



Group Mediclaim Policy



INDEX

❖ What is Medclaim Insurance?	03
❖ What does Group Medclaim Policy Cover?	04
❖ What does Group Medclaim Policy Not Cover?	05
❖ Benefit of Group Medclaim Policy for Employer?	09
❖ Benefit of Group Medclaim Policy for Employee?	11
❖ What is a Hospital / Nursing Home ?	13
❖ Your Policy Details	14
❖ Important Point to be Noted	16
❖ Coverage Details	17
❖ General Terms & Conditions	18
❖ Cashless Facility	19
❖ Pre-authorization Form	21
❖ Authorization	22
❖ Claim Settlement – Cashless	23
❖ Reimbursement Process	24
❖ What To Do In An Emergency ?	26
❖ Escalation Matrix	28



What is Group Mediclaim Insurance?

Insurance Company provides Cashless/ reimbursement of hospitalization expenses incurred in India for the treatment of illness/diseases or injuries sustained by the employee and other beneficiaries during the period of insurance



What does Group Mediclaim Policy Cover?

- Various hospitalization charges are included in this policy.
- This policy covers the cost of diagnostic expenses incurred, the consumables required and the costs incurred for medicines required by you.
- The policy also offers cover for pre-hospitalization and post-hospitalization costs
- Daycare treatment also covered
- Room & Boarding Expenses.
- Nursing Expenses.
- Surgeon, General Anaesthetist, Medical Practitioner, Consultants, Specialists Fees.
- Medicines & Pharmacy Expenses.
- Investigation reports and X-ray Expenses.
- Dialysis, Chemotherapy, Radiotherapy Expenses.
- Cost of pacemaker, Artificial Implants & similar expenses.



What does Group Mediclaim Policy Not Cover?

Few of the major exclusions are mentioned below but since Group Mediclaim is a Tailor-Made policy, the same can be covered on account of additional premium

- × The charges for spectacles, hearing aids, and contact lenses are to be borne by you only.
- × Inoculation and vaccination are also not covered under group mediclaim policy.
- × Circumcision, vaccination, cosmetic surgery or procedures, inoculation or any other procedure of the same kind will not be covered under policy unless these procedures are absolutely necessary or required for the treatment of the diseases or illnesses covered under the policies.



- × Policy does not cover the costs incurred for the treatment of any sterility, fertility or assisted conception procedure, self-harm, suicide, convalescence, psychosomatic disorders, and diseases or accidents, injuries caused due to intoxication or abuse of substances, etc. related matters.
- × Costs incurred by you for diagnostic purposes which are not followed up by hospitalization or non active line of treatment.
- × Expenses incurred by you for procedures or investigation for things that are not related or irrelevant to the disease that caused the hospitalization.
- × Costs of non-medical nature, such as costs for telephones and other services will not be covered by the policies.
- × Treatment for conditions and illnesses arising out of obesity, weight management problems, supplies, etc. will not be offered.
- × Stay in hospitals for domestic reasons where no active treatment has been provided by the hospital to the insured person or persons will not be covered.



- × Costs incurred for sex-change operations, out-patient diagnostic operations, use of non-prescribed drugs and medicines, hormone replacement therapy, etc. will not be covered.
- × Pre-hospitalization or post-hospitalization charges for doctor's home visits. Costs incurred by private nurses and attendants etc. will not be covered under our group insurance policy either.
- × Treatment and costs incurred by you, which is not related to the disease or illness that caused the hospitalization will not be covered.
- × All Non Medical Expenses (Administration Charges, Registration charges, Gloves, cotton, food, equipment charges, Bio medical Waste Charges Etc.
- × Food purchased from Hotels / Hospital Canteen
- × Naturopathy Treatment.
- × Cost of vitamins/tonics unless forming part of treatment for the covered disease.
- × Cosmetic Surgery, Spectacles, contact lens, hearing aids.
- × Treatment for Infertility
- × Beauty Treatment of any description.
- × Plastic surgery (other than necessitated due to accident).



- × Treatment of AIDS, HIV, VD (STD).
- × Accident treatment under the influence of Alcohol or intoxicating drugs.
- × Congenital External Disease, defects or anomalies.
- × OPD treatment.
- × Dental treatment
- × Disease or accident due to adventure sports.
- × Intentional self Injury.
- × The exhaustive list of not payable items are attached
- × Treatment under BAMS & BHMS Doctors.



Benefit of Group Medclaim Policy for Employer?

❖ It is one of the biggest job perks

To run a business, you need good employees. However, job applicants today are looking for companies that offer more than just a good salary – they want job perks! This is where group medical insurance can make the difference. It shows that, as an employer, you are willing to go the extra mile for your workforce and adds value to a good salary.

❖ Retention of talent

Imagine a scenario where one of your employees is offered another job with a higher salary. However, instead of taking this new opportunity, he/she decides to stay on with your organization, simply because the other job does not provide healthcare benefits. Therefore, as you can see, a group health insurance plan goes a long way in reducing the attrition rate and retaining talent that is crucial to your company's success.



❖ **The feel good factor**

A group mediclaim policy covers your employees and their family members too. It creates a sense of goodwill around the organization. Employees feel valued and protected. This encourages employees to put their best foot forward and deliver for the organization. Basically, a group health insurance plan ensures a happier, healthier workforce, and also healthier bottom line.

❖ **Tax benefits**

Group medical insurance also provides you with tax benefits! The premium of a group medical policy is 100 percent tax deductible by law. It can be categorized under business expenses and can help you lower the taxable income of your organization.



Benefit of Group Mediclaim Policy for Employee?

❖ No waiting period

One of the biggest benefits of a group insurance policy is that it has no waiting period. The cover of the plan will begin the day you join the company. This ensures that even your pre-existing conditions (if any) will be covered right off the bat.

❖ No health check-ups required

When you approach a health insurance company to buy a plan, there is a chance that they will ask you to undergo a medical test before providing you with a policy. However, when it comes to a group insurance policy, no such test is required.



❖ **No premium**

Since it is the employer that pays for the group insurance policy, the employee enjoys coverage without paying a cent out of his/her own pocket. When they say the best things in the world are free – they are definitely referring to a group mediclaim policy. (Its Depend on Organization)

❖ **Cover for family members**

While this may depend from policy to policy, group health insurance plans usually cover the employees' family members too. These plans protect the dependents of the employees by offering them financial help in the time of need.



What is a Hospital / Nursing Home ?

Any institution in India established for Indoor care and treatment of sickness and injuries and which has either been registered as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner

OR

Should at least have minimum of 15 beds (for class C cities 10) + Operation Theatre etc. and must be run by a Registered Medical Practitioner. (Hospital should be registered under section 5 of the Bombay nursing homes registration act-1949).



Your Policy Details – (1/2)

Policy Period

Example : 1st April 2013 To 31st March 2014

Sum Insured

As per policy Copy the Sum Insured Family

Floater Family

Floater Policy covers, Self +Spouse + 2 dependents children (1+3 policy)

OR

Self + Spouse + 2 dependent children & + Dependent parents. (1+5 Policy)



Your Policy Details - (2/2)

Maternity Benefits (optional covered)

Maximum up to for Normal – Rs. 40,000 & for C-section Rs. 50,000/- or the actual whichever is lower

Coverage for Children

2 dependent Children covered

New Born Baby Coverage/ Limit

Baby covered from day one Room

Rent and Nursing Charges

Room + Nursing charges should be 1% of the Sum Insured per day.

ICU & Nursing Charges

ICU Charges 2% of sum insured per day.



Important Point to be Noted –

- Intimations towards admission should be given within 24 hours of Hospitalization / injury Claim Submission within 15 days from discharge
- Pre Natal- Post Natal Expenses not covered unless admitted in Hospital/ Nursing home and treatment is taken there.
- Hospital Room rent + nursing charges should be 1% of the sum insured per day.



Coverage Details

- All Pre existing diseases are covered from day one.
- Pre Hospitalization charges payable for the period of 30 days prior to Hospitalization.
- Post Hospitalization charges payable for a period of 60 days from the date of discharge.
- All Surcharges, service charges, admission fees, registration charges levied by the hospital are NOT payable.
- Domiciliary treatment and hospitalization limit (Part of Sum Insured) not covered.



General Terms & Conditions

Hospitalization Period

- Minimum Hospitalization should be for the period of 24 Hours
- Every Individual has to give a claim intimation giving the details of patient name / TPA id no. or Insurance Member ID/ ailment / date of admission / hospital name/ contact nos. etc.
- Reimbursement Intimation should be mailed to **claims@accurateinsurance.co.in & claims1@accurateinsurance.co.in**
- Day Care Procedures that do not require 24 hours hospitalization :
 - Dialysis,
 - Chemotherapy,
 - Radiotherapy
 - Cataract
 - Eye surgery
 - Lithotripsy (kidney stone removal)
 - Tonsillectomy



Cashless Facility

- To avail the cashless facility from the network hospitals, policyholder/employee/person accompanying the patient need to provide smart card details to hospital, hospital in turn will send the details to the insurer
- Following details to be provided to hospital on admission/ before admission
 - Smart Card Number with policy number on it, Mobile Number, Corporate Name, valid ID proof of patient
 - Hospital will fill the following details and send it to the insurer
 - Nature of illness/ disease/ injury.
 - The remarks of the recommending physician or the treating physician's name, address & contact no



Cashless Facility (continued)

- The hospital where the policyholder intends to take treatment
- The estimated cost etc.
- The preauthorization request should be sent at least 48 hours before admission. (In case plan treatment)

TIPS TO MAKE CASHLESS HASLE FREE

- Give Mobile number on the Pre authorization form
- Valid photo ID proof of patient at the time of admission
- Prior investigation reports, based on which hospitalization recommended



Pre-authorization Form

Part I- Has to be filled by the employee/ the person accompanying the patient

Part II- Has to be filled by the hospital authorities



Authorization

Upon receipt of cashless request from hospital to the insurer, A team of Dr's, review the details and decide on admissibility (shortfall, Approval, Denial)

1: **shortfall:** Any further document required to process claim further, to be submitted by hospital

2: **Approval:** If all documents are in line to take decision, then initial approval given to hospital (this is initial, and not final approval), upon receipt of final bill and discharge summary, final decision will be taken

3: **Denial:** Based on policy T & C if the said ailment is not covered, the denial letter with reason will be intimated

Authorization is given by the medical team subject to policy terms & conditions such as extension of coverage for the ailment, balance sum insured etc.

Authorization is rarely denied unless the policy disallows it specifically or sum insured balance is unavailable.



Claim Settlement – Cashless

Please ensure that the bills are signed either by the Claimant / employee at the time of discharge

Please note : Cashless Hospitalization facility is available only at Network Hospitals listed by the insurer



Reimbursement Process (1/2)

Reimbursement Intimation should be mailed to claims@accurateinsurance.co.in & claims1@accurateinsurance.co.in

1. Duly Filled & signed Claim Form Part A (Part A To Be Filled by Insured person) & Part B (Part B Form To Be Filled By Hospital)
2. Please submit cancelled cheque of the policy holder and relevant documents, when applying for a reimbursement claim. Do not overwrite on Account number and IFSC code.
3. Copy of intimation mail
4. Photo ID proof of Insured and patient is mandatory.
5. CKYC Form mandatory in above 1 Lakh case
6. Provide Clarification if delay in submission of claim documents.
7. Hospital Registration Certificate
8. Original Discharge Card / Summary,
9. Original Death summary.(In case of death of Patient during Hospital stay)
10. Original Final Bill of the Hospital with breakup of all charges,
11. Original Final Bill all Paid Receipts,
12. Original Investigation Reports, (If Covid19 positive case- RT-PCR Report is Mandatory)
13. Original consultation letters with numbered Payment Receipt
14. All Imaging Films, ECG Strips, Doppler / Angiogram CD etc
15. Original Prescriptions and corresponding Medicine bills,
16. Any other original documents related to the claim.
17. MLC/FIR copy in case of Accident cases.
18. Lens invoice with sticker in case of Cataract or stent surgeries Mandatory
19. Indoor case papers is mandatory.



Reimbursement Process (2/2)

Important Note:

- The claim has to be sent within 7 days from the date of discharge
- After initial scrutiny of the claim, the insurer may ask for additional documents, if required in the form of “Deficiency Letter”
- On receipt of Deficiency Letter, the employee can send the necessary documents to respective insurer within 7 days of date of receipt of letter. In case of non-submission of additional documents asked by the insurer, the claim may be rejected.
- Please attach the deficiency letter also while sending the deficiency documents.



WHAT TO DO IN AN EMERGENCY ?

In an accidental case or in medical emergency you are advised to approach nearest Network / Non Network Hospital with your ID Card. If the admittance is in network hospital you or your relatives or the hospital will send the preauthorization note to the insurer (Helpdesk is open 24 hrs a day). The insurer will verify the coverage and if covered issue the authority letter to network hospital. If you are in non network hospital you may pay the expenses and claim will be reimbursed based on the coverage.



Escalation Matrix

Matrix	Address	Contact Person	Mail ID	Number
First level of escalation	Pune	Claim Executive	claims@accurateinsurance.co.in	7030917003 / 7002
Second level of escalation	Pune	Senior Claim Executive	claims1@accurateinsurance.co.in	7030917001



Contact Us



**F-1, Bora Landmark, Lane No. 10, Paud Road, Krishna Colony, Paramhan • Pune,
Maharashtra 411038 • India**



+91 97655 51600



prashant.n@accurateinsurance.co.in



www.accurateriskmanagers.com



WISH YOU ALL THE BEST

THANK YOU