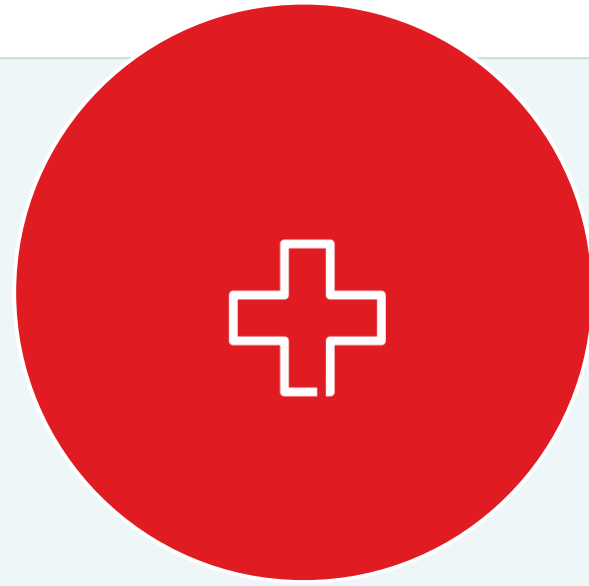
is a surgery with minimal invasion allowing doctors to perform surgeries with more precision, flexibility and control than is possible with conventional techniques

Benefit

Covered up to 50% Co-pay

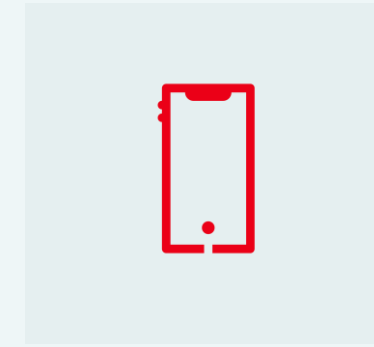


Benefits Explained: Ailment Capping



Ailment Capping

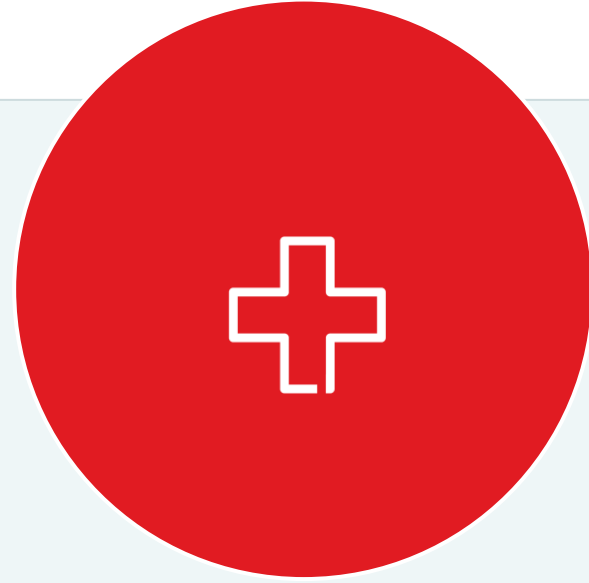
Ailment capping in form of cost containment method to ensure only reasonable and customary charges are payable under the insurance policy.



Treatment	Capping/Sub-Limits
Uterine Artery Embolization and HIFU (High intensity focused ultrasound)	Up to 50% Co-pay subject to a Available SI
Balloon Sinuplasty	
Deep Brain Stimulation	
Robotic Surgeries	
Cyber-knife treatment	
Immunotherapy-Monoclonal Antibody to be given as injection	
Stereotactic Radio Surgeries	
Bronchial Thermoplasty	
Vaporisation of the Prostate (Green laser treatment for holmium laser treatment)	
Intra Operative Neuro Monitoring (IONM)	
Cochlear Implant treatment	Up to 50% of the SI
Oral chemotherapy	Up to 50% of SI maximum up to INR 50,000
Intra vitreal injection	

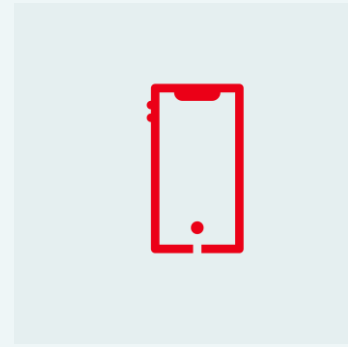


Benefits Explained: Ailment Capping



Ailment Capping

Ailment capping in form of cost containment method to ensure only reasonable and customary charges are payable under the insurance policy.



Treatment	Capping/Sub-Limits
Any animal / serpent attack	Any animal / serpent attack resulting in treatment on inpatient or out patient basis sub limited to a maximum of INR 5,000 on each and every claim.
Nasal Sinus Surgeries	Liability for Nasal Sinus Surgeries up to INR 35,000
Psychiatric ailments	Hospitalization arising out of Psychiatric ailments up to INR 30,000



Benefits Explained: OPD Benefits



OPD Benefits

The expenses which are generally incurred under outpatient which are prescribed by a consulting doctor are payable under the insurance policy.



**For
Employees
&
dependents**

OPD overall limit INR 35,000 per family of the following benefits:

1. Pharmacy on prescription basis- Can be covered up to 50% of the combined overall limit of a INR 35,000.
2. Doctor's Consultation charges can be covered on prescription basis up to the overall limit of INR 35,000.
3. Diagnostic charges can be covered only on a prescription basis.
4. Health check-up can be covered up to 50% of the combined overall limit of INR 35,000.
5. Dental treatment like consultation charges, Root Canal, Extraction, Implants, Filling, Capping, Crown, Braces etc. are covered up to overall limit of INR 35,000.
6. Vision expenses like consultation charges, spectacle glass are covered up to overall limit of INR 35,000. Expenses like frame and contact lenses are not payable under the Vision expenses.



Benefits Explained: Tele-consultation



Tele-consultation

Interactions that happen between a clinician and a patient for the purpose of providing diagnostic or therapeutic advice through electronic means



For Employees & dependents

Unlimited Audio/Video Tele-consultation for employees and dependents of the following benefits:

1. Expense covered for General Physician (GP)
2. Expense covered for 10 specialists like Internal Medicine, Nutrition, Dermatologist, Gynaecologist, Orthopaedic, Paediatrician, Ophthalmology, Cardiology, Psychology and Sexology.



OPD Reimbursement claim documents check list



Reimbursement Hospitalization | Indicative Check List | Care Inhouse TPA address

Sl.No.	Document Required (All in ORIGINAL)
1	Signed Claim form
2	Original consultation paper supporting the original bills & receipts
3	Original investigation reports
4	One Personalized Cancelled Cheque with Employee Name printed to settle the claim to Employee Bank account



Note: Reimbursement claim will be processed on a soft copy basis, The soft copy of the claim documents must be submitted on the Care Health portal.

General Terms And Conditions

- The expenses shall be reimbursed provided they are **incurred in India** and are within the policy period.
 - Expenses will be reimbursed to the **insured member** depending on the level of cover that he/she is entitled to.
 - Expenses that are incurred for standalone diagnostic or preventive tests **without any active line of treatment** and do not warrant a hospitalisation admission are **not covered** under the plan.
 - No Individual should be covered as a dependent of more than one employee.
 - In case an employee has not covered his/her dependents during enrolment, they will be able to add them only during the next renewal.
 - Mid-Term enrolments are only allowed for life events. For example: new-born baby or marriage. These new additions need to be intimated within 30 days of event.
 - You are requested to use prudence and proper negotiation with Hospital/Nursing home in availing the eligible room category.
 - Please remember, higher the room category higher is the cost of treatment. This may result in faster exhaustion of your total available eligibility.
 - If you are opting for a higher room category, then you will have to bear the proportionate increase in cost on all categories/heads.
 - Vision Treatment which are undertaken for regular maintenance of eyes are not covered.
- What is Proportional Deduction:** When an employee/dependent is hospitalized and takes a room with a daily room rent higher than the policy's eligibility, the insurer will deduct the amount by which the rent is higher than the permissible rent from the bill. However, the amount of other medical expenses incurred is also reduced in the same proportion at the time of claim approval. This is done because often the cost of various medical procedures, doctors' visits etc. is billed higher for rooms with higher rent as compared to those with lower rent. In essence, if employee chooses a higher rent room employee is charged higher for a lot of other things in many hospitals. Employee must know that room rent limit impacts their health insurance claim and therefore choose the room category as per their eligibility under the policy.

Benefit descriptions in this benefit manual are to be treated as indicative only.
For a complete list of benefits and exclusions, please also refer to the policy document.

General Exclusions

- War, War like operations (whether war be declared or not) or by nuclear weapons/materials
- Surgery for correction of eyesight, cost of spectacles, contact lenses, hearing aids etc.
- Expenses incurred at Hospital or Nursing Home primarily for evaluation/diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.
- Expenses on vitamins and tonics etc. unless forming part of treatment for injury or disease as certified by the attending physician.
- Miscarriage, abortion or complications of any of these including changes in chronic condition as a result of pregnancy except, where covered under the maternity section of benefits.
- Any cosmetic or plastic surgery except for correction of injury.
- Doctor's home visit charges, Attendant/Nursing charges during pre- and post-hospitalisation period.
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine.
- External and or durable Medical/Non-Medical equipment of any kind used for diagnosis.
- Change of treatment from one pathy to another pathy unless being agreed/allowed and recommended by the consultant under whom the treatment is taken.
- Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control program, services or supplies, etc.
- Any treatment required arising from Insured's participation in any hazardous activity. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.

Benefit descriptions in this benefit manual are to be treated as indicative only.
For a complete list of benefits and exclusions, please also refer to the policy document.

Most common Non-medical expenses/Non-payable items

ADMINISTRATIVE EXPENSES

- Admission/Registration/Medico-legal charges
- Attendant stay charges
- Relative stay charges
- Additional stay than prescribed
- Gate pass/Attendant pass
- Conveyance charges
- Booking charges
- Overhead charges
- Establishment charges
- Tax/Luxury charges
- Surcharge/Service charges
- Incidental charges
- Waste disposal charges

DOCUMENTATION EXPENSES

- Documentation charges
- Discharge summary
- Medical records charges
- Birth certificate
- Death certificate
- Medical certificate
- TPA charges

SERVICES

- Private nurse charges
- Telephone and Fax charges
- Food/beverages
- Diet & dietician charges
- Electricity charges
- Water charges
- T.V / Internet charges
- Newspaper/magazine
- A/C charges
- Stationary charges
- Lines/Laundry charges

CONSUMABLES

- Antiseptic/ disinfectant solutions
- Soap, Powder (talc), Oil, Cream
- Sanitary pads/Diapers/Tissues
- Toiletries & stationeries & cosmetic expenses
- Cassette/CD/Film charges
- Oxygen cylinder
- ECG electrode charges
- Mortuary/coffin charges
- Housekeeping charges
- Preparation charges
- DONOR charges
- Vaccination charges
- Outstation consultants / surgeons
- Referral charges
- HIV Charges
- RMO/ duty doctor charges
- Assistant charges for minor cases
- Expenses towards sterilization



This list is indicative, any other expenses which are non-medical would be deducted and informed by TPA while claim/cashless is processed

Claims Process

Group Medical Insurance



Making a Claim



Group Medical Insurance Plan



The Hospitalisation Procedure

You can avail either cashless facility or submit the claim for reimbursement.

Cashless

Cashless hospitalisation means the TPA may authorise (upon an Insured person's request) for direct settlement of eligible services and the corresponding charges between a Standard Network/PPN Network Hospital and the TPA. In such case, the TPA 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 these services are covered under the Policy. Denial of cashless does not mean that the treatment is not covered by the policy.



Group Medical Insurance Plan



The Hospitalisation Procedure

You can avail either cashless facility or submit the claim for reimbursement.

Reimbursement

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 preauthorisation procedure and intimate the TPA about the claim to ensure eligibility for reimbursement of hospitalisation expenses from the insurer.



Claims Process – Cashless Claims

 **Planned Claims**

Approach the hospital minimum 48 hours prior to hospitalisation, produce TPA card with Govt. Photo Id and complete pre-authorisation formalities

▼
Fax pre-authorisation letter for approval. If documents are in order, TPA will issue authorisation letter within 3 hours.

▼
If the case is declined, a denial letter will be issued to the hospital. However, do note that denial of cashless does not mean denial of claim or denial of treatment

 **Emergency Claims**

If possible, check which is the closest network hospital in the area. Once admitted, initiate treatment and within 24 hours, start the process of pre-authorisation

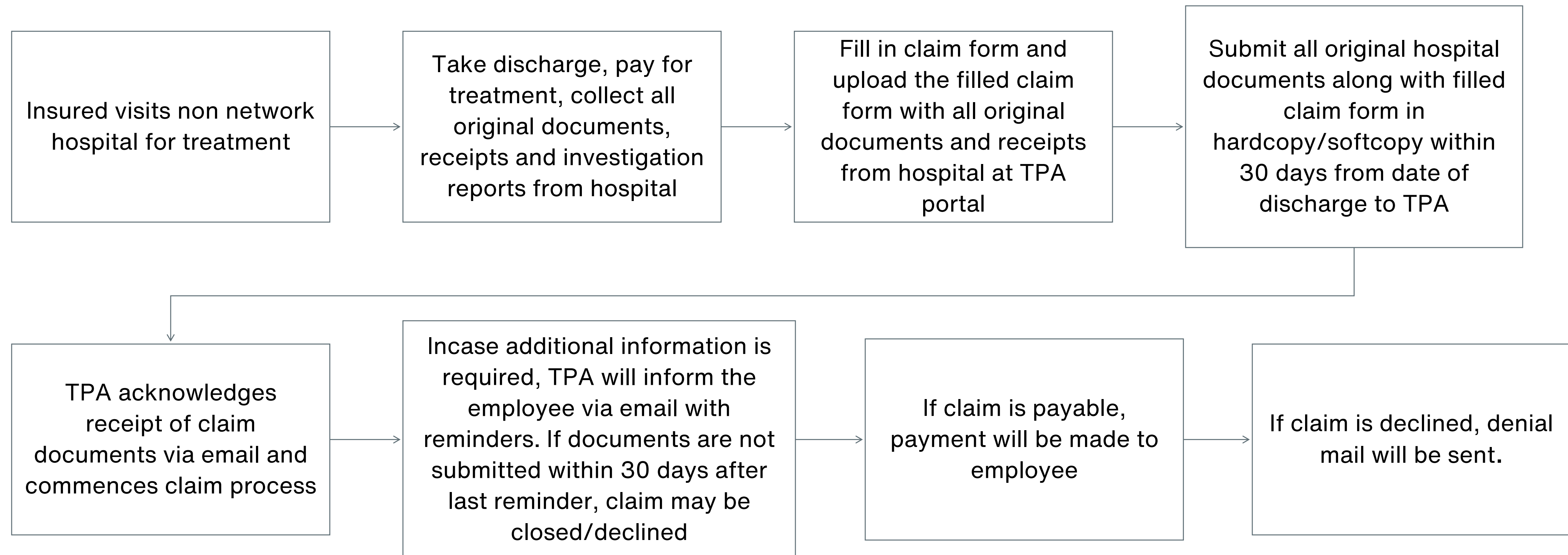
▼
If in order, TPA will issue authorisation letter within 3 hours. If declined (unlikely in emergencies), a denial letter will be issued

▼
Post discharge, if you believe the denied claim is payable, do submit the claim as a reimbursement for a secondary review.



Group Medclaim Policy – Procedure for Reimbursement Hospitalization

Group Medical – Reimbursement



Reimbursement claim documents check list



Reimbursement Hospitalization | Indicative Check List | Care Inhouse TPA address

Sl.No.	Document Required (All in ORIGINAL)
1	Signed Claim form (KYC form is mandatory for claims above INR 100,000)
2	Main Hospital bills in original (Original Hospital Payment Receipt with serial number, with bill no; signed and stamped by the hospital) & itemized bills.
3	Discharge Card/Summary (original).
4	Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
5	Original investigation reports or attested copies of Bills & Receipts for Medicines, Investigations along with Doctors prescription in Original & Laboratory
6	Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
7	Break up with details of Pharmacy items, Materials, Investigations even though it is there in the main bill
8	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.
9	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.
10	In case of accidents, please note FIR or MLC (medico legal certificate) is mandatory. Original Death Summary: In case of Death Claims
11	One Personalized Cancelled Cheque with Employee Name printed to settle the claim to Employee Bank account.

Note:

The reimbursement claim will be processed on a soft copy basis, The soft copy of the claim documents must be submitted on the Care portal.

Points to remember

- Always aim to pre-authorize your benefits with the TPA, this will help you in the following ways:
 - You will be informed in advance regarding your coverage for the treatment and whether it is covered under your medical plan or not. This will help you know in advance if your claim may get rejected at a later stage and you do not end up paying out of pocket.
 - It will help you ensure that the treatment cost is appropriate and not inflated as the TPA will be able to cross-check costs with the hospital. This will also help TPA in planning your hospitalization expenditure such that you do not run out of the cover that you are entitled to.
 - It will help TPA in registering the impending claim with the insurer

- Please ensure that all your dependents are covered and have a valid card at the outset itself as it will not be possible to add dependents at a later stage.

- Submit your reimbursement claims within timelines from the hospital. Please do not postpone this till later as it may mean that your claim gets rejected due to late submission.

- Please check that your documents are submitted completely at the first instance itself and that originals are submitted wherever requested for. Please note that incomplete submissions will not be considered as exceptions by the insurers and will only delay the process further for you and a delay may lead to the claim getting closed. Please also retain a copy of all claim documents submitted to the insurer.



3

GROUP PERSONAL ACCIDENT INSURANCE PLAN



Group Personal Accident Insurance Plan

1

Accidental Permanent Disablement means disablement caused due to an accident which entirely prevents an insured person from attending to any business or occupation of any and every kind and which lasts 12 months and at the expiry of that period is beyond hope of improvement.

2

Accidental Temporary Total Disablement means disablement caused due to an accident which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or occupation and shall be payable during such disablement from the date on which the Insured person first became disabled.

3

Accidental Permanent Partial Disablement is a doctor certified total and continuous loss or impairment of a body part or sensory organ caused due to an accident , to the extent specified in the chart provided by the insurer.



Group Personal Accident Insurance Plan

 **Plan Details**

Policy Period
Your policy is active from
01st Dec 2022 till 30th Nov
2023 00:00 hrs


Insurance Company
Care Health Insurance Co.
Ltd.

Basis of Sum Insured
3 times of Annual Salary

Members Covered
Employee only



Group Personal Accident Insurance Plan

 **Plan Benefits**



100% of
Sum Insured




150% of
Sum Insured with Max up
to Rs. 5 cr



Covered up to a specified
percentage of the full sum
insured limit. Details
mentioned in the next slides



Group Personal Accident Insurance Plan

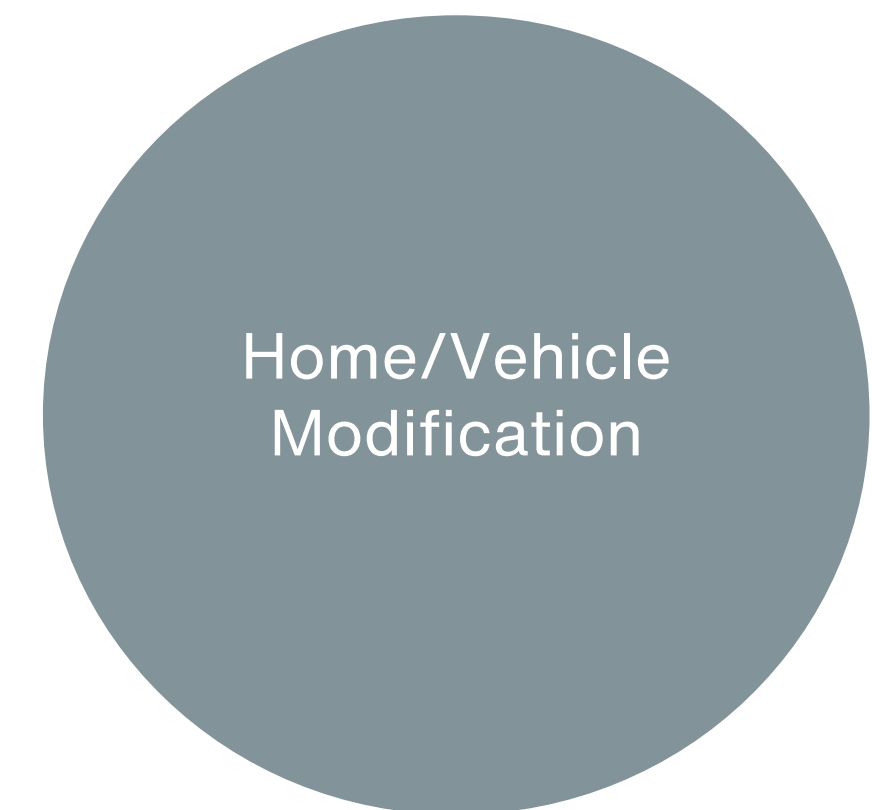
 **Plan Benefits**



Accident Only: (Weekly Benefit) 1% of the sum insured limit or INR 25,000 per week or actual weekly salary whichever is lesser for a maximum of 104 weeks




Covered up to 100% of the sum insured.



Covered up to INR 25,000



Group Personal Accident Insurance Plan

 **Plan Benefits**

Dependent Child Education Fund

Payable up to 10% of capital Sum Insured or INR 100,000 for a child whichever is less or INR 200,000 maximum for 2 children.

Funeral Charges


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

Family Transportation

Covered up to INR 25,000, minimum distance to be in excess of 100 kms.



Group Personal Accident Insurance Plan

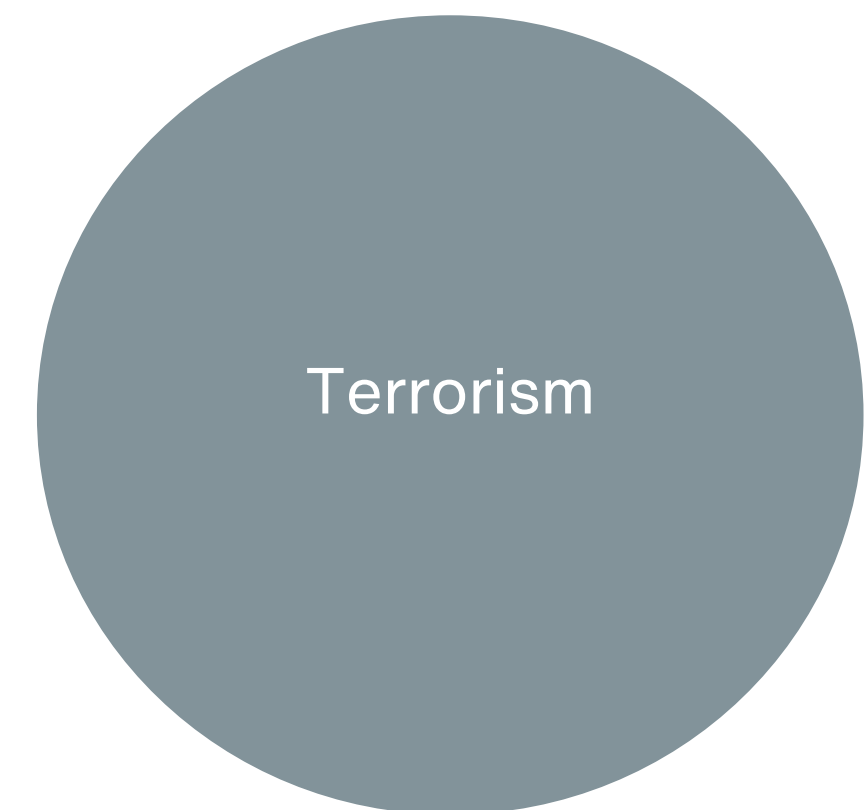
 **Plan Benefits**



Covered up to INR 25,000 or actuals whichever is lower.



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



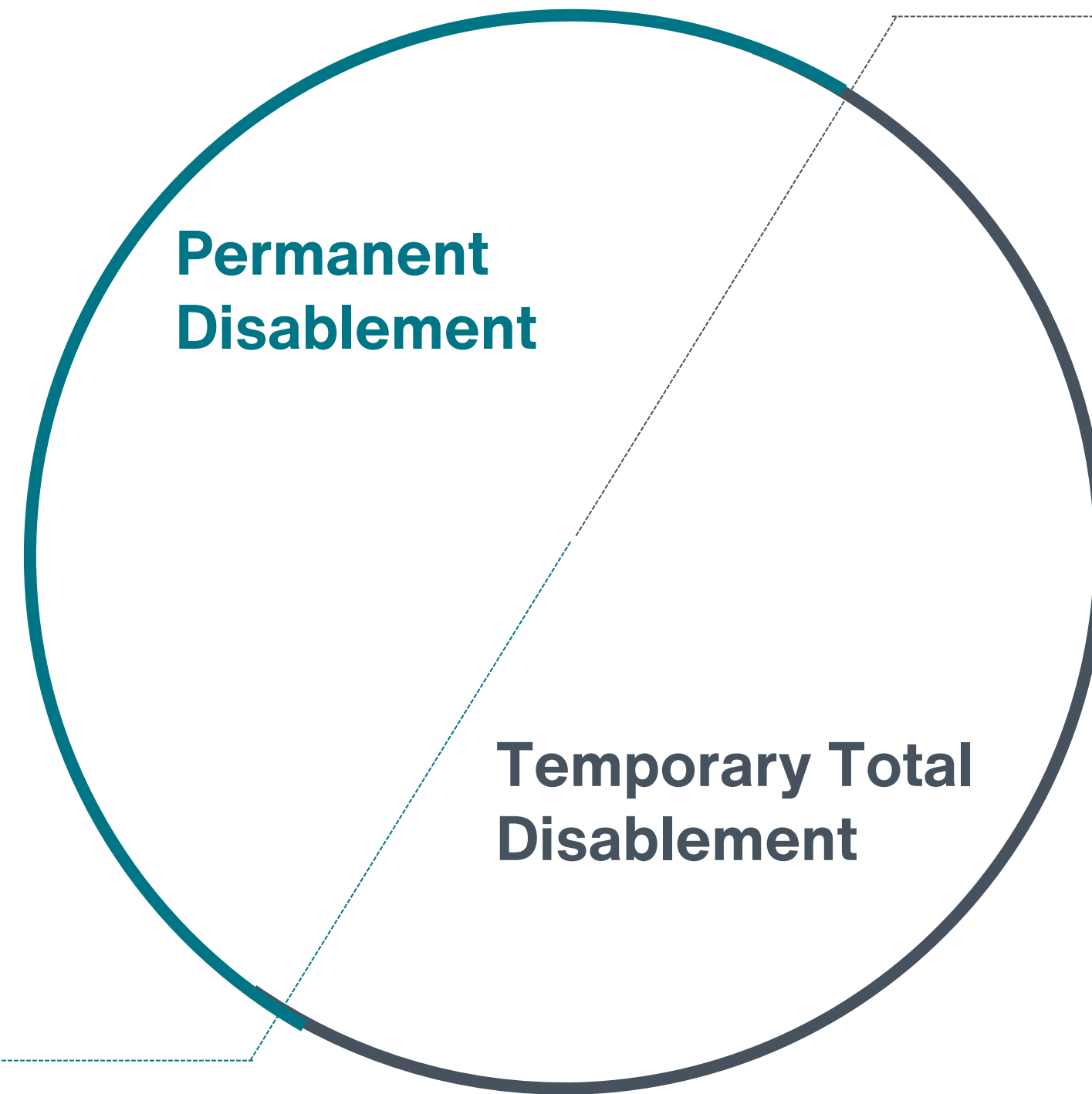
Incident due to terrorism is covered



Group Personal Accident Insurance Plan

 **Key Terms**

Permanent Disablement means disablement that permanently and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation resulting in loss of his/her earning capacity.



Temporary Total Disablement means disablement which temporarily and entirely prevents an Insured Person from engaging in or giving attention to the Insured Person's usual occupation.

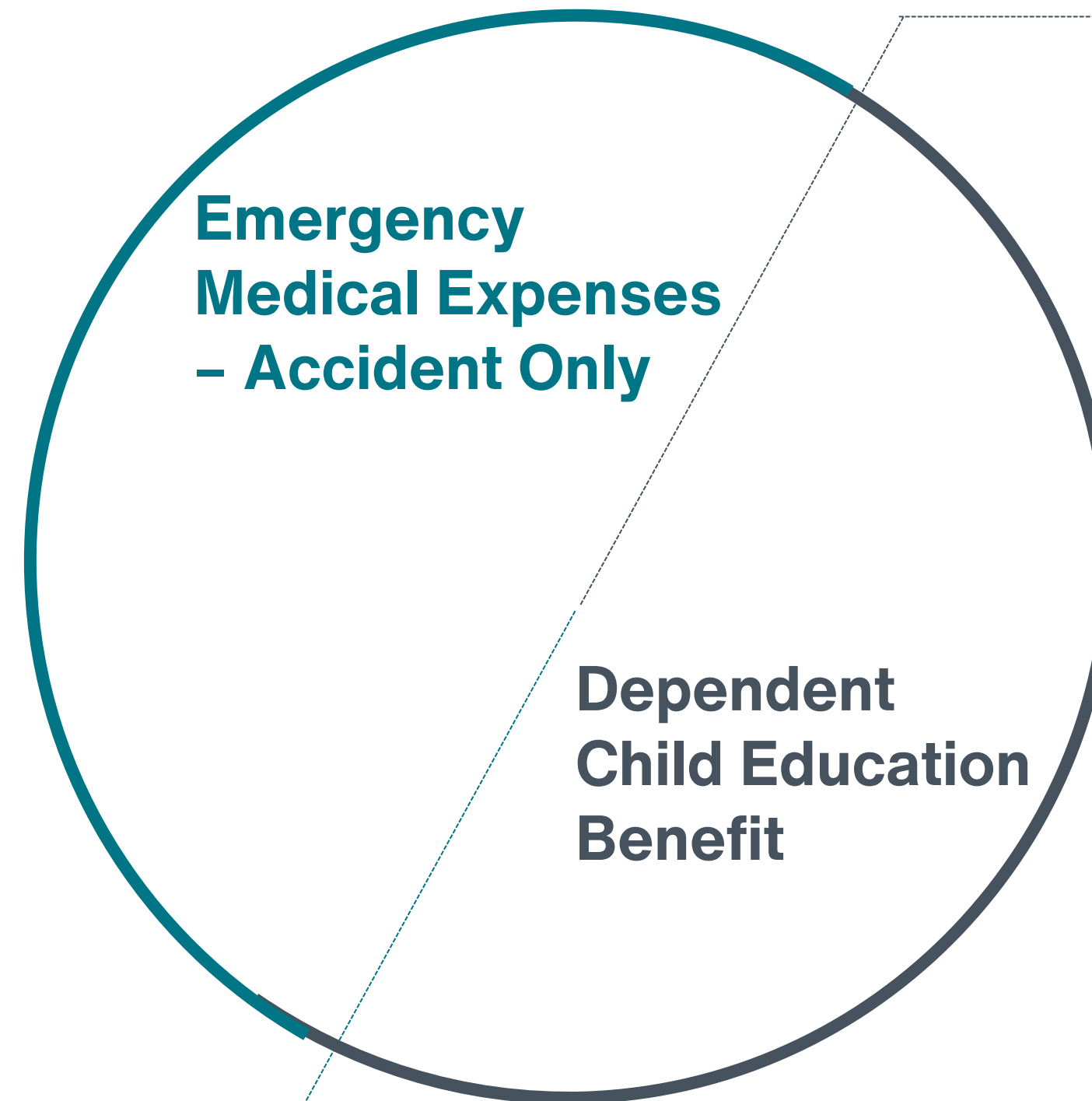


Group Personal Accident Insurance Plan



Key Terms

If, during the Period of Insurance, an Insured Person sustains Bodily Injury, then the Company will reimburse the Insured Person the necessary Usual and Reasonable Medical Expenses, incurred within twelve (12) months from the Date of Loss up to the Sum Insured stated in the Schedule, subject to the Terms and Conditions of this Policy. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.



If during the Period of Insurance an Insured Person sustains Bodily Injury which directly and independently of all other causes results in death within twelve (12) months of the Date of Loss, then the Company agrees to pay the education fees for the Insured Person's surviving Dependent Child up to the amount stated in the Schedule per year up to the number of years stated in the Schedule



Group Personal Accident Insurance Plan



General Exclusions

- Suicide, 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, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; or
- Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or
- Participation in an actual or attempted felony, riot, crime, misdemeanor, (excluding traffic violations) or civil commotion.
- Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft.; or
- Self exposure to needless peril (except towards saving human life)
- Loss due to childbirth or pregnancy.
- Bodily Injury or Sickness occasioned by Civil War or Foreign War.



Claims Process

Group Personal Accident



Making a Claim



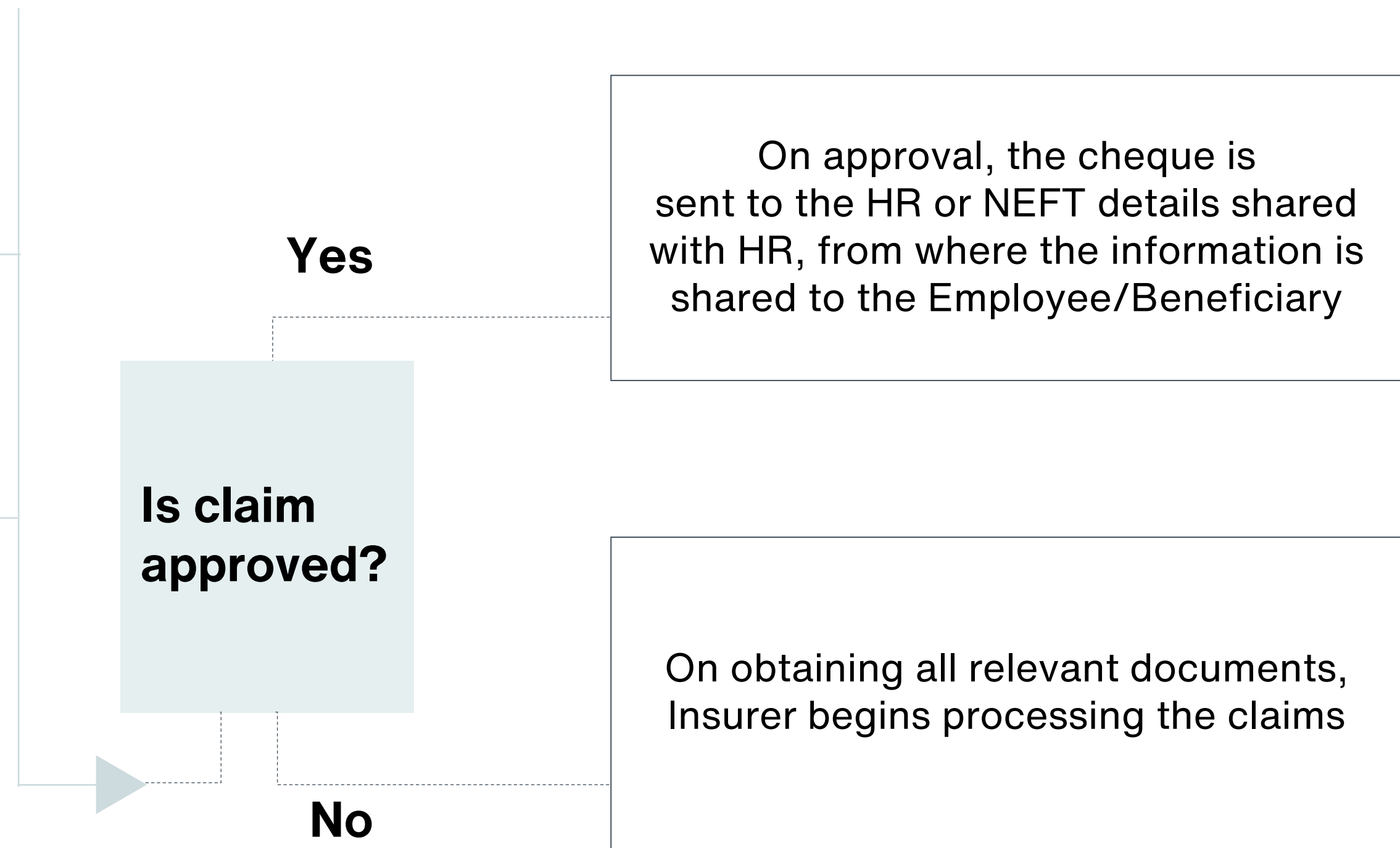
Claims Process – GPA

Making A Claim

Employee/Beneficiary notifies HR, who in turn would intimate Insurer and submit required claims documents within 14 days of the event

On obtaining all relevant documents, Insurer begins processing the claims

Claim Investigation and Review post submission of all the required documents



- Nomination declaration on Medi Assist tool is mandatory for processing any claim.
- In absence of Nomination details updated in Medi Assist tool, PF Nomination will be considered



Group Personal Accident Policy – Check List for Claim Submission

Accidental Death

#	Document Details
1	Completed Claim form with photocopy of ID card
2	Copy of postmortem examination report
3	Copy of the first information report from police department/copy of the medico-legal certificate
4	Original death summary from the hospital
5	Copy of the legal heir certificate, if the claim is for the death of the principle insured
6	Viscera Report for death due to poisoning OR snake bite
7	Death certificate from Municipal Authority OR Gram Panchayat (Applicable for claim reported from rural areas)
8	Salary slip prior to Accident

Permanent Disablement Claims

#	Document Details
1	Completed Claim form with photocopy of ID card
2	Original detailed discharge summary/day care summary from the hospital
3	Treating doctor's certificate giving details of injuries (How, when and where injury sustained)
4	Copy of the first information report from police department/copy of the medico-legal certificate
5	First consultation letter and subsequent treatment papers
6	Disability certificate from a concerned specialist affiliated with government hospital confirming the extent and nature of disability

- This is an indicative list of documents and there may be additional documents required by the insurer.
- It is mandatory to provide the details for the nomination of the beneficiary. All documents are to be submitted in Original.

Group Personal Accident Policy – Check List for Claim Submission

Temporary Total Disablement

#	Document Details
1	Completed Claim form with photocopy of ID card
2	Salary Slip prior to Accident
3	Fitness Certificate by the treating doctor
4	Medical/Hospital Documents if any

- This is an indicative list of documents and there may be additional documents required by the insurer.
- It is mandatory to provide the details for the nomination of the beneficiary. All documents are in Original.

Emergency Medical Expenses/Emergency Expenses (Accident Only)

#	Document Details
1	Completed Claim form with photocopy of ID card
2	Original consolidated hospital bill with breakup of each item, duly signed by the insured
3	Original payment receipt of the hospital bill
4	Original bills, original payment receipts and reports for investigation
5	Original medicine bills and receipts with corresponding prescriptions
6	Original invoice/bills for implants (viz. Stent/PHS Mesh/IOL etc.) with original payment Receipts
7	Treating doctor's certificate giving details of injuries (How, when and where injury sustained) including whether claimant was under the influence of any intoxicating material
8	Copy of the medico-legal certificate

Key Contacts



Cashless Hospitalization – Network List And Contact Details

Hospital Network List	Contact – Toll Free No.	TPA Address
Click on Website – https://www.careinsurance.com/health-plan-certified-network-hospitals.html	1800 102 4488	Care Health Insurance Co Ltd CHIL, Site No. 8, 1St Main, 80 Feet Road, S.T.Bed Area , Koramangala ., Bangalore, Karnataka - 560034

Parameters	Name	Contact Number	E-mail ID
Dedicated toll-free number for general queries		1800-102-6655 & 1800-102-4488	corporateassistance@careinsurance.com
1 st Level contact point @ Care	Vinay Kumar	+91 888 457 7366	vinay.kumar1@careinsurance.com
2 nd Level contact point @ Care	Mohd Faizan Farooque	+91 783 876 9686	mohd.farooque@careinsurance.com
3 rd Level contact point @ Care	Anumeha Srivastava	+91 798 549 3640	Anumeha.srivastava@careinsurance.com
4 th Level contact point @ Care	Yogender Pal	+91 709 001 1048	yogender.pal@careinsurance.com
1 st Point of Contact @ AON	Gajendra J	+91 879 262 5460	gajendra.j@aon.com
2 nd Point of Contact @ AON	Pranab Deb	+91 855 348 8221	Pranab.deb@aon.com
3 rd Point of Contact @ AON	Dr. Namita Bhardwaj	-	Namita.bhardwaj@aon.com



5

GROUP TERM LIFE INSURANCE PLAN



Group Term Life Insurance Plan

Policy Period

01st April 2023 to 31st March 2024

Insurance Company

TATA AIA Life Insurance Company Limited

Basis of Sum Insured

3 Times of Annual Gross Salary

Members Covered

Employee

Terminal Illness Rider

Not Covered

Critical Illness

Not Covered



Group Term Life Insurance Plan

 **Plan Details**


Employee Coverage
is from Day one

The Death Benefit
Amount Paid to
the Beneficiary is
completely Tax Free

Covered
Worldwide



Group Term Life Insurance Plan

 **Plan Details**

ELIGIBILITY

Eligibility

All actively at work full-time permanent employees below the age of 65 (last birthday) renewable up to 65 (last birthday) for death benefit only.

Scope of Cover

Worldwide 24 hours.

Basis of Cover

All employees – 3 times Annual CTC.

Free Cover Limit

Free Cover limit is defined as the limit, up to which an employee does not have to go through the medical test. If the employee's sum assured crosses the free cover limit, the employee will have to go through a medical examination.



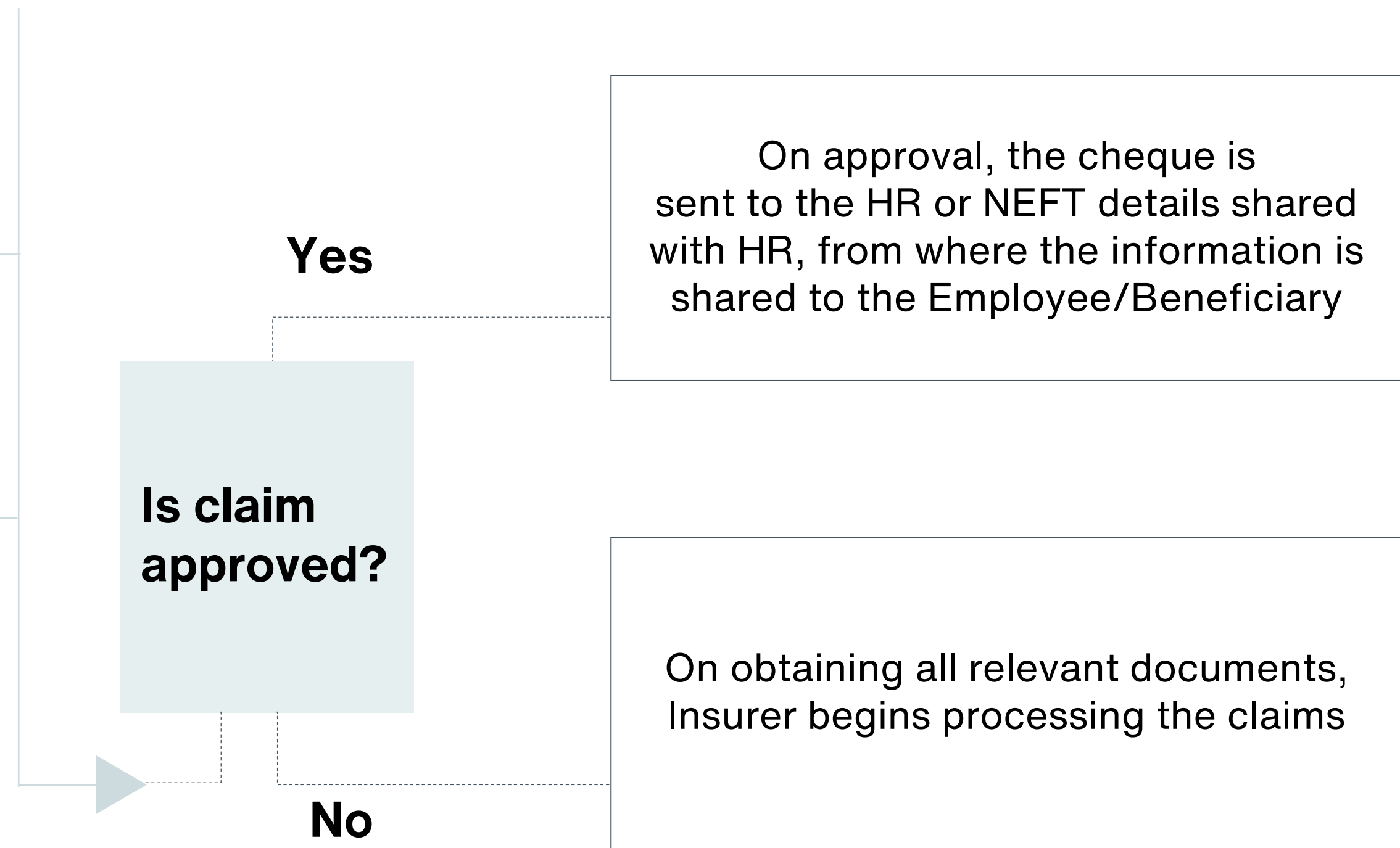
Claims Process - GTL

Making A Claim

Employee/Beneficiary notifies HR, who in turn would intimate Insurer and submit required claims documents within 14 days of the event

On obtaining all relevant documents, Insurer begins processing the claims

Claim Investigation and Review post submission of all the required documents



- Nomination declaration on Medi Assist tool is mandatory for processing any claim.
- In absence of Nomination details updated in Medi Assist tool, PF Nomination will be considered



Group Term Life – Check List for Claim Submission

#	Documents required for Term Life claim
1	Completed Claim form
2	Hospitalization document copies
3	Death Certificate
4	Postmortem report
5	FIR copy if cause of death is accident
6	Police Inquest report, wherever applicable
7	Employee ID Card
8	Nominee ID proof and relation with employee proof
9	Nominee Bank details

#	Documents required for Terminal Illness claim
1	Completed Claim form
2	Two physician confirmation letter on terminal illness
3	Hospitalization document copies
4	Employer declaration
5	Insured KYC
6	Insured Bank details
7	Employee ID Card

- This is an indicative list of documents and there may be additional documents required by the insurer.

Thank You