

EMPLOYEE BENEFITS MANUAL

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Group Medical

Provides insurance coverage to employees for expenses related to hospitalization due to illness, disease or injury

Medical Benefits

Coverage Details (Employee)

Cashless Process

Non-Cashless

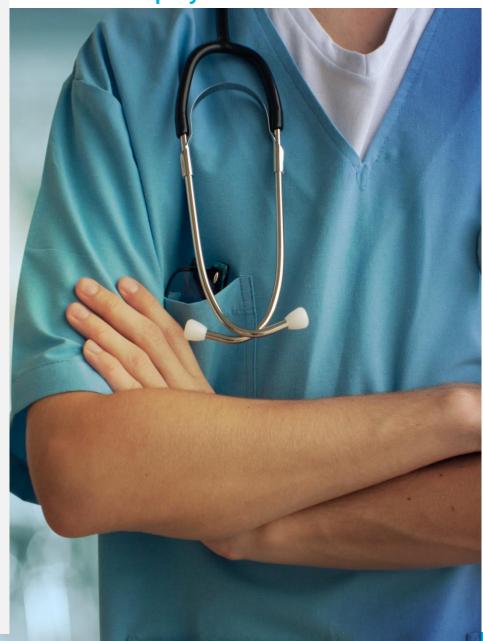
Claims Process

Claims Document List

Benefits Extensions – Definitions

General Exclusions

GMC Contact Details



Coverage Details For Employee Policy

Policy Parameter	
Insurer	THE NEW INDIA ASSURANCE CO. LTD.
TPA	Med Save TPA
Policy Med Save TPAt Date	1 st Sep 21
Policy End Date	31 st Aug 22
Coverage Type	Graded
Sum Insured	INR 1 lac/1.5 Lac/2 Lac

Maximum no of Members insured in a family	1 + 5
Employee	Yes
Spouse	Yes
Children	Yes
Parents/Parents-In-Law	Yes

Siblings	No
Others	No
Mid Term enrollment of existing Dependents	Disallowed
Mid Term enrollment of new joiners (New employees +their Dependents)	Allowed
Mid term enrollment of new dependents (Spouse/Children)	Allowed

^{*}No Individual should be covered as dependent of more than one employee

^{*}Maximum 2 children can be covered under the policy

CRESTECH SOFTWARE SYSTEMS PRIVATE LIMITED

Employee Renefite Manual

Coverage Details For Employee Policy

Benefits / Extensions	Coverage
Standard Hospitalization	Yes
TPA services	Yes
Pre existing diseases	Yes
Waiver on 1st year exclusion	Yes
Waiver on 1st 30 days excl.	Yes
Maternity benefits	INR 35,000 for Normal & INR 50,000 C-Sec
Baby cover day 1	Yes
Ambulance charges	INR 1000 per claim in case of emergency only

Benefits / Extensions	Coverage
Domiciliary Hospitalization	Not Covered
Pre-Post Hospitalization Exp.	30 days and 60 days
Room Rent Capping	3% of Sum insured for Normal and ICU. As per actual

Policy Period

Existing Employees + Dependents	
Commencement Date	1 st Sep 2021
Policy End date	31st Aug 2022

New joiners + Dependents	
Commencement Date	Date of joining
Policy End date	31st Aug 2022

New Dependents (due to Marriage / Birth)	
Commencement Date	Date of such event
Policy End date	31st Aug 2022

Please Note:

- A) The expenses are payable 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.
- B) 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.

Covers expenses related to:

- > Room and boarding- Normal 3% of Sum insured and for ICU As per actual
- > Doctors/Medical Practitioner fees
- Intensive Care Unit
- Nursing expenses
- > Surgical fees, operating theatre, anesthesia and oxygen and their administration
- Drugs and medicines consumed on the premises
- Hospital miscellaneous services (such as laboratory, x-ray, diagnostic tests)
- Radiotherapy and chemotherapy

Pre & Post Hospitalization Expenses

Pre-Hospitalization Expenses	
Definition	• If the Insured member is diagnosed with an Illness which results in his / her Hospitalization and for which the Insurer accepts a claim, the Insurer will also reimburse the Insured Member's Pre-hospitalisation Expenses for up to 30 days prior to his / her Hospitalization.
Covered	• Yes
Duration	• 30 Days

Post-Hospitalization Expenses	
Definition	• 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-hospitalisation Expenses for up to 60 day period.
Covered	• Yes
Duration	• 60 Days

*

Maternity Benefits

Benefit Details		
Benefit Amount	INR 35,000 For Normal & INR 50,000 C-section	
Restriction on no of children	Maximum of 2 children	
9 Months waiting period	Waived off	

- These benefits are admissible in case of hospitalization in India.
- Covers first two children only. Those who already have two or more living children will not be eligible for this benefit.
- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.



Cashless Process

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 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.

Note: 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 the claims reimbursement.

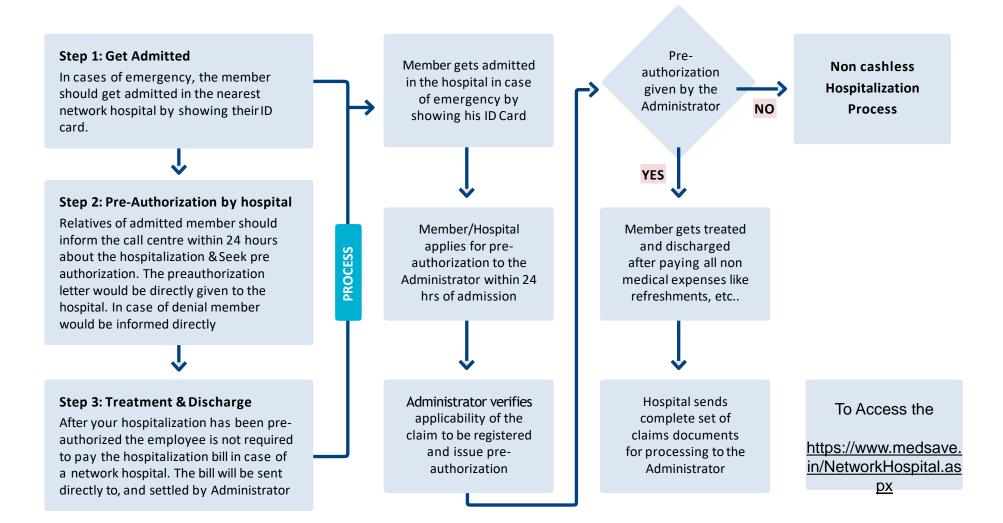
Hospitals in the network (please refer to the website for the updated list)

For Updated List visit to TPA link as below:

https://www.medsave .in/NetworkHospital.a spx



Cashless Hospitalization-Emergency



Cashless Hospitalization- Planned

Step 1: Pre-Authorization

All non-emergency hospitalization instances must be pre-authorized with the Administrator, 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.

Member intimates
Administrator of the
planned
hospitalization in a
authorization format
at- least 48 hours in
advance

Claim Registered by the Administrator on same day

Administrator
authorizes cashless
as per SLA for
planned
hospitalization to the
hospital

NO 🕹

Follow non cashless process

Pre-Authorization Completed

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 Administrator 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 Administrator

Member produces ID card at the network hospital and gets admitted

Member gets treated and discharged after paying all non entitled benefits like refreshments, etc..

Please Note: At the time of discharge when the Administrator receives the final bill, they try to renegotiate with the Hospital for a better price. Hence it may take some time for Administrator to revert back with final approval. This exercise checks the hospital to overcharge you and helps keep your sum insured utilization optimized for any future exigencies .. Please be patient

Hospital sends complete set of claims documents for processing to Administrator

Claims
Processing &
Settlement by
Administrator &
Insurer

Non-Cashless

Admission procedure

- 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 pre authorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.

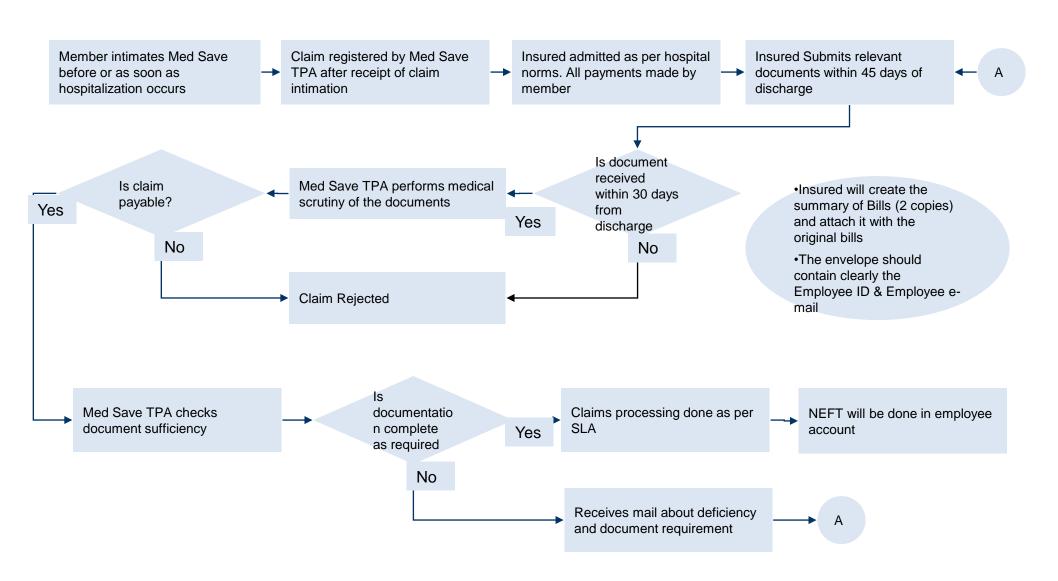
Discharge procedure

• 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.

Submission of hospitalization claim

• You must submit the final claim with all relevant documents within **45 days** from the date of discharge from the hospital.

Non-Cashless Claims Process



Claims Document List

- Completed Claim form with Signature
- Hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
- Discharge Report/Certificate/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 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.

^{*}Please retain photocopies of all documents submitted

Medical Benefit – General Exclusions

- Injury or disease directly or indirectly caused by or arising from or attributable to War or War-like situations
- · Circumcision unless necessary for treatment of disease
- 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 and AYUSH
- Any non-medical expenses like registration fees, admission fees, charges for medical records, cafeteria charges, telephone charges, etc
- · Cost of spectacles, contact lenses, hearing aids
- · Any cosmetic or plastic surgery except for correction of injury
- · Hospitalization for diagnostic tests only
- · Vitamins and tonics unless used for treatment of injury or disease
- Voluntary termination of pregnancy during first 12 weeks (MTP)
- OPD Claims not payable under the base Group Mediclaim Policy
- · Claims (of high value) submitted without prescriptions/diagnosis
- · Health foods
- · Costs incurred as a part of membership/subscription to a clinic or health centre
- Naturopathy
- Cost of appliances, spectacles, contact lenses, hearing aids
- · Non-medical expenses like Hospital surcharge, telephone bills, cafeteria bills

Contact Details

For claim Submission:

Claim need to be courier at below address

Abir Roy Chowdhury

Address: Med Save health care TPA F 701 A, Lado Sarai, New Delhi 1100307

In case of any queries, please reach out to:

TPA:

Level 1:

Name: MR. Abir Roy Choudhary

Contact No 9599806602

Email ID crm2_delhi@medsave.in

Level 2:

Name: Anuj Raj ShekharContact No:

9560600169

Email ID: anuj@medsave.in

Marsh:

Level 1:

Name: Ms. Saurabh Sharma Contact No: 7290952419

Email ID Saurabh.Sharma01@marsh.com

Level 2:

Name: Mr. Sulabh Gandhi Contact No: 9999819327

Email ID: Sulabh.gandhi@marsh.com