Guidelines on Group Medical Insurance and Personal Accident insurance

2024 - 2025

10th of January 2024

Insurance Types

Group Medical Insurance Policy (GMI)

Group Personal Accident Insurance (GPAI)

Group Medical Insurance Policy (GMI)

Purpose & Eligibility - GMI

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.

Eligibility :

- All associates on rolls (in 10 series & 35 series) are eligible for Group Medical Insurance Policy. Associates on contract (30 series - either under direct contract or through vendor contract) are not eligible for this policy.

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

- Dependents refer to spouse and children subject to the below mentioned clause.
  - ✓ Age limit for parents / in-laws - up to 80 years
  - ✓ Age limit for children - up to 21 years.

Sum Assured - GMI

Level	Sum Assured
30 Series	Not covered
35 Series	Rs. 2,50,000
1	Rs. 2,50,000
2	
3	
4	Rs. 3,00,000
5	
6	Rs. 4,00,000
7	
8	
9	Rs. 5,00,000
10	
11	

Policy Inclusions - GMI

- Insurance coverage is to the maximum extent of sum insured per family.
- Hospitalization expenses only for illness/diseases contracted or injury sustained.
- 10% of the Claim amount will need to be borne by the Associate.
- GMI covers in-patient hospitalization expenses (subject to exclusions and limits) provided the hospital stay is for a minimum period of 24 hours.
- New associates will be covered for in the policy from the joining date with the organization.
- New associates will be covered under maternity benefit from their joining date.
- Room, Boarding and Nursing Expenses as provided by the Hospital/Nursing Home not exceeding 1% of the sum insured. ICU expenses not exceeding 2% of the sum insured.
- Maternity treatment for Normal Delivery charges restricted to a maximum of **Rs. 50,000/-** and for Cesarean charges restricted to a maximum of **Rs. 75,000/-**
- 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/Cataract.

Policy Exclusions - GMI

- Outpatient treatment is not covered.
- Domiciliary Hospitalization is not covered.
- Admission for investigation / Evaluation is not covered.
- Dental treatment/surgery of any kind unless requiring hospitalization. However, dental surgery following an accident is covered.
- Circumcision, vaccination, cosmetic, aesthetic treatment of any description, plastic surgery.
- 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.
- 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.
- Voluntary medical termination of pregnancy during the first 12 weeks from the date of conception.
- Naturopathy treatment and any other experimental/alternative medicine.
- 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.

Master Health Checkup

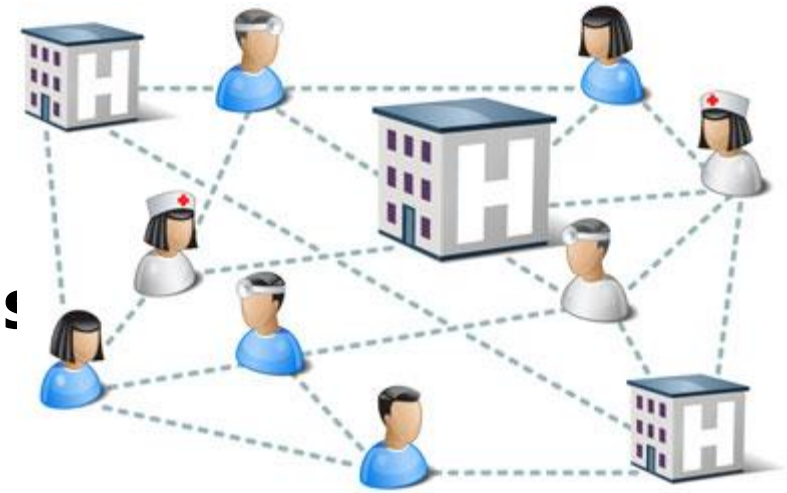
➢Associates can avail cashless / reimbursement of Master Health Checkup at hospitals or diagnostic centers for self through the insurance coverage

➢Reimbursement / Cashless limit is capped at **3500/-** per employee per year or on actuals whichever is lesser.

➢Associates are requested to use the Insurance e-card for availing cashless benefit of Master Health Check up at hospitals.

➢MHC – done through diagnostics centers can be reimbursed as cashless facility might not be available with them.

Categories to avail Insurance benefits - GMI



❖**Cashless Benefit (Network Hospitals**

❖**Cash Reimbursement for Hospitalization Expenses**

Cashless & Reimbursement Facility - GMI

Cashless Facility :

- Cashless Facility can be availed only in a Network Hospital (list of hospitals is provided in CSMS).
- Associate has to carry the employee ID Card & insurance e-card to the Hospital.
- Associate will have to contact the Insurance department in the hospital, who in turn will proceed further and co-ordinate with the TPA for necessary approvals.

Reimbursement Facility :

- Associate to inform the Insurance SPOC (in HR) in case of any admission in a Non-network hospital within 10 days from the date of discharge– with information such as name of the dependant who is admitted, Date of admission, Nature of illness & name of the Hospital where admitted.
- Insurance SPOC will intimate the same to the TPA and will provide the associate with a claim Intimation number.
- After discharge, the associate must submit all original documents, reports, bills/receipts to the Insurance SPOC within 10 days of discharge. Delay in submission of the documents within the stipulated period will not be entertained/processed.
- In case of any query, discrepancy or documents found to be insufficient, the Insurance SPOC will inform the associate and the same has to be submitted within 15 days of such query.
- Claim settlement letter shall be forwarded to Associate which contains particulars of claim eligibility calculation and the eligible reimbursement will be made directly to the Associates bank account by the TPA.

Documents to be submitted – for Reimbursement facility

Required documentation for submission of claim :

- Claim form duly signed by associate.
- Original discharge summary in pre-printed stationery of hospital duly signed by the consultant with hospital stamp and registration number of the hospital. The discharge summary should have date & time of admission and also date & dime of discharge which should be more than 24 hours, minimum.
- Treating Doctor's certificate regarding presenting complaints its etiology, past history of presenting complaints along with duration.
- Original copy of consolidated bill on pre-printed stationery with serial number and IP number of hospital (along with the breakup for each amount).
- Doctor’s prescription for the bills attached.
- Pre-hospitalization and post-hospitalization treatment bills if any, along with prescriptions and lab reports.
- Original copy of the receipt of payment.
- Diagnostic reports along with their receipts.
- A cancelled cheque leaf – with the name of the associate printed in the cheque. If no name is printed, then a scanned copy of the passbook first page/first page of the bank statement.

Claim Status Check procedure

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

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

Corporate/Entity Default Credentials	
Default Username	EmpCode@Caresoft
Default Password	DDMMYYYY

For (e.g.)

User Name: 100001@Caresoft

Password: 30121955

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

Note: Please check login details & the E Card is availability and reach back for any clarifications.

For all family member with correct spelling & date of birth as per their respective aadhar card or any Govt ID proof.

Contact Matrix (External)

Coimbatore (Kothavadi)

Mr. Vijay Henry will be available for one hour at Kothavadi office premises every week **(Thursday 03:30 PM to 04:30 PM)** to guide employees on reimbursement claims documents submission and clarify any doubts (or) query related to cashless and Reimbursement claim.

Pune & Bangalore claim documents must be couriered to Kothavadi office (Address mentioned below). Chennai - Documents can be handed over to the Internal SPOC mentioned in the table below.

Caresoft Internal Contact matrix

S.No.	SPOC Name	Escalation Level	Contact Number	Mail id
1	Vijayshree Surendranath	Level 1	7358125443	vijayshrees@caresoftglobal.com
2	Sivakumar Subramani	Level 2	8754014865	sivakumars2@caresoftglobal.com
3	Lavanya Sankar	Level 2	8754042238	lavanyas@caresoftglobal.com

Sriyah – External Contact Matrix

Escalation	Name	E-mail	Mobile no
Level 1	Panneer Doss.R	healthchn@sriyah.in	+91 98840 24955
Level 2	Dr. Saranya Krishnaraj	saranya@sriyah.in	+91 91506 48555
Level 3	Vijay .R	vijay.r@sriyah.in	+91 99406 28068

Frequently Asked Questions & Answers

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- Where can I find how much is my Insurance eligibility?

  Please refer to slide no. 4 to know your eligibility.

- Where can I find List of Network Hospitals & my insurance cards?

  Network Hospitals - In CSMS → Policy → Insurance Guidelines → Network Hospitals List

  E-Cards – In CSMS → Policy → Insurance Guidelines → E-Card

- Whom should I contact to add/delete dependents from my insurance? What are the documents I should submit as Evidence?

  Log in to CSMS and follow the below procedure. Based on the updation, HR will intimate Insurance for the addition / deletion.

  In CSMS → My Profile → Family → Family Details→ Add / Delete and update.

- In case of Hospitalization in a non-network hospital whom should I contact to inform about the hospitalization?

  Information to be given to Insurance SPOC to register the claim with the TPA.

S.No.	SPOC Name	Contact Number	Mail id
1	Vijayshree Surendranath	7358125443	vijayshrees@caresoftglobal.com

- If hospitalization charges exceed my insurance eligibility, what should I do?

  Any charges exceeding the sum insured will have to be borne by the Associate.

Frequently Asked Questions & Answers

- For reimbursement within how many days after completion of hospitalization should I submit the claim and to whom should I submit it?
  - All documents are to be submitted to the Insurance SPOC within 1 week from the date of discharge.
- After submission of claim in how many days' reimbursement will happen?
  - The process time for the claim settlement is 30 days from the date of documents submission. There may be a delay, if there are any queries/clarifications required by the Insurance.
- During hospitalization, there were some additional tests and scans conducted. Will they be covered under my insurance eligibility?
  - If the tests & Scans are NOT required for the nature of illness for which they are admitted, then it will not be considered for payment/reimbursement.
- In case of a newborn getting treatment immediately will it be covered under my insurance, or will I have to pay for it as the kid's name is still not added in insurance?
  - Newborn will be covered from date of birth.
- When I am promoted, how soon will the new insurance eligibility gets activated?
  - Changes in sum insured cannot be made in-between the policy period. The changes will only be made in the next renewal period (02nd January of every year).
- Where do I check my claim online?

  The status will be updated through the WhatsApp number provided at the insurance desk for cashless facility. For reimbursement cases – the status can be checked in the Mediassist portal

POLICY

Purpose & Eligibility - GPAI

Purpose:

- This policy aims to cover the hospitalization expenses arising out of accidents (both within & outside the work location).

Eligibility :

- All associates on rolls are eligible for Group Personal Accident Insurance Policy. Associates on vendor contract / Interns / Independent Consultants / Outsourced staffing are not eligible for this policy.
- Only associates are covered under this policy and does not include any of their family members.

Sum Assured - GPAI

Level	Sum Assured
30 Series	Rs. 5,00,000
35 Series	Rs. 5,00,000
1	Rs. 5,00,000
2	
3	
4	Rs. 10,00,000
5	
6	Rs. 15,00,000
7	
8	
9	Rs. 20,00,000
10	
11	

Coverage - GPAI

- This policy covers only associates who are on rolls of the company
- This policy aims to cover the hospitalization expenses upto a maximum of 10% of the sum insured, arising out of accidents (both within & outside the work location)
- If the associate is unable to work in the organization for some time due to injury arising out of accident
- If the accident leads to permanent total disablement, temporary total disablement & permanent partial disablement – then compensation will be provided based on the loss in earning capacity (subject to a maximum of the sum insured). The loss in earning capacity will be determined by the Insurance company through their doctor's panel
- Compensation for death arising out of accidents will be to the maximum amount of sum insured
- If an associate is not able to attend work due to the accident, then compensation will be paid @ 1% of the sum insured for a period of 8 weeks and subject to a maximum of Rs. 20,000/-
- Coverage of this policy excludes death, injury or disablement of the insured person from intentional self-injury suicide or attempted suicide, whilst under the influence of intoxicating liquor or drugs
- Associates cannot claim benefits / reimbursements from both GMI & GPAI for the same type / nature of injury arising out of accident
- Decision on claims to be made for accidents (either by GMI or GPAI) can be decided basis the cost of expenses likely to be incurred for the treatment

Reimbursement Facility - GPAI

Cashless Facility :

- Cashless Facility is NOT applicable for Group Personal Accident Policy.

Reimbursement Facility :

- Information to the Insurance SPOC (in HR) to be given, in case of any admission within 24 hours of hospitalization – with information such as date of admission, cause of accident & name of the Hospital where admitted.
- Insurance SPOC will intimate the same to the Insurance and register a claim.
- After discharge, the associate has to submit all original documents, reports, bills/receipts to the Insurance SPOC within 1 week of discharge. Delay in submission of the documents within the stipulated period will not be entertained/processed.
- In case of any query, discrepancy or documents found to be insufficient, the Insurance SPOC will inform the associate and the same has to be submitted within 15 days of such query.
- Claims will be settled directly to the Associates bank account by the TPA.

Documents to be submitted – for Reimbursement facility

- Claim form duly signed by associate.
- Original discharge summary in pre-printed stationery of hospital duly signed by the consultant with hospital stamp and registration number of the hospital. The discharge summary should have date & time of admission and also date & dime of discharge which should be more than 24 hours, minimum.
- Treating Doctor's certificate.
- Original copy of consolidated bill on pre-printed stationery with serial number and IP number of hospital (along with the breakup for each amount).
- Doctor’s prescription for the bills attached.
- Original copy of the receipt of payment.
- Diagnostic reports along with their receipts.
- Copy of the FIR (if road accident).
- A cancelled cheque leaf – with the name of the associate printed in the cheque. If no name is printed, then a scanned copy of the passbook first page/first page of the bank statement.

Thank you

AMERICAS

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