Perks & Benefits

Group Health [Mediclaim] & Group Accident Insurance

NEVER GROW UP®

yellowseed
The Content Company

SPRD

Never Grow Up, SPRD and Yellow Seed | Company Confidential | 2019
Applicable to all full time employees within the group.

Group Accident Insurance

What is a Personal Accident Insurance?

The Group Personal Accident Insurance Policy provides for payment of compensation in the event of member(s) of the insured group sustaining injury, disablement or death arising out of an accident. This cover is worldwide, applicable only for the individual employee and is for an amount of Rs.300,000/- per person.

What is an accident?

A fortuitous event or happening which is sudden, unexpected and unintentional, caused by external, violent and visible means.

Nomenclature

- Permanent Total Disablement (PTD)- an injury which permanently and totally disables a person from engaging in any occupation.
- Permanent Partial Disablement (PPD) – an injury of a permanent nature due to which a person is disabled, albeit partially.
- Temporary Total Disablement (TTD) – an injury which temporarily prevents a person from engaging in any occupation.

For ease of transactions, all full time team members are registered under the parent company 'Never Grow Up Workshops Private Limited'.

What does it cover?

100% capital sum insured under the following conditions

- Death
- Loss of both eyes
- Loss of two limbs
- Loss of a limb or an eye
- Eyesight of one eye/one limb
- Loss of hearing in both the ears
- Loss of speech
- Any kind of permanent total disablement
- Other permanent disablement – as assessed by a Doctor
- In case of temporary total disablement, 1% of Sum Insured subject to max of 5,000 for 100 weeks.

Additional Benefits

- Coverage of medical expenses - 10% of sum insured or 40% of claim amount, whichever is less
- Children's education fund - Rs. 10,000 per child up to 2 children would be credited at the time of claiming the insurance.
- Transportation of Mortal remains - 1% of Sum Insured or Rs. 2500 or actual expenses, whichever is less.
- Funeral Expenses - 1% of Sum Insured or Rs. 5000 or actual expenses, whichever is less

What is <u>not</u> covered?

- Intentional self injury or suicide
- Insanity or venereal disease
- Influence of intoxicating liquor or drugs
- Breach of law with criminal intent
- Pregnancy or childbirth
- War and nuclear perils
- HIV/AIDS or any mutant derivative
- Aviation or ballooning

How To File A Claim?

- Immediate intimation
- Claim Form
- Leave record in case of TTD claim for employees
- Medical Report and treatment records
- FIR/ Panchnama/ Police Report
- Death Certificate and Post Mort-em Report (For death claims)

Submission Of Claim Documents

To Ms. Amruta Jog (Commercial Claims)
Bharti AXA General Insurance Co Ltd, Suma House, 1st Floor, Plot no 4/7, Erandawane, Pune 411004 | Boardline no: 020 41463000

Group Health Insurance / Mediclaim

What Is A Mediclaim?

This insurance scheme is meant to provide adequate insurance coverage of employees for expenses related to hospitalization due to illness, disease or injury.

Note: The information contained here is only a summary of the policy documents which are with the company. If there is a conflict in interpretation, terms & conditions of the policy and its bye-laws will prevail.

Benefit Details

Policy Parameters

Insurer: Bharati Axa General Insurance Limited

TPA: Health TPA India

Policy Type: Floater

Family Definition: Employee + Spouse + 2 Children

Sum Insured: 300,000/- per family.

Benefits Covered

Standard Hospitalization, Pre-existing Diseases, First Year Exclusion, Waiver on first 30 day exclusion, Pre and Post Hospitalization expenses, Daycare, Terrorism & Epidemic Cover

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Standard Hospitalization

- Room and boarding (1%of SI for normal & 2% of SI for ICU) In the event of the insured getting admitted in a category higher than capped mentioned above per day, then the insured will bear the difference of all the medical expenses as in the final hospital bill in the same proportion.
- Doctors fees, Intensive Care Unit, Nursing expenses
- Surgical fees, operating theater, anesthesia and oxygen and their administration, Physical therapy
- Drugs and medicines consumed on the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Dressing, ordinary splints and plaster casts
- Costs of prosthetic devices if implanted during a surgical procedure
- Radiotherapy and chemotherapy
- Organ transplantation including the treatment costs of the donor but excluding the costs of the organ

Standard Hospitalization [Notes]

- The expenses shall be reimbursed provided they are incurred in India and within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to.
- Expenses on Hospitalization for minimum period of 24 hours are admissible. However this time limit will not apply for specific treatments i.e. Dialysis, Chemotherapy, Radiotherapy, Eye surgery, Lithotripsy (kidney stone removal), Tonsillectomy, D & C taken in the Hospital/Nursing home and the insured is discharged on the same day of the treatment will be considered to be taken under Hospitalization Benefit.
- Security Deposit of a minimum of INR 5,000 may be collected by the hospital.

Pre & Post Hospitalization Expenses

- Pre-Hospitalization | If the Insured Person is diagnosed with an Illness which results in his Hospitalization and for which the Insurer accepts a claim under the list above, the Insurer will reimburse the Insured Person's Pre-hospitalization Expenses for up to 30 days prior to her/his Hospitalization as long as the 30 day period commences and ends within the Policy Period.
- Post-Hospitalization | If the Insurer accepts a claim under the list above and, immediately following the Insured Person's discharge, She/he requires further medical treatment directly related to the same condition for which the Insured Person was Hospitalized, the Insurer will reimburse the Insured Person's Post-hospitalisation Expenses upto 60 days post hospitalization

You Are Covered from Day 1

- First 30 Day Waiting Period | Normally, any Illness diagnosed within 30 days of the effective date of the Policy Period is not covered. But this is not in your case.
- First Year Waiting Period | Normally, during the first year of the operation of the policy the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Diseases, Fistula in the anus, Piles, Sinusitis and related disorders are not payable. If these diseases are pre-existing at the time of proposal they will not be covered even during a subsequent period or renewal too. But not in your case.
- Pre Existing Disease | Any Pre-Existing Condition or related condition for which care, treatment or advice was recommended by or received from a Doctor or which was first manifested prior to the commencement date of the Insured Person's first Health Insurance policy with the Insurer is also covered.

What Else Is Covered?

- Day Care | 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 in not less than 2 hours and not more than 24 hours
- Terrorism and Epidemic cover | Any hospitalization due to terrorism act or Epidemic will be covered under the policy

Non-applicable Situations

Maternity Benefits

Domiciliary Hospitalization | Medical treatment for a period exceeding three days for such illness/disease/injury which in the normal course would require care and treatment at a hospital/ nursing home but actually taken whilst confined at home in India under any of the following circumstances.

Hospitalization for domestic purposes only | 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 of 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.

What Cannot Be Covered?

- Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations
- Dental treatment of any kind unless requiring hospitalization due to an accident.
- Congenital external diseases or defects/anomalies
- HIV and AIDS
- Hospitalization for convalescence, general debility, intentional self-injury, use of intoxicating drugs/ alcohol.
- Venereal diseases
- Injury or disease caused directly or indirectly by nuclear weapons
- Naturopathy, Homeopathy, Unani treatment
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, etc
- Cost of spectacles, contacts, hearing aids
- Any cosmetic or plastic surgery except for correction of injury
- Hospitalization for diagnostic tests only
- Vitamins and tonics unless used for the treatment of injury or disease
- Infertility treatment
- Voluntary termination of pregnancy.

Cashless Hospitalization

Cashless hospitalization 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 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 as these services are covered under the Policy.

- List of hospitals in the HSO's network eligible for cashless hospitalization | www.healthindiatpa.com
- List of Cashless Hospital | Toll-Free: 1800 2201 02
- For Updated Cashless list kindly log in to | https://www.healthindiatpa.com/Hospital_Search.aspx

Planned Hospitalization

Step 1
Pre-Authorization

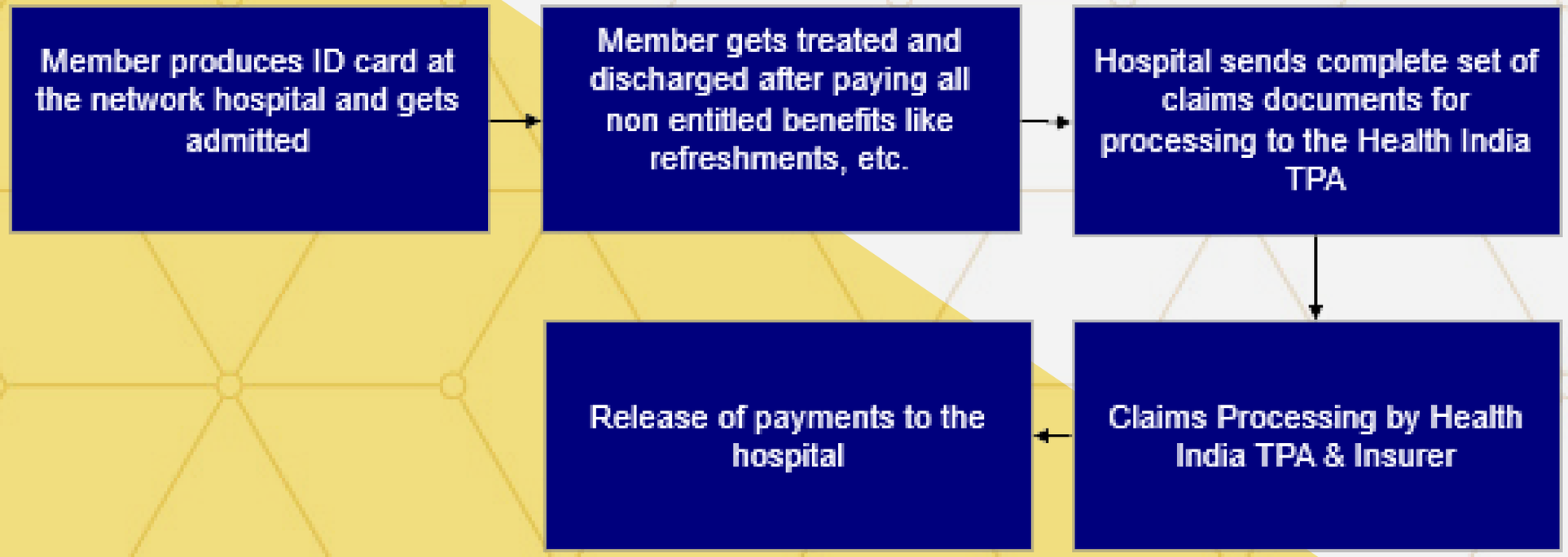
All non-emergency hospitalization instances must be pre-authorized with the Help Desk, as per the procedure detailed below. This is done to ensure that the best healthcare possible, is obtained, and the patient/employee is not inconvenienced when taking admission into a Network Hospital.

Step 2
Admission, Treatment & discharge

After your hospitalization has been pre-authorized, you need to secure admission to a hospital. A letter of credit will be issued by Health India TPA to the hospital. Kindly present your ID card at the Hospital admission desk. The employee is not required to pay the hospitalization bill in case of a network hospital. The bill will be sent directly to, and settled by, Health India TPA.

Patients seeking treatment under cashless hospitalization are eligible to make claims under pre and post hospitalization expenses. For all such expenses the bills and other required documents needs to submitted separately as part of non cashless claims.

Admission, Treatment and Discharge



Emergency Hospitalization

Step 1
Get Admitted

In cases of emergency, the member should get admitted in the nearest network hospital by showing their ID card.

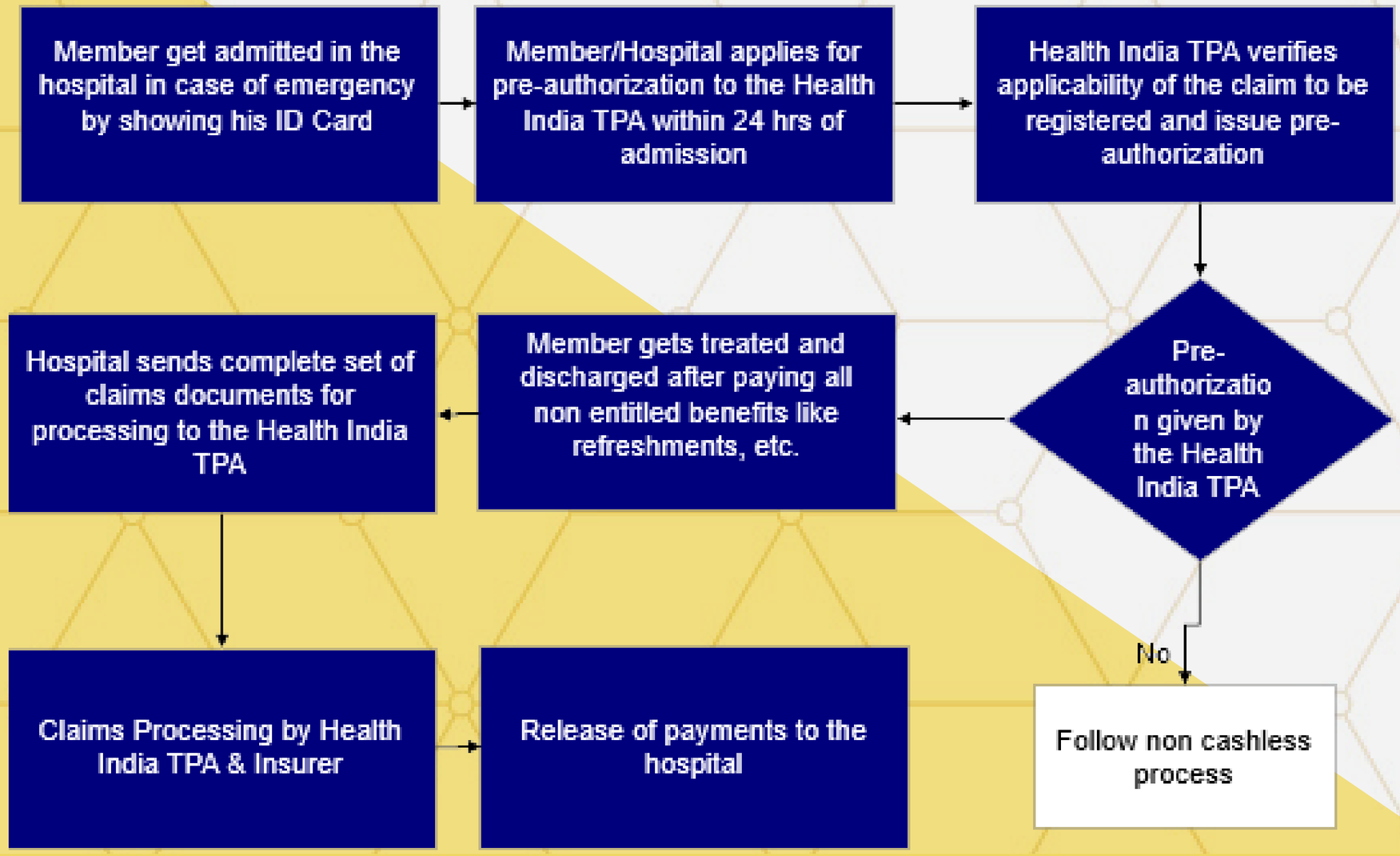
Step 2
Pre-Authorization by hospital

Relatives of admitted member should inform the call centre within 24 hours about the hospitalization & Seek pre authorization. The preauthorization letter would be directly given to the hospital. In case of denial member would be informed directly

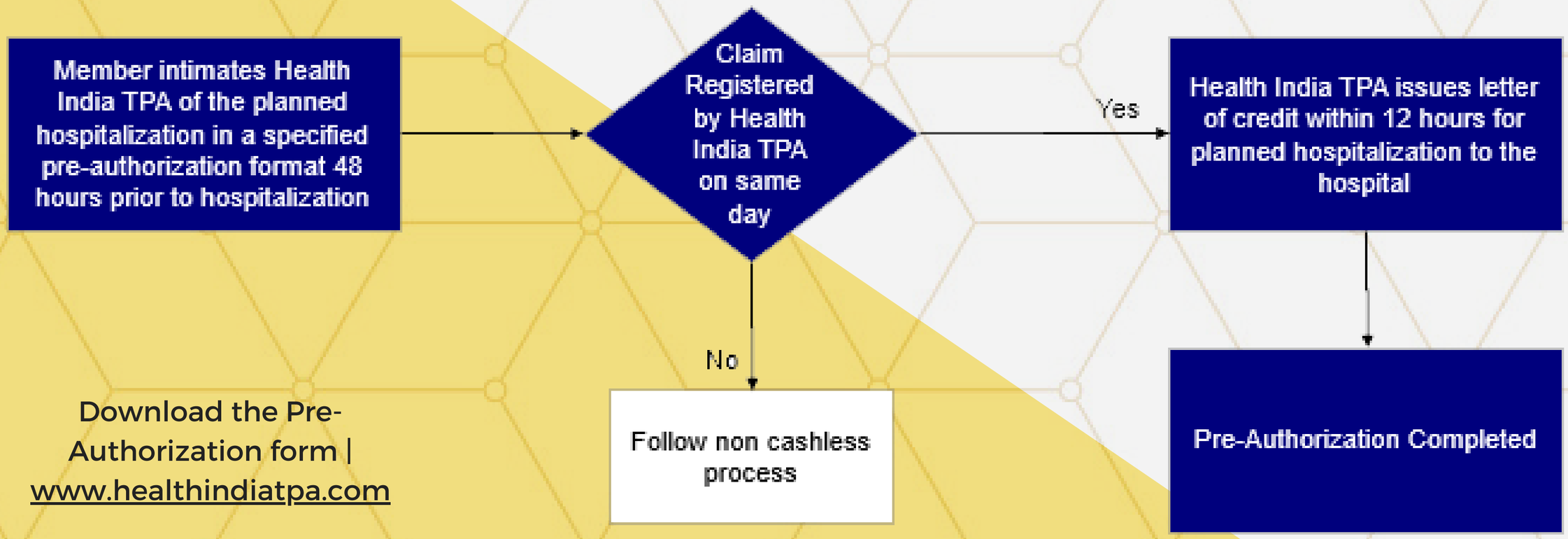
Step 3
Treatment & Discharge

After your hospitalisation has been pre-authorized the employee is not required to pay the hospitalisation bill in case of a network hospital. The bill will be sent directly to, and settled by, Health India TPA.

Emergency Hospitalization Process



Pre Authorization



Download the Pre-Authorization form | www.healthindiatpa.com

Non - Cashless Hospitalization

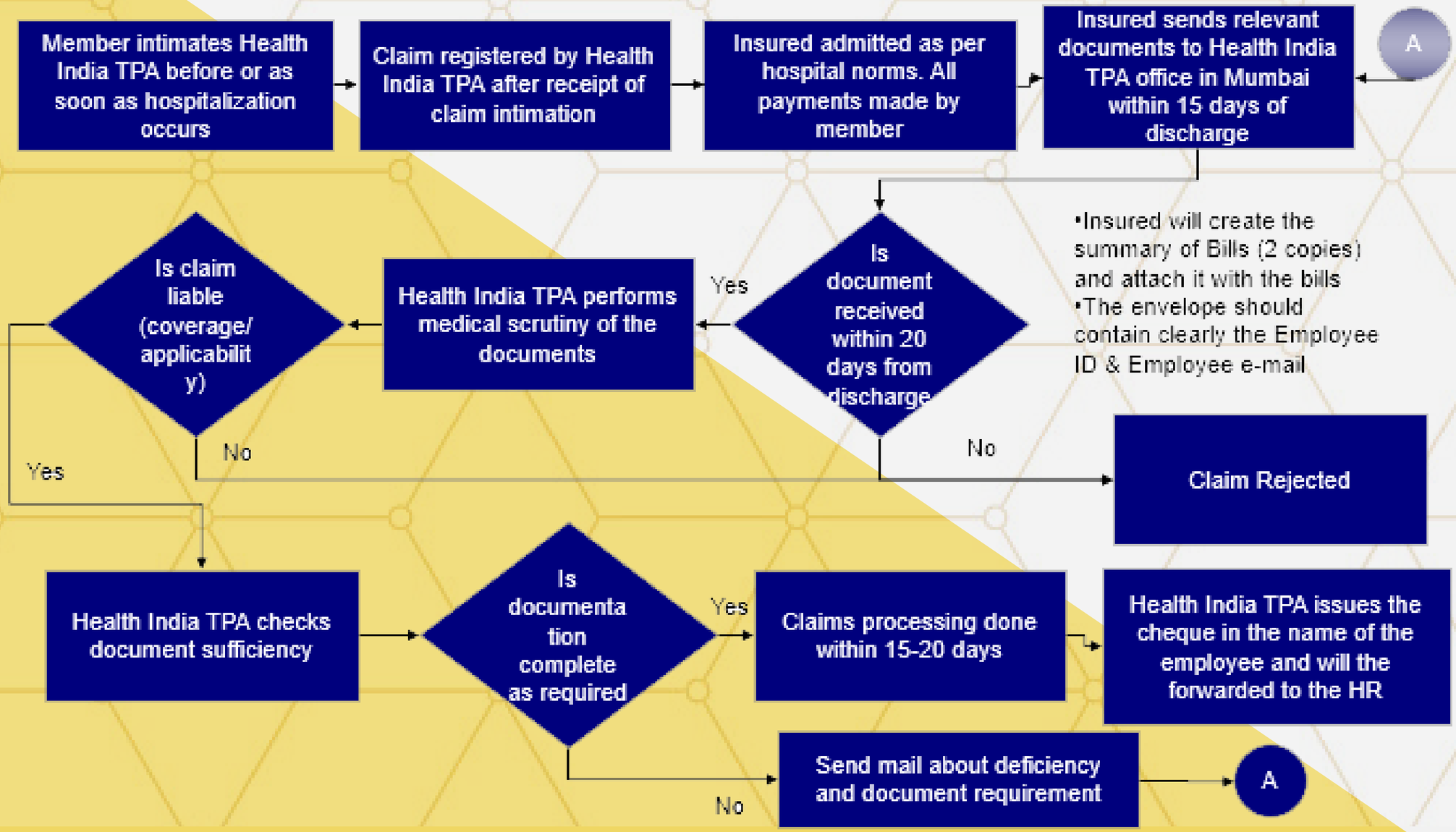
Admission procedure | In case you choose a non-network hospital you will have to liaise directly for admission.
However, you are advised to follow the pre-authorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.

Discharge procedure | In case of a non-network hospital, you will be required to clear the bill and submit a claim to Health India 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.

Submission of hospitalization claim

1. After the hospitalization is complete and the patient has been discharged from the hospital, you must submit the final claim within 20 days from the date of discharge from the hospital. (Applicable in case of a Non-Network hospital)
2. Under hospitalization claims, you are also permitted to claim for treatment expenses 30 days prior to hospitalization and 60 days after the date of discharge. This is applicable for both network and non-network hospitalization

Non-Cashless Hospitalization Process



Key Contacts

Reach out to these key contacts in case of queries, claims, at the time of hospitalization or any escalations pertaining to your claim.

For Enrollment
Ashvini [+91 704568 2267 / ashvini@insurancemanager.com]

For Claims and Escalations
Bhagyashree [+91 88796 98584 / bhagyashree@insurancemanager.com]

For Escalations
Monika Makwana [+91 99670 03080 / monika.makwana@insurancemanager.com]

For queries to Bharti Axa Life Insurance,
Call 1800 103 2292
Or
Shahrukh Hakim Khan
+91 70458 35077 / shahrukh,hakim@bharti-axagi.co.in

Claims Documentation List

- Signed Claim form
- Main Hospital bills in original (with the bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
- Discharge Card (original)
- 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
- Follow-up advise or letter for the line of treatment after discharge from the hospital, from Doctor.
- Break up with details of 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 hospitalization, please get the hospital and doctor's registration number on Hospital's letterhead and get the same signed and stamped by the hospital.
- Signed Cancel cheque

Submission of Claim Documents

Documents have to be submitted within 15 days from Date of Discharge

To Mr. Mangesh Khaire,
HEALTH INDIA INSURANCE TPA SERVICE PVT.LTD,
Neelkanth Corporate IT Park, Office Number 406-412,
Floor IV, Kirol Road / Village, Vidyavihar (West),
Mumbai-400088.

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Reach out to the Administration & Accounts Department in case of further queries or assistance.

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