

GUIDELINES ON MEDICAL INSURANCE POLICY

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10.0	20-01-2023	Lavanya Sankar	Sylvester Arockia Dass P	Policy / SPOC / insurance provider terms update

Guidelines on Insurance

1. Purpose:

This policy aims to provide financial assistance to Associates, for them to take care of the hospitalization expenses of self or of their dependents through cashless or reimbursement procedures.

2. Guidelines

Head	Guideline																														
Prior Policies	This policy supersedes all prior policies, in part or full, relating to issues covered here																														
Eligibility	All On roll associates at Offshore location are eligible for Group Medical Insurance Policy (GMIP).																														
	Nomination Eligibility Conditions:																														
	Family unit: Employee with up to Five eligible dependents.																														
	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="background-color: #4F81BD; color: white;">Relationship</th> <th style="background-color: #4F81BD; color: white;">Parents</th> <th style="background-color: #4F81BD; color: white;">In Laws</th> <th style="background-color: #4F81BD; color: white;">Siblings (Brother/ Sister)</th> <th style="background-color: #4F81BD; color: white;">Grand Parents</th> <th style="background-color: #4F81BD; color: white;">Uncle/ Aunt</th> <th style="background-color: #4F81BD; color: white;">Spouse</th> <th style="background-color: #4F81BD; color: white;">Children</th> </tr> </thead> <tbody> <tr> <td style="background-color: #4F81BD; color: white;">Married</td> <td colspan="2" style="background-color: #4F81BD; color: white;">Either Parents or in-laws can be covered</td> <td>No</td> <td>No</td> <td>No</td> <td>Yes</td> <td>Yes (up to 2)</td> </tr> <tr> <td style="background-color: #4F81BD; color: white;">Unmarried</td> <td>Yes</td> <td>No</td> <td>No</td> <td>No</td> <td>No</td> <td>No</td> <td>No</td> </tr> </tbody> </table>								Relationship	Parents	In Laws	Siblings (Brother/ Sister)	Grand Parents	Uncle/ Aunt	Spouse	Children	Married	Either Parents or in-laws can be covered		No	No	No	Yes	Yes (up to 2)	Unmarried	Yes	No	No	No	No	No
Relationship	Parents	In Laws	Siblings (Brother/ Sister)	Grand Parents	Uncle/ Aunt	Spouse	Children																								
Married	Either Parents or in-laws can be covered		No	No	No	Yes	Yes (up to 2)																								
Unmarried	Yes	No	No	No	No	No	No																								
As per policy, brothers, sisters, grandparents, uncle or aunts and other relatives are not covered under GMIP.																															
If Parents are selected, In-laws cannot be covered and vice versa. The dependent names can be entered using the existing tabs for (Father and Mother in the personal details)																															

<p>Guidelines on nominating dependents</p>	<ul style="list-style-type: none"> • Dependents refer to spouse and children subject to the below mentioned clause. nominating • Age limit for parents - up to 85 years • Dependent children are only covered (Son: Should not be a self-earning member and Daughter: Unmarried and should not be a self-earning member)
<p>Policy</p>	<p>Group Medical Insurance Policy: Group Medical Insurance is a health insurance package which covers in-patient hospitalization expenses (subject to exclusions and limits) provided the hospital stay is for a minimum period of 24 hours.</p> <p>Policy Inclusions:</p> <ul style="list-style-type: none"> ➤ Insurance coverage to the maximum of sum insured per family. ➤ Cashless facility in the network hospitals of the Insurance company. ➤ Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home not exceeding 1% of the sum insured. ➤ 10% of each claim amount will need to be borne by associate. ➤ ICU expenses not exceeding 2% of the sum insured. ➤ New associates will be covered from the joining date with the organization ➤ Associates should provide bank statement or cancelled cheque or passbook first page during claim document submission. ➤ Maternity treatment for normal delivery charges restricted to a maximum of Rs. 50,000/- and for caesarean charges restricted to a maximum of Rs. 75,000/- ➤ Ambulance Services – 1% of the sum insured or Rs. 2000/- whichever is less, in-case patient is shifted from residence to hospital for admission in Emergency Ward/ICU by registered ambulance only. ➤ Hospitalization expenses only for illness/diseases contracted or injury sustained. ➤ Pre and Post hospitalization treatment bills imply relevant medical expenses

- 30 days prior to hospitalization and 60 days after hospitalization, However, pre & post hospitalization benefits **are not covered** in the case of maternity.

Policy Exclusions:

- Outpatient treatment is not covered.
- Domiciliary Hospitalization is not covered.
- Admission for investigation / Evaluation is not covered.
- Dental treatment or surgery of any kind unless requiring hospitalization. However, Dental surgery following an accident is covered.
- Circumcision unless necessary for treatment of a disease not excluded here under or as may be necessitated due to an accident, vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- 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 or 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.
- All non-medical expenses – services charges, admission/registration charges levied by hospital; Massages, steam bathing etc., Personal comforts like Telephone, TV, baby food, diapers, napkins etc., Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending Physician.
- Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception.
- Naturopathy treatment and any other experimental/alternative medicine.

	<p>Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not). Injury or Disease directly or indirectly caused by or contributed to any nuclear weapons/materials.</p>
<p>Guidelines on availing Insurance</p>	<p>Categories to Avail Insurance Benefit</p> <ul style="list-style-type: none"> ➤ Cashless Benefit (Request to prefer mandatorily, if available) <ul style="list-style-type: none"> ➤ Cash Reimbursement for Hospitalization Expense <p>Insurance Reimbursement can be availed when</p> <ul style="list-style-type: none"> ➤ Treated in a non-network hospital. ➤ Treated in a network hospital but not accorded cashless facility. <p>Denial of Cashless may be due to:</p> <ul style="list-style-type: none"> ➤ Admission notes issued by the doctor does not contain enough details or the eligibility of the insurer is not established. ➤ However, non-issuance of authorization for cashless facility does not mean denial of the claim. The claim can be submitted for reimbursement through HR representative - for processing further
<p>Procedure to Avail Cashless Facility</p>	<ul style="list-style-type: none"> ➤ Cashless Facility can be availed only in a Network Hospital. The list of Network Hospitals is available on Insurance Guidelines, Policy Page – CSMS. ➤ Associate must carry patient’s Aadhar Card & insurance e-card to the Hospital.
<p>Procedure to Avail Reimbursement Facility</p>	<p>Associate must call 24*7 toll free number mentioned in e-card, in case of any admission in a Non-network hospital on or before discharge from hospitalization with the following details:</p> <ol style="list-style-type: none"> 1. Policy Number

	<ol style="list-style-type: none"> 2. Med claim ID Card number 3. Name of the insured person in respect of whom claim is made 4. Nature of disease / illness / injury 5. Name and address of the attending medical practitioner / Hospital / Nursing Home <p>In case of non-intimation of the same, claim is liable for rejection.</p> <p>Associate claims for insurance by filling a claim form along with all supporting documents in original within 1 week of discharge.</p> <p>In case of any discrepancy or insufficiency found in the documents, the same shall be returned to the associate for request of further information. The same must be submitted with 15 days from such query.</p> <p>However, the claim shall not be open for more than 30 days due to insufficiency of documentation or any other clarification needed from the associate on the discrepancy found. All open claims awaiting documentation or clarification from associate for more than 30 days shall be repudiated automatically.</p> <p>On submission of complete documentation and claim forms from the associate, the amount shall be credited to the salary account of the associate from the insurance claims representative within 30 working days from the day of complete documentation.</p> <p>Claim settlement letter shall be forwarded to associate which contains particulars of claim eligibility calculation.</p>
<p>Documents needed for Submission of Claim for Reimbursement Facility</p>	<ol style="list-style-type: none"> 1. Claim form duly signed by associate. 2. Original Discharge Summary in pre-printed stationery of hospital duly signed by the consultant with hospital stamp and registration number of the hospital. 3. The Discharge summary should have Date & Time of Admission and Date & Time of Discharge which should be more than 24 hours, minimum 4. Treating Doctor's certificate regarding presenting complaints its aetiology, history of presenting complaints along with duration.

5. Original copy of consolidated bill on pre-printed stationery with serial number and IP number of hospital (along with the breakup for each amount).
6. Doctor’s prescription for the bills attached.
7. Pre-hospitalization and post-hospitalization treatment bills if any, along with prescriptions and lab reports.
8. Original copy of the receipt of payment.
9. Diagnostic reports along with their receipts.
10. All documents need to be attested by the Associate

Note: All documents to be submitted in original within 1 week of discharge from hospital

Additional documents for Maternity Claims

1. Original copy of treating doctor certificate regarding obstetric history (Gravida, Para, Living children, Abortions, Death)
2. Original letter from treating doctor stating marital status and number of living children

Note:

1. The associate is requested to retain a photocopy of the documents submitted by him. In case hospitalization is undergone in a network hospital and cashless facility is availed, the aspect of claim submission is not applicable.
2. Pre & Post Hospitalization Benefits Are Not Covered in the Case of Maternity.
3. All documents shall be in English only.

Disclaimer

All relevant/material clauses that pertain to Insurance Policy have been provided above but these clauses are not exhaustive and also are subject to change with or without notice; the decisions of TPA/Insurer are final with respect to admissibility/payment/extent of coverage/payment of the claims made by Associate. However, every effort shall be made by HR to clarify the Associate in respect of non-payment of any claims made by him/her – after due consultation with TPA/Insurer

3. Roles and Responsibilities

Who	When/What/How
Associate	Provide Information regarding Dependents at the Joining's by filling up the Insurance Form.
	Add dependents in case of Marriage or New-born through "CSMS – My Profile – Family" within 10 days Dependents cannot be added post cut-off period and must wait till next renewal period. Fill claim form and produce relevant documentation, at the time of claiming reimbursement. Facilitate new hires in filling the Insurance form given in the joining kit.
HR Representative / Insurance SPOC	<ul style="list-style-type: none"> ➤ Point of Contact for insurance. Aid associates in filling and submitting the forms for insurance claims. ➤ Send New Joiners/Addition of Dependents/Deletions advice to Insurer on Fortnightly basis. ➤ Co-ordinate with TPA and insurer to get the claim processed. ➤ Inform Finance and provide Claim Settlement Letter. Get Acknowledgement from Finance and Associate regarding credit thru Bank A/c.
HR Head	Approve Policy. Review Claims information.

Important Links and information:

POINTS TO BE NOTED :

➤ **NEWLY MARRIED SPOUSE & NEW BORN BABY** addition details has to be shared to us within 10 days from date of marriage / new born baby. Failing this will result in non-addition of the dependents

➤ **ALL REIMBURSEMENT CLAIMS** should be submitted with checklist.

Note : Please be informed as per recent IRDA Circular No. IRDAI/HLT/REG/CIR/177/09/2019, w.e.f **01st October 2020**, the **NON-NETWORK EXCLUDED** hospitals list is available in the portal please check with the network hospital list of Mediassist (Royal Sundaram) call centre before getting admitted into NON-NETWORK HOSPITALS for treatment.

Contact Matrix

Pollachi & Coimbatore

Mr. Sundaresan will be available for one hour at Pollachi office premises every week (**Thursday 03:00 PM to 04:00 PM**) to guide employees on reimbursement claims documents submission and clarify any doubts (or) query related to cashless and Reimbursement claim.

Name	Contact no	Email ID	Contact levels
A Sundaresan	8951973046	sunderesan.a@mediassist.in	1st Level
Vijay Kumar Henry	9677096599	Vijaykumar.henry@mediassist.in	2nd Level

Chennai

S.No.	SPOC Name	Escalation Level	Contact Number	Mail id
1	B SANTHOSH	LEVEL 1	8655987880	Santhosh.B@marsh.com
2	N SANDHYA	LEVEL 2	9962985909	Sandhya.Natarajan@marsh.com
3	P SHYAM PRASAD	LEVEL 3	8870008255	P.Shyam.prasad@marsh.com

Bangalore & Pune

Name	Contact no	Email ID	Contact levels
A Sundaresan	8951973046	sunderesan.a@mediassist.in	1st Level
Vijay Kumar Henry	9677096599	Vijaykumar.henry@mediassist.in	2nd Level

All location Internal (Caresoft) Point of Contact:

S.No.	SPOC Name	Escalation Level	Contact Number	Mail id
1	Sivakumar Subramani	LEVEL 1	8754014865	sivakumars2@caresoftglobal.com
2	Lavanya Sankar	LEVEL 2	8754042238	lavanyas@caresoftglobal.com
3	Sylvester Paul	LEVEL 3	7548808111	sylvesterp@caresoftglobal.com

Claim status Check:

EMPLOYEE login portal for all employees for assessing claims related information's.

Please login with this URL for MediBuddy: <https://portal.medibuddy.in/login.aspx>

Corporate/Entity Default Credentials	
Default Username	EmpCode@Caresoft
Default Password	DD-MM-YYYY

For (e.g.)

User Name: 100001@Caresoft

Password: 30-12-1955

Employees on first time login will be asked to change their password to get logged in.

Note: Please check login details & the E Card availability. For all family member with correct spelling & date of birth to be entered as per respective Aadhar card or any Government issued ID proof.

Address to courier the documents for reimbursement from Coimbatore/Bangalore/Pune :

Mohammed Imran
Human Resources Department
Caresoft Global Private Limited
Dr. MCET Campus, Udumalai Road
Pollachi 642 003

Tamilnadu, INDIA

Address to courier the documents for reimbursement from Chennai:

Sivakumar Subramani
Human Resources Department
Caresoft Global Private Limited
No. 65, 2nd Main Road
Ambattur Industrial Estate
Chennai - 600 058

It shall be the responsibility of each member of the staff to adhere to this Policy.