

Employee Benefits Manual

Group Mediclaim Policy

Effective 1st July'24 to 30th June'25



Enrolment Guidelines:

- The policy is on auto renewal mode (Dependents, Top up, Flex Plans). If an employee does not visit Medi Assist Portal or visits but do not make any changes, the selection from last year will be carried forward by default as per the rates applicable in 2024- 25.
- If someone wishes to make changes to the previous year's selection, it is mandatory to log in to the Medi Assist Portal and complete the selection within the enrolment window.
- In case of exit from Parental Cover, Top Up and Flex, re-entry is not allowed ever.
- Employees who wish to increase or decrease the Top Up cover between 100%, 200%, or 300% will be given the chance to go up or down in the year 2024-25.
- Enrolment cycle is not complete until **“SUBMIT”** tab is clicked and **“Enrolment confirmation mail** received in your mailbox from **sunpharma@mediassist**.
- In case of non-receipt of confirmation mail , please immediately connect with local HR team , Medi Assist or Global Insurance Cell.



Parents Enrolment Guidelines:

- No Swapping allowed for existing parents /parents in - laws enrolled in the year 2023-24, except in case of Demise / Marriage in the policy year 2023-24.
- Parents /Parents in - laws exit allowed in year 2024-25, however re-entry will never be allowed in the future.
- Parents/Parent in-laws' entry will be allowed only for new joinees however the employee will not be allowed to delete these Parents/in-laws in the future.
- All existing employees whose parents are not enrolled in year 2023-24, will be provided last opportunity to enroll them in year 2024-25 at the time of annual enrollment, however deletion of these parents will not be allowed in the future except for demise case.

You will receive communication from Sunpharma@MediAssist.in for login to www.portal.mediassist.in and validate the data for the renewal Policy for the year 2024-25. This will help to rectify the dependents information available with Medi Assist and it will be shared with the underwriter. i.e Reliance General Insurance Co. Ltd.

You are requested to write or contact the respective location help desk in case of any discrepancy during enrolment window.



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GROUP MEDICLAIM BASE POLICY TERMS

In continuation to the Group Family Mediclaim (Hospitalization) Policy, we are pleased to announce the renewal of the policy for the year 2024-25.

This policy is applicable effective **1st July 2024** to all employees across organizations in India for self, Spouse & 2 Children, and optional coverage of Parents/in Laws on employee's choice as per policy guideline, terms and condition.

Synopsis Of Group Family Mediclaim Hospitalization Policy

Underwriter	Reliance General Insurance Company Limited
TPA	Medi Assist Insurance TPA Pvt. Ltd.
Period of Insurance	1st July 2024 to 30th June 2025
Family Definition	Employee + Spouse + 2 Children [*]
Territory	India; Nepal (for stationed employees only)
Optional Coverage	Parents / Parents in Law

[*] Children can be covered only up to the age of 25 years or marriage whichever happens earlier.

Coverages

I. BENEFITS

Standard Hospitalization	YES
TPA services	YES
Pre-existing diseases cover	YES
Waiver on 1 st year exclusion	YES
Waiver on 1 st 30 days exclusion	YES
Maternity benefits from day 1 of employment with Sun Group.	YES - Capping as specified
Pre & Post Natal Expenses	YES- - Only if incurred under hospitalisation [IPD]
Baby cover from Birth [day one]	YES
Ambulance Services	YES -as per policy limit & terms.
Day Care Procedures	YES- list of ailments as specified
Pre-Hospitalization Exp [excl maternity]	YES- Up to 30 Days before admission
Post Hospitalization Exp. [excl maternity]	YES- Up to 60 days after discharge...post Hospitalization expenses maximum 10% of main hospitalisation expenses
Room Rent + Nursing Charges Restriction + RMO, if any	<ul style="list-style-type: none"> • Metro: Normal 2% & ICU/ICCU 4% of Sum Insured per day • Non-Metro: Normal 1% & ICU/ICCU 2% of Sum Insured per day



II. DEPENDANT ENROLLMENT GUIDELINES

- a. Mid-policy additions: New joiners are covered with effect from their date of Joining subject to enrolment of all dependents in the Medi Assist Portal.
- b. Newly wedded spouse and parents of spouse on marriage during the policy (if 2 parents are already enrolled, parent-in-laws can be added by opting for Add. Parent Flex Plan)
- c. Newborn baby or adopted child.

1. GENERAL GUIDELINES

- a) **Employees joined on or after 01st May 2024** will be giving an opportunity for their respective enrolment through a separate window to be opened after closure of the inception window as mentioned in point no 2 above.
- b) The Management reserves the rights to modify / alter / discontinue the Policy at any point of time. The premium amount for coverage of parents will be subject to change (increase/decrease) during next renewals and would be solely at the discretion of our organization.

2. BASE POLICY COVERAGE

- a. Scope of cover as per graded entitlement:

- Room and boarding including Nursing expenses & RMO
- Doctors' fees
- Intensive Care Unit
- Surgical fees, Operation Theatre, Anesthesia and Oxygen.
- Drugs and Medicines consumed
- Other Hospital Services (such as laboratory, x-ray, diagnostic tests)
- Costs of prosthetic devices if implanted during a surgical procedure except as excluded under the policy.
- Radiotherapy, chemotherapy.

b. The expenses are payable provided they are incurred in India and Nepal [for stationed employees only] within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to.

c. Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for specific procedures i.e. Dialysis, Chemotherapy, Experimental/Targeted chemotherapy, and/or other treatment/procedures related to chemotherapy, Radiotherapy, etc. done in the Hospital /Nursing home and the insured is discharged on the same day of the treatment will be taken under Hospitalization Benefit.

d. **Hospitalization period:** The period for which an insured person is admitted in the hospital as inpatient and stays there for receiving the necessary and reasonable treatment for the disease/ailment contracted/injuries sustained during the period of policy. The minimum period of stay in hospital for taking the treatment shall be 24 hours.



e. **Day-care Hospitalization Benefit:** Day Care Procedure means the course of medical treatment, or a surgical procedure listed in the Schedule which is undertaken under general or local anesthesia in a Hospital by a Doctor which does not require 24 hours of hospitalization and are carried out in specialized Day Care centers which are fully equipped with advanced technology and specialized infrastructure.

This benefit is provided under the policy for procedures as given below-

- Hysterectomy
- Appendectomy
- Inguinal/Ventral/Umbilical/Femoral Hernia repair
- Coronary Angiography,
- Lithotripsy (Kidney Stone Removal)
- Coronary Angioplasty,
- Parenteral Chemotherapy
- Dental surgery following an accident
- Piles & Fistula
- Dilatation & Curettage (D & C) of Cervix,
- Prostate
- Eye surgery,
- Radiotherapy, Chemotherapy, Experimental/Targeted chemotherapy
- Fracture / dislocation excluding hairline fracture
- Sinusitis
- Gastrointestinal Tract system Stone in Gall Bladder, Pancreas, and Bile Duct
- Dialysis /Hemo-Dialysis
- Tonsillectomy
- Hydrocele,
- Urinary Tract System
- **OR** any other Treatment / Surgery / Procedure as agreed by **INSURANCE COMPANY** which does not require 24 hours hospitalization due to advancement in Medical Technology.

Room Rent Limits: Per Day Room Rent + Nursing & Boarding charges is capped as follows:

Sr. No.	Particular	Metro	Non-Metro
	Per Day Room Rent including Nursing and Boarding Charges (% of Sum Insured)		
I	ICU/ICCU	4%	2%
ii	Non-ICU/ICCU/Normal	2%	1%

- Metro cities to include Delhi NCR, Mumbai, Kolkata, Chennai, Hyderabad, Bangalore, Pune, Chandigarh, Mohali, Dehradun, Vadodara, Indore, Goa, Ahmedabad & Panchkula.

All other associated charges shall be paid in accordance with room rent restrictions.



Hence, if an employee opts for a higher room category than the permitted room rent category, all charges will be deducted proportionately (Incremental Charges). These incremental charges, however, will exclude medicines and consumables.

- Incremental Charges:**

Incremental charges are calculated on charges levied by hospital such as surgeon charges, anaesthesia and anaesthetist charges, Operation room charges, Doctor Visits, investigation charges and all charges excluding drugs and consumables.

Ailments / Procedures with Capping limit*

Sr No.	Procedure Name	Maximum Limit	
		Non-Metro	Metro
1	Cataract	Rs. 40,000	Rs. 50,000
2	Normal Delivery	Rs. 35,000	Rs. 50,000
3	LSCS	Rs. 50,000	Rs. 75,000
4	Appendectomy	Rs. 60,000	Rs. 70,000
5	Cholecystectomy	Rs. 80,000	Rs. 90,000
6	Fistulectomy/Fissurectomy	Rs. 40,000	Rs. 50,000
7	Hemorrhoidectomy	Rs. 60,000	Rs. 70,000
8	Hernioplasty	Rs. 70,000	Rs. 80,000
9	Angiography	Rs. 50,000	Rs. 60,000
10	Hysterectomy	Rs. 70,000	Rs. 80,000
11	Transurethral resection of the Prostate [TURP]	Rs. 80,000	Rs. 100,000

Maternity Benefits*:

Maternity Expenses Benefit Cover is admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India including Nepal. Pre & Post Natal Expenses are covered only if admitted in Hospital / Nursing Home and treatment is taken there (i.e. hospitalization period only) within the maternity limit. This extension is applicable only for first two living children.

The limits for Maternity benefit are as follows:

Particular	Non-Metro	Metro
Maternity Normal	Rs. 35,000/-	Rs. 50,000/-
Maternity - Caesarean	Rs. 50,000/-	Rs. 75,000/-

(Limits /Sub-limits within family floater sum insured)

- Critical Illness**

In case employee has any critical illness then the entitlement will be double of the Family Floater sum insured (limits) and will be applicable to the 'Employees' only

- Newborn Baby:**

Newborn baby shall be covered from date of birth under the family sum insured applicable.



- **Pre-Hospitalization Expenses:**
if the insured member is diagnosed with an illness which result in his/her Hospitalization and for which the Insurer accepts a claim, the insurer will also reimburse the insured member's Pre-hospitalization Expenses for the same treatment with no capping up to 30 day prior to his/her Hospitalization.
- **Post Hospitalization Expenses:**
If the Insurer accepts a claim under Hospitalization and immediately following the Insured Member's discharge, further medical treatment directly related to the same condition for which the Insured Member was hospitalized is required, the Insurer will reimburse the Insured member's Post-hospitalization Expenses for the same treatment for up to 60-day period from the date of discharge subject to 10% of main hospitalisation.
- **Waiver of Pre-Existing conditions, 30-day waiting period, 1st and 2nd year**
Exclusions: Normally health insurance policies exclude certain diseases or ailments or conditions for first 30 days, 1 year and 2 years, however these exclusions are waived off for all Sun Pharma employees and their dependents covered under this policy.

TOP-UP COVER

Enhance your sum insured over & above the base policy by 100%, 200% or 300%

NEED FOR TOP UP MEDICAL PLAN

Healthcare costs are rapidly rising with medical inflation being in the range of 8-12%. In such a situation, the base policy sum insured may exhaust during the policy period. Top up provides an additional coverage to employees over and above the company sponsored limit.

ADVANTAGES

- Top up Coverage is identical to base medical policy of Sun Pharma Group.
- Employee can opt for 100%, 200% & 300% of their base sum insured as per his/her needs
- Top up layer will be triggered only if sum insured of the concerned employees under Base policy is exhausted. The main medical plan and the top up plan can be claimed together for the same hospitalization.
- Premium to be borne by employees in line with options selected on Medi Assit Portal



Flexible Plans Continued

For the year 2024-25

Double the Existing Room Rent Limit

This is a specially curated benefits upgrade available under the Flexible Health Benefits, which is aimed to provide enhanced room rent limits to Employee and/or for all base policy enrolled dependents (Self, Spouse, Children & Parents) under the Flexible Health Benefits.

Upon selection of this plan, the room rent limits will double in case of normal room and ICU both.

Please note that the purchase of this plan will not increase your Sum Insured under the Base Mediclaim Policy. However, it will enable additional entitlements within the overall Base Mediclaim Cover limits.

Option	Existing Limits	
	Non-Metro	Metro
Normal Room	1%	2%
ICU/ICCU	2%	4%
Enhanced Limits (By opting for Plan)		
Normal Room	2%	4%
ICU/ICCU	4%	8%

Double the Existing Ailment Capping Limit

This is a specially curated benefits upgrade available under the Flexible Health Benefits, which is aimed to provide enhanced Disease wise limits to Employee and/or for all base policy enrolled dependents (Self, Spouse, Children & Parents) under the Flexible Health Benefits.

In case of hospitalization, base policy applies capping for listed specific diseases. Upon selection of this plan, the existing ailment wise limits of base policy will get double in case of metro and non-metro both except for maternity benefit.



Please note that the purchase of this plan will not increase your Sum Insured under the Base Medclaim Policy. However, it will enable additional entitlements within the overall Base Medclaim Cover limits.

Procedure Name	Existing Limit		Enhanced Limits	
	Non-Metro	Metro	Non-Metro	Metro
Cataract	Rs 40,000	Rs 50,000	Rs 80,000	Rs 100,000
Appendectomy	Rs 60,000	Rs 70,000	Rs 120,000	Rs 40,000
Cholecystectomy	Rs 80,000	Rs 90,000	Rs 160,000	Rs 180,000
Fistulectomy/Fissurectomy	Rs 40,000	Rs 50,000	Rs-80,000	Rs-100,000
Hemorrhoidectomy	Rs 60,000	Rs 70,000	Rs 120,000	Rs 140,000
Hernioplasty `	Rs 70,000	Rs 80,000	Rs 140,000	Rs 160,000
Angiography	Rs 50,000	Rs 60,000	Rs 100,000	Rs 120,000
Hysterectomy	Rs 70,000	Rs 80,000	Rs 140,000	Rs 160,000
Transurethral resection of the Prostate [TURP]	Rs. 80,000	Rs. 100,000	Rs 160,000	Rs 200,000

Additional Child Cover

Option to cover 3rd and 4th Child.

This is a specially curated benefits upgrade available under the Flexible Health Benefits, which is aimed to cover the 3rd and the 4th child under the Group Medclaim Policy.

The base plan entitles you to cover a maximum of 2 children. By availing this plan, you will be able to cover your 3rd and 4th child under Group Medclaim Policy.

3rd & 4th Child shall be covered in the sum insured as per employee's Grade limit in the company.

Maximum Age allowed is 25 years as on 30th June'24

Top-up cover & other flex benefits [as listed below] opted for by the employee will also be applicable to the additional child enrolled as well.

Note:



- Top Up Premium shall increase by 5% for every additional child enrolled.
- Double the Existing Room Rent Limit shall increase by 5% for every additional child enrolled.
- Double the Existing Ailment Capping Limit shall increase by 5% for every additional child enrolled.
- Hospi-cash plan shall increase by 5% for every additional child enrolled.

Additional Parental Cover

Option to cover additional parents/Parents in Laws

This is a specially curated benefits upgrade available under the Flexible Health Benefits, which is aimed to cover second set of parents other than one's covered in base policy

The base plan entitles you to cover a maximum of 2 parents. By availing this plan, you will be able to cover your more than two parents in the Group Mediclaim Policy

Additional parents will be enrolled in the sum insured as per employee's graded entitlement in the Base Mediclaim policy.

Top-up cover & other flex benefits [as listed below] opted by the employee will also be applicable to the additional Parent enrolled as well.

Note:

- Top Up Premium shall increase by 25% for every additional parent enrolled.
- Double the Existing Room Rent Limit shall increase by 25% for every additional parent enrolled.
- Double the Existing Ailment Capping Limit shall increase by 25% for every additional parent enrolled
- Hospi-cash plan shall increase by 25% for every additional parent enrolled

Family Care Plan

Plan to cater to specific needs of Women & Child

Family Care Plan is a specially curated benefits upgrade available under the Flexible Health Benefits, which can be availed by Employee, Spouse and Children.

The coverages of family care plan are mentioned as below –

- Maternity Plus - Additional Sublimit of INR 25,000 Over and above base
- Fertility treatments for men & women covered for INR 50,000 on OPD and IPD basis
- PCOD Treatment covered upto INR 50,000
- Children vaccinations as recommended by WHO, for children in the age bracket of 0-3 yrs., upto INR 10,000 with a sublimit to INR 2,000 per vaccine. Vaccination applicable for children enrolled under base policy only.



Upon your selection, these new benefits will be enabled under your Group Medclaim Cover as per the defined limits.

Please note that the purchase of this plan will not increase your Sum Insured under the base Medclaim Plan. However, it will enable additional entitlements within the overall Base Medclaim Cover limits.

Family Care Plan	Existing Limit		Other Plan Offerings
	Normal	Caesarean	
Maternity limit –Non-Metro	Rs-35,000	Rs-50,000	Fertility treatments for men & women covered for INR 50K for IPD & OPD
Maternity limit –Metro	Rs-50,000	Rs-75,000	
Enhanced Limits			PCOD Treatment upto 50K Children vaccinations as per recommended by WHO, for children in the age bracket of 0-3 yrs., upto INR 10,000 with a sublimit to INR 2,000 per vaccine
	Normal	Caesarean	
Maternity limit –Non-Metro	Rs-60,000	Rs-75,000	
Maternity limit –Metro	Rs-75,000	Rs-100,000	

Hospital Cash Plan

Fixed per day allowance beyond 3 days of hospital stay

This is a specially curated benefits upgrade available under the Flexible Health Benefits, which is aimed to provide daily Hospital Cash benefits to Employee and/or for all enrolled dependents (Self, Spouse, Children and Parents) under the Flexible Health Benefits Structure.

In case the stay during the in-patient treatment exceeds 3 days, you can claim up to INR 2,000 per day for every additional day of stay after the 4th day for a maximum period of 30 days in a Normal Room. The limits will double in case of an ICU hospitalization.

Eligibility: Enrolled dependent family members as per the Group Medclaim Cover – Self, Spouse, Children and parents/additional parents (if opted under flexible plans. The coverage is per incident basis.

Upon your selection, these new benefits will be enabled under your Medclaim Cover as per the limits mentioned.

Please note that the purchase of this plan will not increase your Sum Insured under the Medclaim Cover. However, it will enable additional entitlements within the overall Group Medclaim Cover limits.



STANDALONE FLEX BENEFITS

Critical Illness Cover

Opportunity to secure lump-sum coverage for listed critical illnesses.

**Pre-existing Diseases stand excluded. eligibility employee & spouse only.*

When a serious illness strikes, Critical Illness insurance can provide financial support to help you through a difficult time. It protects against the financial impact of certain illnesses. Lump sum payment in case of first-time detection of named critical illnesses (Sum Insured INR 3L / 5L / 10L /20L)

Eligibility: Employee & Spouse	Survival Period: 30 days		Waiting Period: 30 days
Cancer of specific severity	Coma of Specified Severity	Loss of Limbs	Encephalitis
Myocardial Infarction (First Heart Attack – of Specific Severity)	Motor Neurone Disease with Permanent Symptoms	Loss of Speech	Fulminant Hepatitis
Open Chest CABG	Loss of Vision (Blindness)	Aplastic Anaemia	Chronic Relapsing Pancreatitis
Open Heart Replacement or Repair of Heart Valves	Major Burns	End Stage Liver Failure	Major Head Trauma
Kidney Failure Requiring Regular Dialysis	Parkinson’s Disease	End Stage Lung Failure	Medullary Cystic Disease
Stroke Resulting in Permanent Symptoms	Benign Brain Tumor	Primary (Idiopathic) Pulmonary Hypertension	Muscular Dystrophy
Major Organ / Bone Marrow Transplant	Alzheimer’s Disease	Bacterial Meningitis	Poliomyelitis
Permanent Paralysis of Limbs	Aorta Graft Surgery	Apallic Syndrome or Persistent Vegetative State (PVS)	Systemic Lupus Erythematosus
Multiple Sclerosis with Persisting Symptoms	Loss of Hearing (Deafness)	Coronary Angioplasty (PTCA)	Brain Surgery

Income Protection Plan

This is a specially curated benefits upgrade available under the Health Plus Plan, which is aimed to provide compensation for prolonged illnesses.

The entitlements under the Income Protection plan will be as per the Actual Weekly Salary as per CTC or INR 50,000 per week whichever is low for 20 weeks.

Eligibility: employee only.

This is subject to 5 days of hospitalization.



OPD Cover

Option to choose OPD plans. Not everything requires hospitalization.

OPD Plan covers your everyday medical expenses towards Doctor Consultations, prescribed diagnostic tests, Dental and Vision check-up and treatment availed as a walk-in patient at any local clinic/diagnostic centre or at a multi-speciality hospital. (Upto pre-defined sublimit)

Typically, these expenses are not covered under the Mediclaim insurance cover since it does not require 24 hours of hospitalization and lack of an active-line-of-treatment.

If you are selecting OPD cover including parents, only two parents enrolled in the base plan are eligible for Parental OPD plan.

Coverages / Sum Insured	Plan 1- INR 5,000	Plan 2 - INR 10,000	Plan 3 – INR 20,000	Plan 3 – INR 30,000	Plan 3 – INR 50,000
Family definition	Self, Spouse & Children	Self, Spouse & Children	Self, Spouse & Children + Parents	Self, Spouse & Children + Parents	Self, Spouse & Children + Parents
Consultations (including Skin/Hair/Dietician) & Diagnostics (Doctor Consultations, Lab Tests, Imaging & Diagnostic Tests as prescribed by the doctor)	Up to Full Sum Insured	Up to Full Sum Insured	Up to Full Sum Insured	Up to Full Sum Insured	Up to Full Sum Insured
OPD Procedures	Up to Full Sum Insured	Up to Full Sum Insured	Up to Full Sum Insured	Up to Full Sum Insured	Up to Full Sum Insured
Prescribed Pharmacy (Reimbursement)	Upto 20% of Sum Insured	Upto 20% of Sum Insured	Upto 20% of Sum Insured	Upto 30% of Sum Insured	Upto 40% of Sum Insured
Dental (Except cosmetic treatments)	Upto 40% of Sum Insured	Upto 40% of Sum Insured	Upto 40% of Sum Insured	Upto 50% including cost of frames	Upto 60% including cost of frames
Vision (Spectacles excluded)	Upto 40% of Sum Insured	Upto 40% of Sum Insured	Upto 40% of Sum Insured	Upto 50% including cost of frames	Upto 60% including cost of frames
WHO Vaccination	Not Covered				WHO Approved Preventive Vaccination to be covered upto 50% of Sum Insured. (Flu Vaccination, Cervical Cancer Vaccination) for Female Members including Self, Spouse & Girl Child)
Alternate Line of Medicine	Covered as per above mentioned plan Sub limits, including AYUSH				



For detailed claims related information under standalone flex benefits please reached out to Medi Assist or Global Insurance Cell

MODUS OPERANDI OF PREMIUM RECOVERY

Plan selected by employee during enrolment window period

First instalment of total recovery from salary – July'24

Second instalment of total recovery from salary- Aug'24

3rd instalment of total recovery from salary-Sep'24



Documents for Hospitalization Claim:

- Completed Claim form with Signature-Mandatory
- Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts-Mandatory
- Discharge Report (original)-Mandatory
- Original Payment Receipt-Mandatory
- Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
- Original reports or attested copies of Bills and Receipts for Medicines, Investigations along with doctors prescription in Original and Laboratory, Stickers in case of Implants E.g.: Lens (Cataract), Stents (Heart Surgery) etc.
- Follow-up advice or letter for line of treatment after discharge from hospital, from Doctor.
- Provide Break up details including Pharmacy items, Materials, Investigations even though it is there in the main bill
- 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.
- In non- network hospital, you may have to get the hospital and doctor's registration number in Hospital letterhead and get the same signed and stamped by the hospital, if required. Claim Form Part-B is mandatory for this case.
- Cancelled Cheque with Pre-Printed name of Employee / Bank Statement

Note: Additional documents may be asked on case to case basis as per the discretion of TPA Medical Team.

Please send the claim documents to address mentioned below as per your location.



GENERAL EXCLUSIONS - Health Cover and OPD Plans

Insurer/TPA shall not be liable to make any payment for any claim under any Benefit in respect of any Insured Person directly or indirectly caused by, based on, arising out of, relating to or howsoever attributable to any of the following:

- Treatment directly or indirectly arising from or consequent upon war or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defense, rebellion, uprising, revolution, insurrection, military or usurped acts, nuclear weapons / materials, chemical and biological weapons, ionizing radiation, contamination by radioactive material or radiation of any kind, nuclear fuel, nuclear waste.
- Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- Willful or deliberate exposure to danger, intentional self- Injury, non- adherence to Medical Advice, participation or involvement in naval, military or air force operation.
- Hazardous or Adventure sports: (Code- Excl09) - Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- Any Illness/Injury/Accident due to abuse of intoxicants or hallucinogenic substances smoking cessation programs and the treatment of nicotine addiction unless prescribed by a Medical Practitioner.
- Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.
- Refractive Error: Expenses related to the treatment for correction of eye sight due to refractive error less than 5.5 diopters.
- All routine examinations and preventive health check-ups (Will be covered under OPD Benefits Limits & Sub Limits if applicable to your plan)
- Cosmetic or plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- **Any other exclusions as specified in the policy.**

Note: Above list of exclusion is Indicative list not the exhaustive one, In case of any dispute Policy document issued by Insurance company & Standard Group Health Policy wording will be referred.



DEDUCTIONS / NON-PAYABLE EXPENSES

Administrative Expenses

- Admission charges
- Registration charges
- Medico-legal charges
- Attendant stay charges
- Relative stay charges
- Additional stay
- 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

Consumable

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

Services

- Private nurse charges
- Telephone charges
- 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

Note: The above-mentioned exclusions are indicative & not exhaustive. For detailed information on Exclusion wordings, please refer the Standard Group Policy wordings. In case of any conflict then the terms conditions of the applicable policy document will prevail.

Key Points to Note

1. Pro rata premium payable for new joiners for all flex plans and NO Refund for Exit Cases under Integrated FLEX Plans. While in Standalone Flex Plan Full Premium payable for new Joiners and NO Refund in case of EXIT.
2. In addition, there will be discounts offered to employees as per below Grid.

Integrated Flex Plans Opted	Applicable Discount
1 Plan	No Discount
2 Plans	2.5% Discount on each Plan
3 – 5 Plans	3.5% Discount on each Plan
Above 5 Plans	5% Discount on each Plan



**Group Mediclaim Policy
Benefits Manual 2024-25**

How to claim:-

➤ **Cashless :-** Cashless means the Administrator may authorize upon a Policyholder’s request for direct settlement of eligible services and it’s according charges between a Network Hospital and the Administrator. In such case the Administrator will directly settle all eligible amounts with the Network Hospital

Network Hospital Search Link:

<https://www.mediassist.in/network-hospital-search/>

➤ **Non-cashless(Reimbursement) Process :-** In case of non network hospital, you will be required to clear the bills and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as – discharge summary, investigation reports etc. for submitting your claim.



For assistance (if any), feel free to write / contact:

Location Support SPOC	Name	Contact number
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