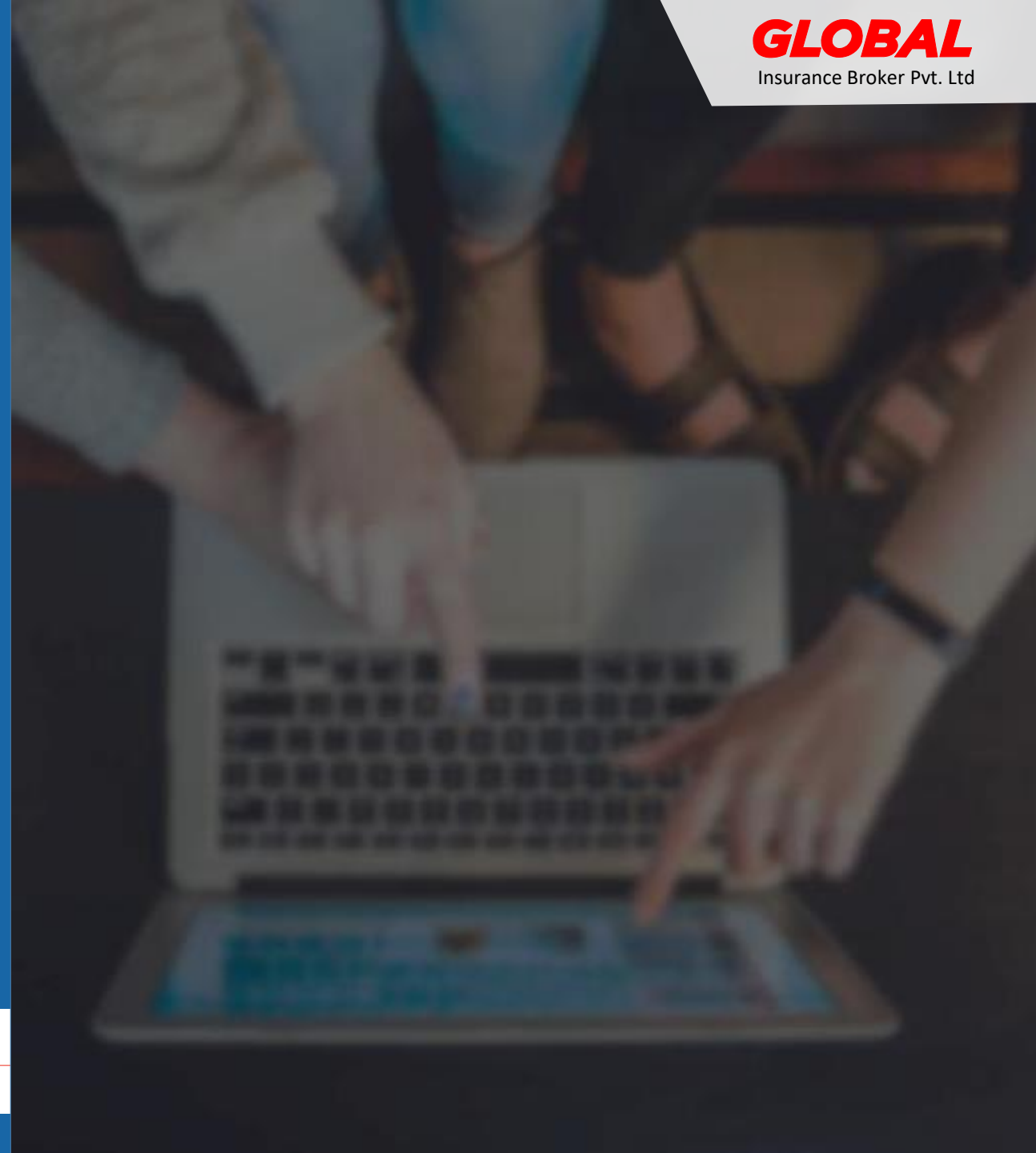


# SNV Aviation Pvt. Ltd. Akasa Air

## *Employees Benefits Manual (2022-23)*



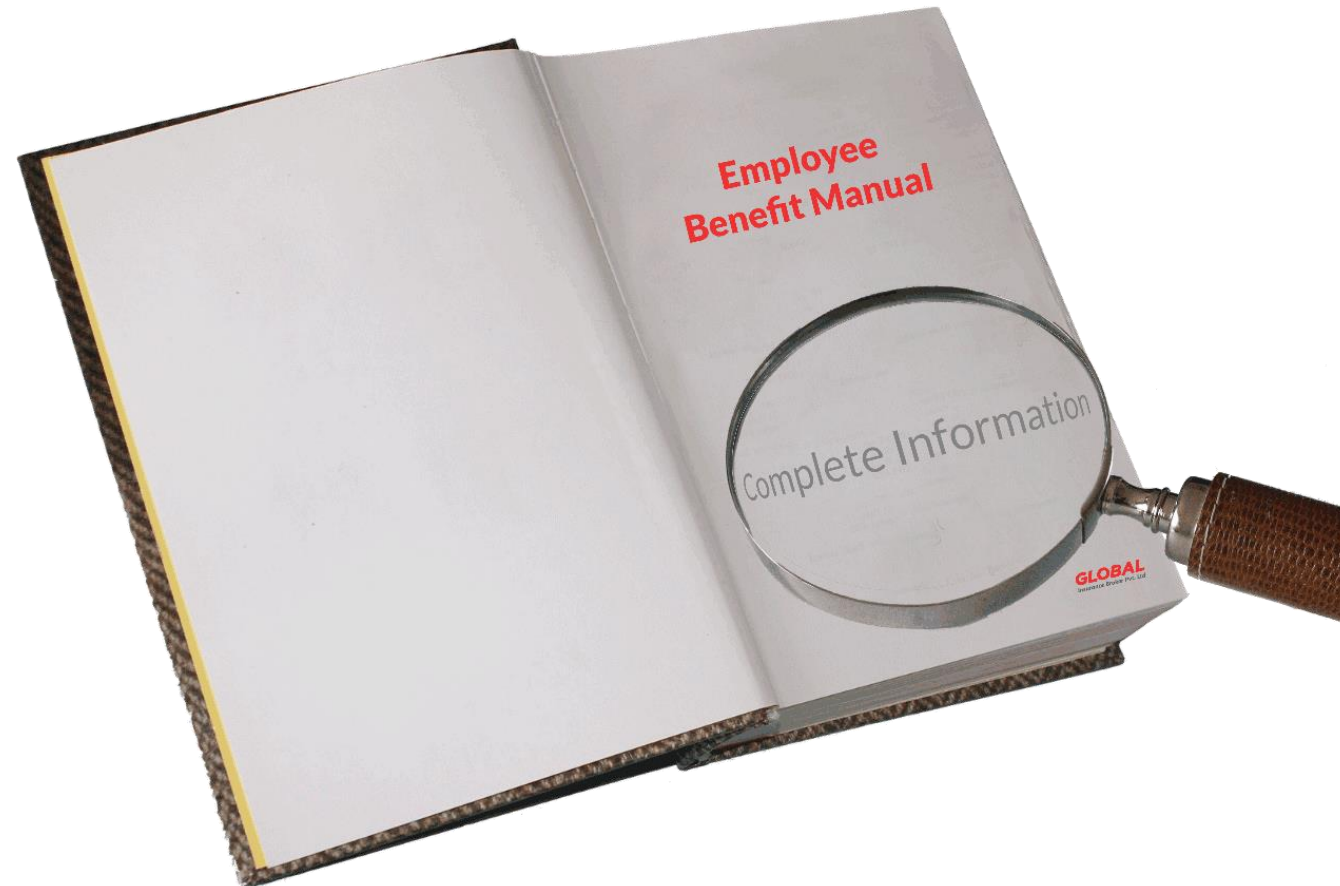
# About This Employees Benefits Manual

This Employee Benefits Manual is a reference guide to the benefits provided by For complete information on the benefit terms & conditions you please refer to the policy documents/wordings provided by the respective insurer.

Prepared By :

**Health & Benefits Team**  
**Global Insurance Brokers Pvt Ltd**

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# Presentation Plan



## Group Medclaim Base, Voluntary Top-Up & Parents/Inlaws Policy:

- Policy Coverages Details
- Definitions
- General Exclusions
- Enrolment Procedure
- Hospital Procedure (Claim Type)
- Cashless & Reimbursement Claim Process
- Documents Check List
- Key Contact Details
- FAQ's

## Group Personal Policy:

- Policy Coverage Details
- Key Exclusions
- Claim Procedure
- Documents Check List & Key Contact Details

## Group Term Life:

- Policy Coverage Details
- Exclusions
- Claim Procedure & Key Contact Details

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# Benefits Covered



**Group Medical Plan**



**Group Personal Accident**



**Group Term Life Plan**

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# Group Medical Plan



The Group Medical policy covers expenses by the insured persons on account of hospitalization due to sickness or accident. The policy covers expenses incurred on room rent, medicines, surgery etc. Expenses for hospitalization are payable only if a 24 hour hospitalization has been taken. (Except for named day care procedures, which do not require a 24 hour hospitalization). Under a scheme such as this the typical expense heads covered are the following: room/board expenses as provided by the hospital, nursing expenses , surgeon, anesthetist , medical practitioner, consultant , specialist fees ; anesthesia, blood, oxygen, operation theater charges, surgical appliance, medicines and drugs. diagnostic material and X-Ray, dialysis, chemotherapy, radiotherapy, cost of pace maker, artificial limbs and cost of organs and similar expenses.

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# Group Medical Plan



Plan Name	Group Mediclaim Insurance	Voluntary Top Up Plan***
Policy Holder	✓ SNV Aviation Pvt Ltd – Akasa Air	✓ SNV Aviation Pvt Ltd – Akasa Air
Period of the Cover	✓ 12 months	✓ 12 months
Policy Start Date & Expiry Date	✓ 14 <sup>th</sup> Oct 2022 till 13 <sup>th</sup> Oct 2023	✓ 14 <sup>th</sup> Oct 2022 till 13 <sup>th</sup> Oct 2023
Insurance Company	✓ The New India Assurance Ltd.	✓ The New India Assurance Ltd.
Third Party Administrator	✓ Third Party TPA – Medi-Assist TPA	✓ Third Party TPA – Medi-Assist TPA
Sum Insured Type	✓ Family Floater Sum Insured	✓ Family Floater Sum Insured
Base Sum Insured Limits	✓ INR 500,000	<u>The below premium is including GST</u> INR 5,00,000 – INR 4,130 INR 10,00,000 – INR 8,850 INR 15,00,000 – INR 13,570 INR 20,00,000 – INR 21,240 INR 25,00,000 – INR 28,320
Members Covered	✓ Employee + Spouse/Partner + 3 Dependent Children	✓ Yes
Threshold Limit	✓ Not Applicable	

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Please see next page for policy benefits

# Group Medical Plan



Plan Name	Group Mediclaim Insurance	Top Up Plan
Geographical Limits	✓ India	✓ India
Age Limit	✓ Dependent children covered up to age 25 (No age limit for specially abled children)	✓ As per base plan
Enrollment of New Joinees (New Associates +Their Dependents)	✓ Allowed	✓ Allowed
Mid-Term Enrollment of New Dependents (Newly Wed Spouse/Newborn Baby only)	✓ Allowed only for New Joiner and their dependents & for existing Associate - Only allowed for newborn baby and newly wed spouse (Provided the intimation is given within 30 days from the date of event)	✓ As per base plan
LGBTQ Coverage	✓ Subject to (Such relationship not being in contravention with any law of the land, Data provided for cover prior to inception of the policy, The partner shall be covered prior to commencement of the policy, No mid-term inclusion or change in partner is permitted, An employee can cover either Spouse or Partner not both	✓ As per base plan

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# Group Medical Plan

Plan Name	Group Mediclaim Policy	Top Up Plan
Benefit Type	✓ Sponsored by Akasa Air	✓ Voluntary Associate paid
Pre – Existing	✓ Covered from Day 1	✓ Yes
30 days Waiting Period	✓ Waived Off	✓ Yes
1 <sup>st</sup> / 2 <sup>nd</sup> / 4 <sup>th</sup> Year Waiting Period	✓ Waived Off	✓ Yes
Pre-Hospitalization cover	✓ Up to 60 days	✓ Up to 60 days
Post Hospitalization cover	✓ Up to 90 days	✓ Up to 90 days
Room Rent Restrictions –normal room and ICU	✓ 3% of Sum Insured for Normal Category ✓ At Actual for ICU Category ✓ All other charges in accordance with room rent restrictions (OT Charges, Doctor Charges, Nursing Charges etc)	✓ Yes
Maternity Limits Normal and C Section	✓ INR 50,000 for Normal & INR 75,000 for C-Section (Applicable only on first two delivery)	✓ Not applicable
Waiver of 9 months waiting period	✓ Not applicable (No waiting period)	✓ Not applicable
Baby Day 1 Cover	✓ Covered with Family Sum Insured Limit	✓ Covered
Pre & Post Natal Expense	✓ Covered within Maternity limit	✓ Not applicable

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# Group Medical Plan

Plan Name	Group Mediclaim Insurance	Top Up Plan
Ambulance Services	✓ Local Ambulance cost for emergency transportation is covered Up to ₹ 10,000 or actuals	✓ Yes
Terrorism	✓ Hospitalization due to terrorism is covered	✓ Yes
Domiciliary Hospitalization	✓ Covered	✓ Yes
Day Care Procedures	✓ Covered	✓ Yes
Congenital Ailments	✓ Internal congenital diseases are covered × External congenital diseases are not covered	✓ Yes
Special Condition	✓ Convalescence & Fertility Treatment: Covered upto INR 100,000	✓ Not Applicable
	✓ Gluco strip charged by hospitals for testing Diabetes to be covered	✓ Yes
	✓ Cochlear Implant / Bionic Ear, Circumcision, Laser Surgery for vision correction to be covered	✓ Yes
	✓ Botox Injection for treatment other than for cosmetic use to be covered	✓ Yes
	✓ Coverage for fracture as a part of day care and OPD Basis to be covered	✓ Yes
	✓ Abortion is held covered: It occurring after 12 weeks from the date of conception provided the same have been necessitated due to medical emergency / exigency	✓ Not Applicable
	✓ Coverage for Intravitreal injection as prescribed by the Doctor.	✓ Yes

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# Group Medical Plan

Plan Name	Group Mediclaim Insurance	Top Up Plan
Special Condition	✓ Coverage for Oral chemotherapy, adjuvant chemotherapy, Immunotherapy and other form of chemotherapy as advised by doctor	✓ Yes
	✓ AIDS and HIV coverage: Covered subject to diagnosis of HIV during policy period.	✓ Yes
GIPSA & PPN Network Hospital	✓ hose hospitals where New India is having PPN network. Only PPN rates will be applicable. If any employees opt for any rate/ package which is other than what has been agreed in PPN shall not be indemnified. For the given procedure in PPN, only agreed rates will be approved, whether claim submitted through cashless or reimbursement mode.	✓ Yes
Claim Intimation	✓ 15 days from the date of admission	✓ Yes
Claim Submission	✓ 60 days from the date of discharge	✓ Yes

# Group Medical Plan : Definitions

## Standard Hospitalization

If any Insured Person suffers an Illness or Accident during the Policy Period that requires that Insured Person's Hospitalization as an inpatient, then the below-mentioned hospitalization expenses will be reimbursed under your group medical plan. The expenses shall be reimbursed provided they are incurred in India and are 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 that are of a diagnostic nature only or are incurred from a preventive perspective with no active line of treatment and do not warrant a hospitalization admission are not covered under the plan.

- ✓ Room rent and boarding expenses
- ✓ Doctors' fees (A medical practitioner)
- ✓ Intensive Care Unit
- ✓ Anesthesia, blood, oxygen, operation theatre charges, surgical appliances.
- ✓ Medicines, drugs and consumables(Dressing, ordinary splints and plaster casts)
- ✓ Diagnostic procedures (such as laboratory, x-ray, diagnostic tests)
- ✓ Costs of prosthetic devices if implanted internally during a surgical procedure
- ✓ Organ transplantation including the treatment costs of the donor but excluding the costs of the organ

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# Group Medical Plan : Definitions

## Definition of Hospital

- Hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under: -has qualified nursing staff under its employment round the clock; - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places; -has qualified medical practitioner(s) in charge round the clock; -has a fully equipped operation theatre of its own where surgical procedures are carried out; -maintains daily records of patients and makes these accessible to the insurance company's authorized personnel
- 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, Dental 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.



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# Group Medical Plan : Definitions

Policy Benefit	Definition	Covered / Not Covered
Pre-existing Diseases	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	Covered
First 30 days waiting period	Any Illness diagnosed or diagnosable within 30 days of the effective date of the Policy Period if this is the first Health Policy taken by the Policyholder with the Insurer.	Waived off
1 <sup>st</sup> / 2 <sup>nd</sup> / 4 <sup>th</sup> Year Waiting Period	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 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 subsequent period or renewal too	Waived off
Room Rent	▪ 3% of SI for Normal & At Actual for ICU respectively with proportionate deductions on other charges.	Covered
Domiciliary Hospitalisation	Domiciliary Hospitalisation means medical treatment for an illness/disease/injury/ which in the normal course would require care and treatment at a hospital but it is actually taken while confined at home under any of the following circumstances: The condition the patient is such that he/she is not in a condition to be removed to a hospital, or The patient takes treatment at home on account of non-availability of room in a hospital	Covered

**Note: Home isolation will not be considered as Domiciliary.**



# Group Medical Plan : Definitions

## Pre & Post Hospitalization

Pre- Hospitalization Expenses	If the Insured member is diagnosed with an Illness which results in his / her immediate Hospitalization and for which the Insurer accepts a claim, the Insurer will also reimburse the Insured Member's Pre-hospitalization Expenses for up to 60 days prior to his / her Hospitalization.
Restrictions	Such Medical Expenses were in fact incurred for the same condition for which the Insured Person's subsequent Hospitalization was required
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 up to 90 days period.
Restrictions	Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalization was required

## What is Family Floater?

Insurer will pay the medical expenses up to the amount mentioned above per family. Either one member or including all family member can claim up to this amount only.



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# Group Medical Plan : Definitions

## Maternity Benefit

The maximum benefit allowable per delivery under this benefit is as follows:

For Normal – INR 50,000

For Caesarean – INR 75,000

within the Sum Insured, max up to 2 living children. There are special conditions applicable to the Maternity Expenses Benefits as below:

These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.

Claim in respect of delivery for only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons 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.



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# Group Medical Plan : New Born Baby Cover



## New born baby covered from day 1

Extension to cover the new born child of an Associate covered under the Policy from the time of birth. Such child will be covered under the Family Floater Sum Insured limit.

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# GMC - Voluntary Parents/In-Laws Policy

Plan Name	Group Mediclaim Insurance - Voluntary Parents/In-Laws Policy
Policy Holder	✓ SNV Aviation Pvt Ltd – Akasa Air
Period of the Cover	✓ 12 months
Policy Start Date & Expiry Date	✓ 14 <sup>th</sup> Oct 2022 till 13 <sup>th</sup> Oct 2023
Insurance Company	✓ The New India Assurance.
Third Party Administrator	✓ External TPA – Medi-Assist
Sum Insured Type	<ul style="list-style-type: none"> <li>✓ Individual</li> <li>✓ Family Floater</li> </ul>
Sum Insured Level's	✓ INR 200,000, INR 300,000, INR 400,000, INR 500,000 and INR 600,000
Members Covered	✓ Dependents Parents and Parents In Law (Father, Mother, Father-in-Law and Mother-in-Law)
Age Limit	✓ Max 80 yerars
Geographical Limits	✓ India
Mid-Term Enrollment	<ul style="list-style-type: none"> <li>✓ Allowed, Only For New Joiners</li> <li>✓ Allowed for Parents In Law subject to details declare within 30 days from the date of associate's marriage.</li> <li>✓ Allowed in case of marriage of parents. However, the details needs to be declared within 30 days from the date of marriage with the documents proof if requested by insurer</li> </ul>



# GMC - Voluntary Parents/In-Laws Policy

Plan Name	Group Mediclaim Insurance - Voluntary Parents/In-Laws Policy
Standard Hospitalization	✓ Covered (24 Hours stay in Hospital with Active line of Treatment)
Pre-Existing Diseases	✓ Covered
First 30-days Waiting Period	✓ Waived off
First Year Waiting Period	✓ Waived off
Restriction on Room-Rent	✓ 2% of Sum Insured for Normal ✓ 4% of Sum Insured ICU room ✓ Propionate deductions shall be applied on total bill excluding Pharmacy & Lab Charges. If room charges are higher as compared to eligible limits.
Ambulance Services	✓ Local Ambulance cost for emergency transportation is covered Up to ₹ 10,000 or actuals
Congenital	✓ Internal Diseases is covered ✓ External diseases is covered under life threatening situation other than cosmetic use.
Co - Pay	✓ Applicable (10% co-pay on all claims)
Day Care Procedures	✓ Covered
Domiciliary Hospitalization	✓ Covered



# GMC - Voluntary Parents/In-Laws Policy

Plan Name	Group Mediclaim Insurance - Voluntary Parents/In-Laws Policy
Pre hospitalization cover	✓ Up to 60 days
Post Hospitalization cover	✓ Up to 90 days
Internal Congenital	✓ Covered
External Congenital	✓ Not Covered
Lasik surgery for eye correction	✓ Covered for eye power more than +/- 7.5. however the final decision will be taken by claim team on receipt of claim documents
COVID-19	✓ Covered (Subject to test results are positive and followed by treatment in hospital)
Domiciliary Hospitalization	✓ Covered
Diagnostic Expenses	✓ Not Covered

**IMPORTANT:-** Intimation and Submission Timeframes:

**Intimation of claim:-** TPA (Third Party Administrator) must get Intimation immediately and not later than 15days of admission or before the discharge from the hospital for all claims. This is important with reference to reimbursement claims. Please call the helpline and intimate your claims.

**Submission of claim :-** TPA must receive the claim documents for all reimbursements within 60 Days of discharge from Hospital.

# GMC – Voluntary Parents/In-Laws Policy: Premium chart 2022-23

Floater Parental Plan Sum Insured (Set of Parents)	Premium per set of parents for 2022-23 (Excluding GST)	Individual Parental Plan Sum Insured (Per Parent)	Premium per parent for 2022-23 (Excluding GST)
INR 200,000	36,200	INR 200,000	20,500
INR 300,000	40,500	INR 300,000	23,900
INR 400,000	47,000	INR 400,000	30,400
INR 500,000	59,600	INR 500,000	35,700
INR 600,000	67,200	INR 600,000	39,900

**Note:**

- For New joiners, premium will be charged on pro-rata basis from their date of joining.
- The employee's share premium shall be deducted from payroll.

**In the event of Death of Parents or Parents In Law enrolled:**

1. In case of death of the parent covered in the policy, no refund will be provided to Employee.

# Group Medical Plan : General Exclusions

- 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) or by nuclear weapons / materials.
- Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- **Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalization for treatment.**
- Convalescence, general debility, “run down” condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- **Any cosmetic or plastic surgery except for correction of injury**
- Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period.
- Expenses on vitamins and tonics etc. unless forming part of treatment for injury or disease as certified by the attending physician.

# Group Medical Plan : General Exclusions

- Any treatment received in convalescent home, health hydro, nature care clinic or similar establishments.
- Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.
- Treatment which is continued before hospitalization and continued even after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- Genetical disorders and stem cell implantation / surgery.
- External and or durable Medical / Non medical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e. walker , Crutches, Belts ,Collars ,Caps , splints, slings, braces ,Stockings etc. of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items etc. and also any medical equipment which is subsequently used at home etc
- **All non medical expenses including Personal comfort and convenience items or services such as telephone, television, baby sitter / barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc., guest services and similar incidental expenses or services etc..**
- Change of treatment from one pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.(cross treatment)
- **Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control program, services or supplies etc..**
- Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc unless specifically agreed by the Insurance Company.
- **Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment.**

# Group Medical Plan : General Exclusions

- Any kind of Service charges, Surcharges, Admission fees / Registration charges etc. levied by the hospital.
- Out patient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons fees etc.,.
- Vitamins and tonics unless used for treatment of injury or disease
- Intentional self Injury, Outpatient treatment.
- Family planning Operations (Vasectomy or tubectomy) etc.
- Genetical disorders / stem cell implantation / surgery
- All expenses arising out of any condition directly or indirectly caused by, or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- External and or durable Medical / Non medical equipment of any kind used for diagnosis and or treatment like Prosthetics etc.
- Warranted that treatments on trial/experimental basis are not covered under scope of the policy.



# Group Medical Plan : Enrolment Procedure

- Existing Employees are covered as on date of policy commencement along with their eligible dependents as per data declared in year 2021-22 policy. However, it is the responsibility of the employees to verify their dependents information during each renewal and ensure that all members are covered.
- No midterm inclusion of dependents would be allowed except in case of spouse due to marriage of an associate and birth of child.
- Midterm enrollment of new dependents (Spouse/Partner/Children) is allowed for associates within 30 days from Date of Marriage/ Date of Birth. The details need to be updated under the Global Benefits portal by the respective Employee under his/her login.
- **Voluntary Parent Policy** - There have been requests to open a window for the Voluntary Parental Insurance Enrollment with the employees' policy 2022-23. So, this will be made available to Employees who wish to include parents / parents-in-law. No changes will be accepted for parents / parents-in-law who will be enrolled during enrollment window timeline.
- In case of any query on portal login or enrolment, associates need to write it on [eb.helpdesk@globalinsurance.co.in](mailto:eb.helpdesk@globalinsurance.co.in) and [Tanmay.salgaonkar@globalinsurance.co.in](mailto:Tanmay.salgaonkar@globalinsurance.co.in) with a copy (CC) to [Nikhilesh.mavatwal@globalinsurance.co.in](mailto:Nikhilesh.mavatwal@globalinsurance.co.in)

## Note:

New Ecards will be available on portal by 3<sup>rd</sup> week of November. In case of any emergency, associates can use the present ecard details with the intimation to Global.



## Hospitalization Procedure

You can avail either cashless facility or submit the claim for reimbursement.

### Definition of Cashless

Cashless hospitalization means the Administrator may authorize (upon an Insured person's request) for direct settlement of eligible services and the corresponding 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 these services are covered under the Policy.



### Definition of Reimbursement

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.

To know about cashless or reimbursement, please see subsequent pages.

## Process for Cashless

Cashless hospitalization means the Administrator may authorize upon a Policyholder's request for direct settlement of eligible services and its 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 TPA's network eligible for cashless hospitalization	
<b>Hospital Network List</b> 1. Click on Website - <a href="https://www.medibuddy.in/networkHospitals">https://www.medibuddy.in/networkHospitals</a> 2. Insurer - The New India Assurance Co. Ltd 3. Show GIPSA Network Hospital	<b>Email ID</b> For Intimation / Cashless / For Assistance : Please refer below escalation matrix of TPA. 1800 425 9449 <a href="mailto:vaibhav.koyande@mediassist.in">vaibhav.koyande@mediassist.in</a>
Contact Call center for Cashless at 24 X 7 Customer Service Center - 1800 425 9449	Contact Call center for Reimbursement at 24 X 7 Customer Service Center - 1800 425 9449

Contact details incase of any claim			
	Contact Person	Contact number	Email Id
Level 1	Vaibhav Koyande	8904223691	<a href="mailto:Vaibhav.koyande@mediassist.in">Vaibhav.koyande@mediassist.in</a>
Level 2	Jyoti Sauda	8147790789	<a href="mailto:Jyoti.sauda@mediassist.in">Jyoti.sauda@mediassist.in</a>
Level 3	Ebrahim Khan	8951865562	<a href="mailto:Ebrahim.khan@mediassist.in">Ebrahim.khan@mediassist.in</a>

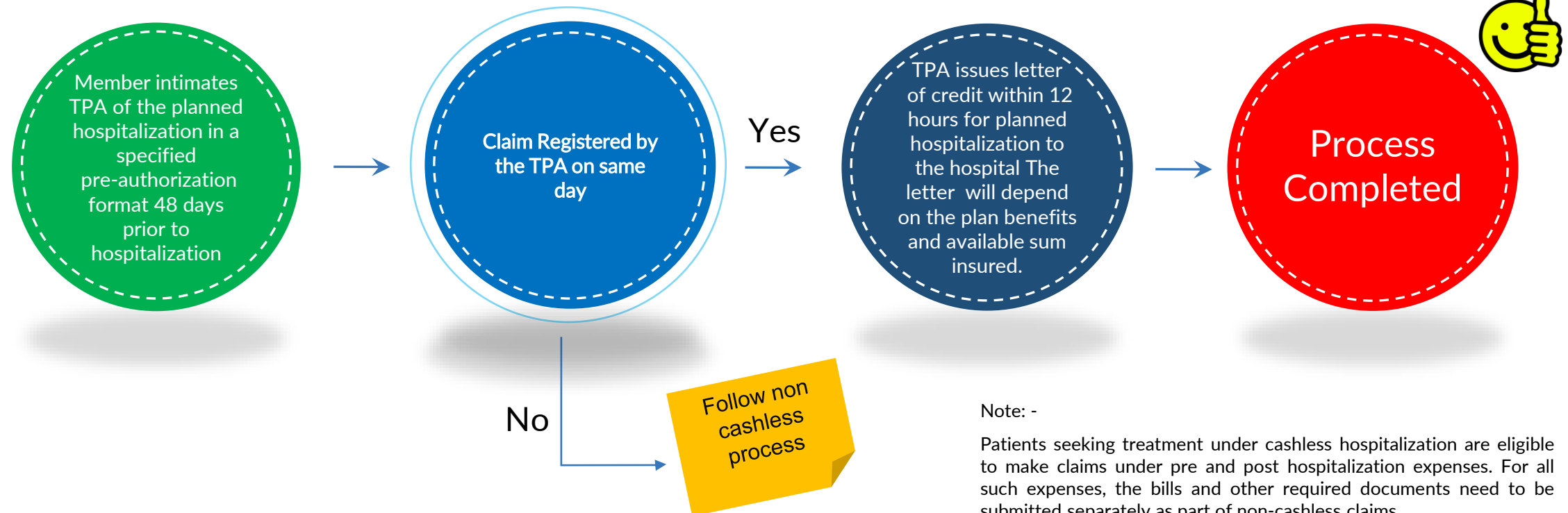
**There are 2 types of cashless hospitalization: Planned hospitalization and Emergency hospitalization**

For Planned & Emergency hospitalization process, please refer next pages.

## Cashless Hospitalization : Planned

### Step 1 Pre-Authorization

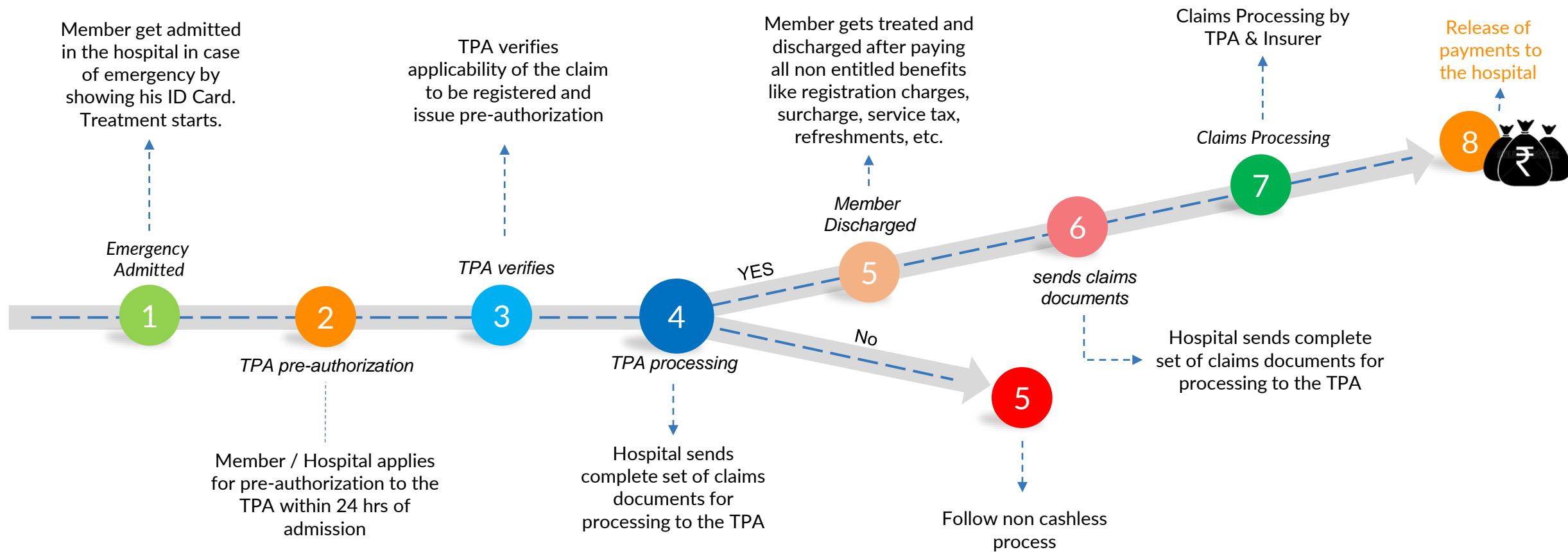
All non-emergency hospitalization instances must be pre-authorized with the Help Desk, as per the procedure detailed below. This is done to ensure that the best healthcare possible, is obtained, and the Insured Member is not inconvenienced when taking admission into a Network Hospital.  
The Insured Person shall provide the documentation and information your TPA may request to establish the circumstances of the claim



#### 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 need to be submitted separately as part of non-cashless claims.

## Cashless Hospitalization : Emergency Hospitalization Process





## Reimbursement

### 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

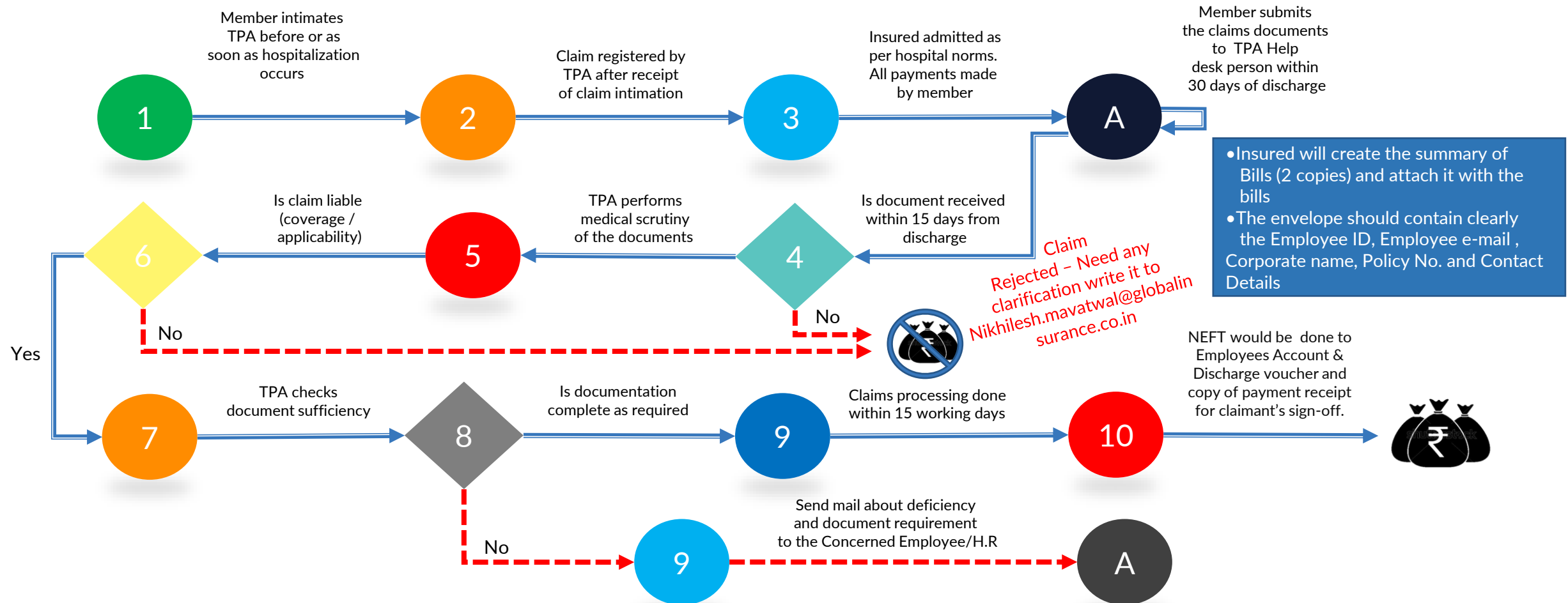
In case of non network hospital, you will be required to clear the bill and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as discharge summary, investigation reports etc. for submitting your claim.

### Submission of hospitalization claim

1. After the hospitalization is complete and the patient has been discharged from the hospital, you must submit the final claim within 30 days from the date of discharge from the hospital. (Applicable in case of 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.(documents needs to be submitted within 7 days of such period getting over – after the main hospitalization claim )



## Reimbursement Hospitalization Process





No.	Document Required
1	Insurance Claim Form.
2	Original Discharge Summary
3	Original Hospital Bill
4	Original Paid Receipt with revenue stamp,
5	All Laboratory and Diagnostic Test Reports In Original
6	In case the hospital is not registered, please get a letter on the hospital letterhead mentioning
7	In case of Surgeries - copy of invoice /stickers/Barcode of Implant
8	Completely filled NEFT Details stating Branch MICR Code, IFSC Code & Account type, All Fields in the form are mandatory to process)for claim disbursement purpose and Aadhaar & Pan card / Form60 is mandatory in all type of claim as per IRDA Guideline and needs to be complied

The above list is indicative ,insurer may call upon additional requirements as per their requirements

**TPA Address for documents Submission:**

Medi Assist India TPA Pvt Ltd, 401, AARPEE Chambers, Shagbaug, Off Andheri-Kurla Road, Behind Times Square Building Marol, Andheri East, Mumbai - 400059

# Group Medical Plan : Contact Details



## TPA Client Service

Name : Customer Care  
Mobile: 1800 425 9449  
Email Id: vaibhav.koyande@mediassist.in

Name : Jyoti Sauda  
Mobile: 8147790789  
Email Id: Jyoti.sauda@mediassist.in

### Escalation

Name : Ebrahim Khan  
Mobile: 8951865562  
Email Id: Ebrahim.khan@mediassist.in

## Global Insurance Brokers Pvt

### Level 1:

Name : Nikhilesh Mavatwal  
Mobile: 9769018226  
Email Id:  
Nikhilesh.mavatwal@globalinsurance.co.in

### Level 2:

Name : Ravindra Misal  
Mobile: 7039360376  
Email Id: Ravindra.misal@globalinsurance.co.in

### Escalation

Name (Level 3) : Aditi Biswas  
Email Id: Aditi.biswas@globalinsurance.co.in





# Group Medical Plan : FAQ



## ▪ What are network hospitals? What should I do when I reach the hospital (NETWORK)?

These are hospitals where TPA has a tie up for the cashless hospitalization. There are two kinds of network hospitals; PPN Network hospitals where cashless services can be obtained for emergency and planned treatments and Standard (Non PPN) network hospitals where cashless services can be obtained for planned hospitalization.

Once you have reached there, please show your ID card for identification. TPA will also send a letter of credit (on pre-authorization) to the hospital to make sure that they extend credit facility. Please complete the pre-authorization procedure listed earlier. If the pre-authorization is not done, you must collect all reports and discharge card when you get discharged. Please make sure that you sign the hospital bill before leaving the hospital. You can then submit the claim along with all the necessary supporting documents to TPA as a reimbursement. If however, you go to a non network hospital, it is still advisable to fill the preauthorization form (use the copy attached with the Benefits Manual). Please fill the claim form, attach the relevant documents and send it to TPA office for reimbursement.

## ▪ How can I claim my pre & post hospitalization expenses?

The policy covers pre-hospitalization expenses made prior to 60 days of hospitalization and incurred towards the same illness/ disease due to which hospitalization happens. It also covers all medical expenses for up to 60 days post discharge as advised by the Medical Practitioner. All bills with summary have to be sent to TPA as a reimbursement.

## • Is preauthorization necessary?

Yes. This will help you in the following ways:

1. You will be informed in advance regarding your coverage for the treatment and whether it is covered under your medical plan or not. This will help you know in advance if your claim may get rejected at a later stage and you do not end up paying out of pocket.
2. It will help you ensure that the treatment cost is appropriate and not inflated, as the TPA will be able to cross check costs with the hospital in question. This will also help TPA in planning your hospitalization expenditure such that you do not run out of the cover that you are entitled to.
3. It will help TPA in registering the impending claim with the insurer.



# Group Medical Plan : FAQ

- **What are claim reimbursements?**

In the event where cashless hospitalization is not availed, you need to submit all original bills along with the claim forms to the insurance company/TPA and the hospitalization expenses will be reimbursed to you.

- **What are the key reasons why a claim under the medical policy could be reduced v/s sum insured?**

The following are some common reasons for rejection although these are NOT the only reasons why a claim could be reduced

1. Limits for the specific ailment exceed the reasonable cap on ailments listed in the manual,
2. Claim amount exceeds the permissible limit under the policy for you (denied to the extent of the excess),
3. Some expense items are non payable for e.g. toiletries , food charges for visitors etc.

- **What are the key points I must remember when using benefits under this policy**

- Please ensure that all your dependents are covered and have a valid card at the outset itself as it will not be possible to add dependents at a later stage
- Submit your reimbursement claims within timelines from the hospital. Please do not postpone this till later as it may mean that your claim gets rejected due to late submission .
- Ensure all the required documents are submitted at the first instance itself and the originals are submitted wherever required. Do note that incomplete submissions will only delay the process which may eventually lead to closure of the claim.

Please check that your documents are submitted completely at the first instance itself and originals are submitted wherever requested for . Do note that incomplete submissions will not be considered as exceptions by the insurers and will only delay the process further for you and a delay may lead to the claim getting closed.

- Please retain a copy of all claim documents submitted to the insurer
- Please do a pre-authorization for all claims including a proposed reimbursement as it will clarify issues regarding coverage for you well in advance of an expense being undertaken



# Group Medical Plan : FAQ



- **What are the key reasons why a claim under the medical policy could be completely rejected under the plan?**

The following are some common reasons for rejection although these are NOT the only reasons why a claim could be rejected

1. Treatment taken after leaving the organization. (If you have been transferred from one GE business to another please confirm with your People team that you have been included for coverage under your new entity)
2. Treatment that should have been taken on an outpatient basis (unnecessary inpatient admission and / or no active line of treatment.) or where hospitalization has been done primarily from a preventive perspective. Please remember that on occasion your personal doctor may recommend hospital admission for observation purposes however such admissions are not covered under your medical plan
3. Treatment taken is not covered as per policy conditions or excluded, under the policy. Please go through the list of standard exclusions listed earlier. (for e.g. : Ailment is because of alcohol abuse is a standard exclusion, similarly cosmetic treatments or treatments for external conditions like squint correction etc. are not covered) . Hospitalization taken in a hospital which is not covered as per policy conditions (Ex. less than 10 bed hospitals), Admission is before/after the policy period or details of the member are not updated on the insurer's list of covered members .



# Group Personal Accident Policy

## Group Personal Accident Plan

The group personal accident policy indemnifies the insured or the dependents of the insured person as the case may be, up to the sum insured opted for under the policy, in case of a death or disability caused due to an accident. The Group Personal Accident policy covers Accidental Death, Permanent Total Disability and Permanent Partial Disability and Temporary total disablement as risks.

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# Group Personal Accident : Benefit Details

## Policy Details

Plan Name	Group Personal accident
Policy Holder	SNV Aviation Pvt. Ltd – Akasa Air
Period of the Cover	12 months
Inception Date	04 <sup>th</sup> August 2022
Expiry Date	03 <sup>rd</sup> August 2023
Insurer	The New India Assurance
Sum Insured Limits	2 times of CTC or minimum 15lacs whichever is higher
Members Covered	Employees Only
Geographical Limits	Worldwide

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# Group Personal Accident : Benefit Details

Sum Insured	2Times of CTC or minimum 15lacs whichever is higher
Accidental Death	Covered up to 100% of Sum Assured
Permanent Total Disablement	Covered up to 100% of Sum Assured
Permanent Partial Disablement	Covered
Temporary Total Disablement (Weekly Benefit)	1% of the sum insured or Rs.10,000/- per week whichever is lower for 100 weeks
Medical Expense	10% of CSI or 40% of admissible claims amount or actual whichever is lower
Children's Education	INR 10,000 for a child or INR 20,000 maximum for 2 children below the age of 25 years or 10% of the Sum Insured whichever is less
Repatriation of Mortal remains	Covered INR 2,500
Loss of two limbs, two eyes	100%
Loss of one limb or one eye	50%
Terrorism cover	Covered.



# Group Personal Accident : Benefit Details



- **Accidental Temporary Total Disablement**

Means disablement caused due to an accident which temporarily and totally prevents the Insured Person from attending to the duties of his usual business or occupation and shall be payable during such disablement from the date on which the Insured person first became disabled.

- **Accidental Permanent Total Disablement**

Means disablement caused due to an accident which entirely prevents an Insured Person from attending to any Business or Occupation of any and every kind and which lasts 12 months and at the expiry of that period is beyond hope of improvement.

- **Accidental Permanent Partial Disablement**

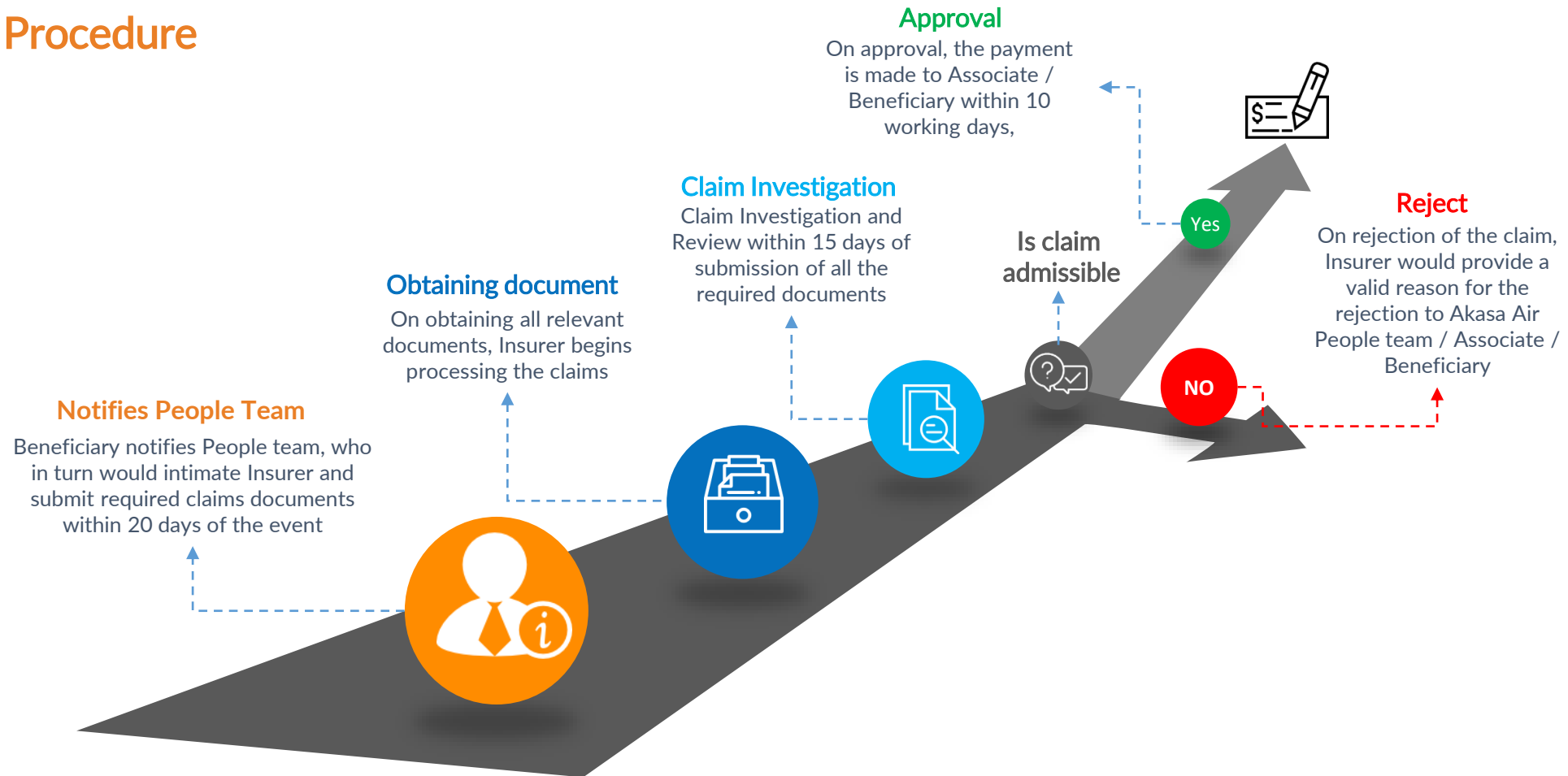
Doctor certified total and continuous loss or impairment of a body part or sensory organ caused due to an accident , to the extent specified in the chart on the next slide.

# Group Personal Accident : Key exclusions

- Service on duty with any armed force
- Intentional self injury, suicide or attempted suicide
- Insanity
- Venereal disease
- AIDS
- Influence of intoxicating drink or drugs
- Aviation other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft any where in the world
- Nuclear radiation or nuclear weapons material
- Childbirth, pregnancy or other physical causes peculiar to the female sex
- While committing any breach of law with criminal intent

# Group Personal Accident : Benefit Details

## Claims Procedure



# Check List & Contacts:

	Weekly Benefit Claims	Death Claims	Dismemberment/ Disablement Claims
Sr. no	Document Details	Document Details	Document Details
1	Completed Claim form duly signed and stamped	Completed Claim form duly signed and stamped	Completed Claim form duly signed and stamped
2	Police papers incase of road accident	Attending Doctor's report	Doctor's Report
3	Disability Certificate from the Doctor, if any	Death Certificate	Disability Certificate from the Doctor, if any
4	Fitness Certificate from the treating doctor	Post Mortem/ Coroner's report	Investigation/ Lab reports (x-ray etc.)
5	Original Admission/discharge card, if hospitalized	FIR ( First Information Report)	Original Admission/discharge card, if hospitalized
6	Representation Letter from the People team, Employers Leave Certificate & Details of salary	Police Inquest report, wherever applicable	Police Inquest report, wherever applicable
7	Bank details of the Insured (policy holder)	Bank details of the Insured (policy holder)	Bank details of the Insured (policy holder)

**This is an indicative list of documents and there may be additional documents required by the insurer.**

Contact Points			
Mr. Shailesh Athavale – Global	+ 91 98335 50876	<a href="mailto:shailesh.athavale@globalinsurance.co.in">shailesh.athavale@globalinsurance.co.in</a>	
Mr. Nikhilesh Mavatwal – Global	+91 9769018226	<a href="mailto:Nikhilesh.mavatwal@globalinsurance.co.in">Nikhilesh.mavatwal@globalinsurance.co.in</a>	

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# DCL (In Lieu of Group Term life)

## Digit Contractual Liability Plan (In Lieu of Group Term Life)

The policy indemnifies the beneficiaries in the event of death, during the covered period. Death can be accidental ,natural ,etc.

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# DCL (In Lieu of Group Term life)

## Policy Details

Plan Name	DCL (In Lieu of Group Term life)
Policy Holder	SNV Aviation Pvt. Ltd – Akasa Air
Period of the Cover	12 months
Inception Date	05 <sup>th</sup> August 2022
Expiry Date	04 <sup>th</sup> August 2023
Insurer	Go Digit
Sum Insured Limits	Graded – <ul style="list-style-type: none"><li>• 2times of CTC or Min 15lacs &amp; max. 1.5cr</li><li>• 50lacs – Pilots &amp; First Officers (age above 59yrs)</li><li>• 2cr. – Pilots &amp; First Officers</li></ul>
Eligibility	Employee Only
Geographical Limits	Worldwide

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# DCL (In Lieu of Group Term life)

## Coverages:

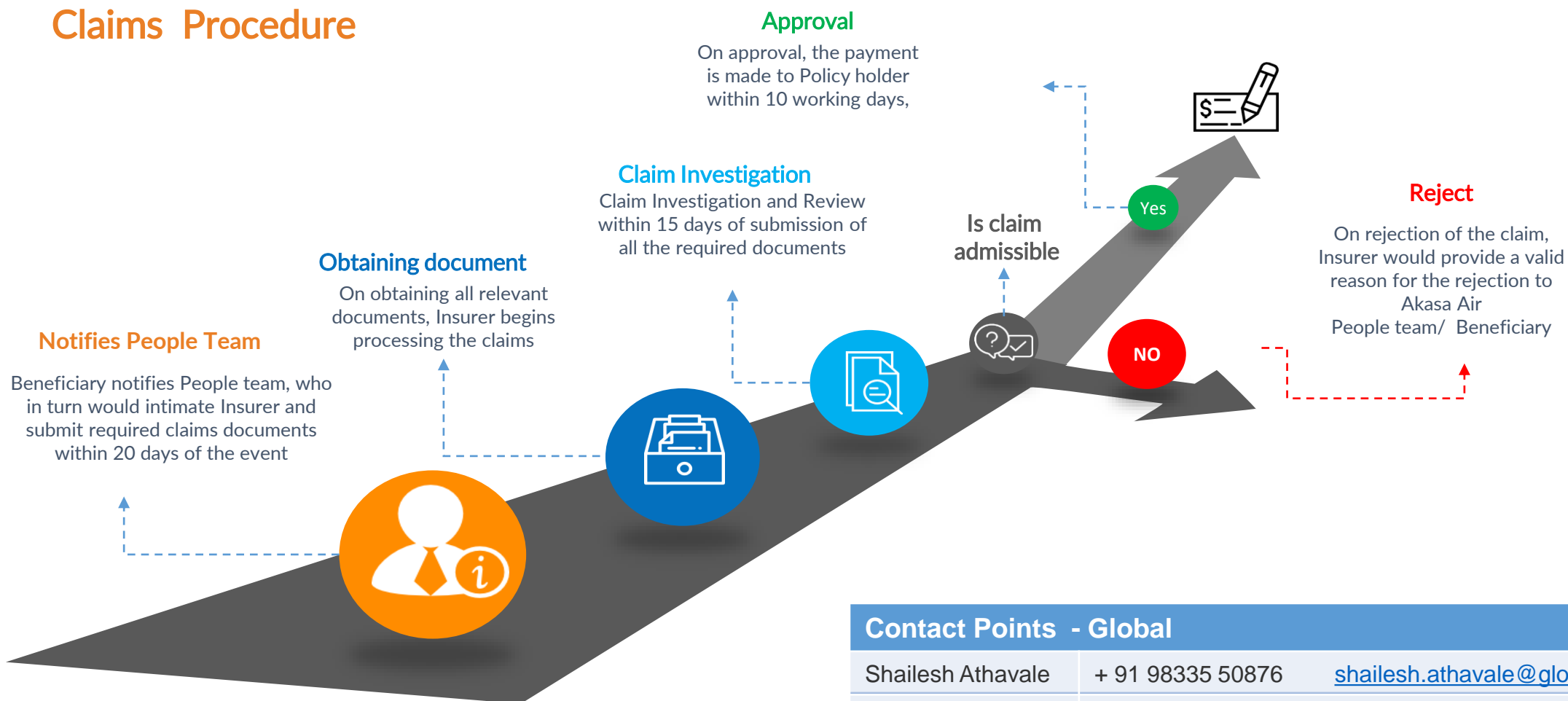
- Death benefit – provides 100% of the sum assured incase of unfortunate event of death- accidental or natural. Claim will be paid to the Policy holder of the Beneficiary/Insured entity subject to adherence to the claim procedure and submission of necessary documents.
- Active at work clause: Which means if any employee is on leave due to ailment or long leave at the inception of the policy and was not present at work, he/she shall not be covered.
- Free cover Limit (Age 50years & S.I greater than 50lacs) : Associates whose amount of Insurance is greater than the FCL, their amount of Insurance shall be restricted to FCL ,till the company completes the required underwriting process based on statements and information including medical tests, provided by the Insured Member/Associates .The Insured Associate shall be covered for full amount of Insurance for which they are eligible once the underwriting process is completed ,the full premium is paid and risk is accepted by the company in writing

## Exclusion:

1. Travel to a country that is declared by the government of India as no travel zone . Before a person leaving for international assignment the same needs to be informed to the insurance company .
2. Participation in any Illegal or unlawful or criminal act.
3. Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.
4. War, invasion, acts of foreign enemy hostilities (whether or not War is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of Government.
5. Service in any military, air force, naval or paramilitary organization

# DCL (In Lieu of Group Term life)

## Claims Procedure



### Contact Points - Global

Shailesh Athavale	+ 91 98335 50876	<a href="mailto:shailesh.athavale@globalinsurance.co.in">shailesh.athavale@globalinsurance.co.in</a>
Nikhilesh Mavatwal	+91 9769018226	<a href="mailto:Nikhilesh.mavatwal@globalinsurance.co.in">Nikhilesh.mavatwal@globalinsurance.co.in</a>

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## Thank You !

### Global Insurance Brokers Pvt. Ltd.

One Forbes | A Wing | 5th floor | Dr. V.B. Gandhi Marg | Kala Ghoda | Fort | Mumbai | 400001 | Maharashtra.

t +91.22.6656.0500/505 | f +91.22.6656.0506 | [contact@globalinsurance.co.in](mailto:contact@globalinsurance.co.in)

[www.globalinsurance.co.in](http://www.globalinsurance.co.in) | CIN:U67200MH2002PTC137954

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